

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) Trust Treated as Private Foundation

2013

OMB No 1545-0052

► Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2013, or tax year beginning , 2013, and ending Name of foundation Employer identification number KARL AND STEVIE ELLER FAMILY FOUNDATION INC 45-5373276 Number and street (or P O box number if mail is not delivered to street address) В Room/suite Telephone number (see the instructions) 2850 E CAMELBACK ROAD, SUITE 330 (602) 977-9820 City or town, state or province, country, and ZIP or foreign postal code С If exemption application is pending, check here . PHOENIX 85018 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 Address change Name change here and attach computation Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination **►** \$ (Part I, column (d) must be on cash basis) 318,377 under section 507(b)(1)(B), check here . . . Part I, Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (seé instructions)) Contributions, gifts, grants, etc, received (att sch) -2 X If the foundn is not req to att Sch B ووالمواقعة مرتام Interest on savings and temporary 2,013 2,013 2,013 Dividends and interest from securities . . . 5 a Gross rents Net rental income or (loss) . . . 工作 1. 2 30 3 4 4 50 4 6 a Net gain/(loss) from sale of assets not on line 10 · 大学を **被** Gross sales price for all 第二日八大 流海江 H PORTE FRANCISCH assets on line 6a . . . **"一种"被"**" Capital gain net income (from Part IV, line 2) . . Net short-term capital gain Income modifications. . **本日本はは経済では、** A STATE OF THE STA 10 a Gross sales less returns and allowances . . c Gross profit/(loss) (att sch) Other income (attach schedule) . . . Total. Add lines 1 through 11. 2,013. 2,013. 2,013 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch). . . . c Other prof fees (attach-sch) 17 Interest. 18 Taxes (attach schedule)(see instrs) Depreciation (attach 19 sch) and depletion (: ;) 20 Travel, conferences, and meetings . . 22-Printing and publications 23 Other expenses (attach schedule) ENSES See Line 23 Stmt 215. Total operating and administrative expenses. Add lines 13 through 23 . 215 25 Contributions, gifts, grants paid 15,000. 15,000.

٠,,,

-13,202

21-

تهميع فالهائد الماسانيانية الا

C Adjusted net income (if negative, enter -0-) BAA For Paperwork Reduction Act Notice, see instructions.

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-).

Total expenses and disbursements. Add lines 24 and 25

Subtract line 26 from line 12:

10/18/13

013

013

15,000

Page 2

Dair	<u> </u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
rai	r ii e	Balance Sheets 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			
	2	Savings and temporary cash investments	331,579.	210 277	210 277
	_			318,377.	318,377.
	3	Accounts receivable	CHILD IN THE		الشأدم تششه ستفارحكم
		Less: allowance for doubtful accounts			
	4	Pledges receivable	14 14 14 14 14 14 14 14 14 14 14 14 14 1		111111111111111111111111111111111111111
	1	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			1
	•	disqualified persons (attach schedule) (see instructions)			i
	7	Other notes and loans receivable (attach sch)	在主义中的	200 D 100 3c	
Α	'	Less: allowance for doubtful accounts		1	الشددد ششد الاستداد
S		Inventories for sale or use			
A S S E T	8				<u> </u>
	9	Prepaid expenses and deferred charges			
S	10 a	Investments – U.S. and state government			
		obligations (attach schedule)			
	1	Investments — corporate stock (attach schedule)			
	C	Investments — corporate bonds (attach schedule)			
	11	Investments - land, buildings, and			
		equipment. basis			
		Less accumulated depreciation			
		(attach schedule)			
	12	Investments — mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment: basis	THE PARTY.		2
		Less. accumulated depreciation			
		(attach schedule)			
		Other assets (describe)			
	16	Total assets (to be completed by all filers -			
		see the instructions Also, see page 1, item I)	331,579.	318,377.	318,377.
ŀ	17	Accounts payable and accrued expenses			the goods by the second
À	18	Grants payable			
В	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			高级的
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe)			
Ė	[
<u>s</u>	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			1 . 31 4 4
		and complete lines 24 through 26 and lines 30 and 31.	7		100000000000000000000000000000000000000
ΝF	24	Unrestricted			[ATT 12]
N F E U T N	25	Temporarily restricted			
I N		Permanently restricted			1.7.
		Foundations that do not follow SFAS 117, check here	<u> </u>		- 12 . 15 . 15 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .
SB	1	and complete lines 27 through 31.	<u> </u>		
A S S A E L T A					1000 1000 1000 1000 1000 1000 1000 100
TĀ	27	Capital stock, trust principal, or current funds	331,579.	318,377.	
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
ΟĔ	29	Retained earnings, accumulated income, endowment, or other funds			J-11-7 k
RS	30	Total net assets or fund balances (see instructions)	331,579.	318,377.	
	31	Total liabilities and net assets/fund balances	201 550	212 255	
D - 5	<u> </u>	(see instructions)	331,579.	318,377.	** 7
Har	CHE /	Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total	net assets or fund balances at beginning of year - Part II, column	(a), line 30 (must agree v	vith	
	end-c	of-year figure reported on prior year's return)		1	331,579.
2	Enter	amount from Part I, line 27a		2	-13,202.
3	Other i	increases not included in line 2 (itemize)		3	
4	Add I	ines 1, 2, and 3		4	318,377.
5	Daaras	noon not included in time 2 (the)		-	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) — F	Part II. column (b) line 30	6	318,377.
		The state of the s	27, 75,2, (2),		510,577.

2-story brick warehouse or common stock 200 shares MLC Company)					ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
a							
b							
C							
d							
е							
(e) Gross sales price						(h) Gain or (e) plus (f) mi	(loss) nus (g)
a							
b						-	
							
d							
e O							
				- 11		(I) Gains (Col	umn (h)
as of 12/31/69							
a							
b							
							
9	<u> </u>			,			
, ,	· · · · · · · · · · · · · · · · · · ·	_ If (loss), ente	er -0- in Part I, line 7	<u> - </u>	2		
If gain, also enter in Part I, line 8 in Part I, line 8 in	3, column (c) (see instru	ctions) If (loss	s), enter -0-	_	3		
				ment Inco	ome	<u>. </u>	
es,' the foundation does not qualif	y under section 4940(e).	. Do not comp	lete this part.			· · · Tyes	X No
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying dis	stributions	(c) Net value of nonchantable-use as	sets	(colu		
2012		700,020.					
2011							
2010				j			
2009							
2008			··				
Total of line 1, column (d)	• • • • • • • • • • • •				2		
Average distribution ratio for the number of years the foundation	5-year base period — d has been in existence if	ivide the total less than 5 ye	on line 2 by 5, or by the		3		
		-	ears	[
Enter the net value of noncharita	able-use assets for 2013				4		325,522.
Enter the net value of noncharitated Multiply line 4 by line 3 · · · ·		3 from Part X,	line 5				325,522.
		from Part X,	line 5		4		325,522.
Multiply line 4 by line 3		from Part X,	line 5		5		
Multiply line 4 by line 3 Enter 1% of net investment inco	me (1% of Part I, line 27	from Part X,	line 5		5		20.
	2-story brick warehouse (e) Gross sales price (e) Gross sales price (i) Fair Market Value as of 12/31/69 Capital gain net income or (net of the second part it, line 8 in Part I, line 8 in	2-story brick warehouse, or common stock, 200 (a) (b) (c) (e) Gross sales price (f) Depreciation a (or allowable as of 12/31/69 Complete only for assets showing gain in column (h) and (i) Fair Market Value as of 12/31/69 (g) Capital gain net income or (net capital loss). Net short-term capital gain or (loss) as defined in section if gain, also enter in Part I, line 8, column (c) (see instruin Part I, line 8. Qualification Under Section 4940(e) from the foundation liable for the section 4942 tax on the distribution 4940(d)(2) applies, leave this part blank. the foundation liable for the section 4942 tax on the distribution 4940(d) years calendar year (or tax year beginning in) Adjusted qualifying distribution 2009 2012 2011 2010 2009 2008 Total of line 1, column (d)	2-story brick warehouse, or common stock, 200 shares MLC (a) (b) (c) (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (i) Fair Market Value (j) Adjusted basis as of 12/31/69 (a) (or allowable) (ii) Fair Market Value (j) Adjusted basis as of 12/31/69 (a) (b) (c) (d) (d) (e) Gross sales price (i) Adjusted basis (if (loss), entermore as of 12/31/69 (if (loss)) (if (loss)) (if (loss), entermore as of 12/31/69 (if (loss)) (if (loss) (if (loss)) (if (los	2-story brick warehouse, or common stock, 200 shares MLC Company) (a) (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other be plus expense of sales (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other be plus expense of sales (h) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Fair Market Value (ii) Adjusted basis (k) Excess of column over column (j), if a sales of 12/31/69 (ii) Fair Market Value (iii) Adjusted basis (iii) Excess of column over column (j), if a sales of 12/31/69 (iii) Gain, also enter in Part I, line 7 (iii) It (loss), enter -0- in Part I, line 7 (iii) It gain, also enter in Part I, line 7 (iii) Adjusted Qualifying distributions (iii) It gain, also enter in Part I, line 8 (iii) Adjusted Qualifying distributions (iii) Adjusted Qualifying distributions (iii) Adjusted Qualifying distributions (iii) Adjusted Qualif	2-story bnck warehouse, or common stock, 200 shares MLC Company) (a) (b) (c) Gross sales pnce (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) Gross sales pnce (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) Gross sales pnce (f) Depreciation allowed (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (g) Cost or other basis plus expense of sale (h) Excess of column (f), if any over column (f) and over column (f) and over column (f), if any over column (f), if gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also enter in Part I, line 7 If (gain, also en	2-story bnck warehouse, or common stock, 200 shares MLC Company) (a) (b) (c) Gross sales pnce (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) Gross sales pnce (f) Depreciation allowed (g) Cost or other basis plus expense of sale (g) Cost or other basis (k) Excess of column (i) over col	2-story brick warehouse, or common stock, 200 shares MLC Company) (month, day, year) (p) Calms (no Gain range) (month, day, year) (p) Calms (no Gain range) (month, day, year) (p) Calms (p) plus (f) mail (p) Calms (no Calms (p) Cost or other basis (h) Gain or (p) plus (f) min (p) Calms (no Calmants column (in) (if) gain, also enter in Part I, line 7 (if) Gain range (if) Calms (no Calmants column (in) (if) Gain, also enter in Part I, line 7 (if) Calms (no Calmants column (in) (if) Gain, also enter in Part I, line 7 (if) Calms (if) Ease of column (in) (if) Gain, also enter in Part I, line 7 (if) Calms (if) Ease of column (in) (if) Gain, also enter in Part I, line 7 (if) Calmants (if) C

						·
Form	, , , , , , , , , , , , , , , , , , ,	E 2 7 7	0076		-	
Pa	n 990-PF (2013) KARL AND STEVIE ELLER FAMILY FOUNDATION INC 45- rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	5373				age
	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1					
	· · · · · · · · · · · · · · · · · · ·	کند تقد	12 12 12 12 12 12 12 12 12 12 12 12 12 1	<u></u>		
i						
	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	F11.2			20.
	check here . X and enter 1% of Part I, line 27b		1	7 T	Ę.	- 3
(All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	2000				A . A
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	ł	1			
	foundations only. Others enter -0-)		<u> </u>		<u> </u>	0 .
3	Add lines 1 and 2	1				20
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	<u> </u>			0.
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0	5	<u></u>			20.
6	Credits/Payments.	5	188	1: (: ,	, 3
	a 2013 estimated tax pmts and 2012 overpayment credited to 2013 6 a	33	3	1945 1962	543 - 12	-3' - { }
1	Exempt foreign organizations — tax withheld at source 6 b	300		2	100	1
(Tax paid with application for extension of time to file (Form 8868) 6c 20.	100			A State	
	Backup withholding erroneously withheld			<u>ا</u> ا	7	ة أَمْ
7	Total credits and payments. Add lines 6a through 6d	7				20.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		_		0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
11	Enter the amount of line 10 to be Credited to 2014 estimated tax		 			
	t VII-A Statements Regarding Activities		<u></u>			
				Ι	Yes	No
1 6	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			1 a		Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes					ĺ
	(see the instructions for definition)			1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published			-1-25	意.	:3
	or distributed by the foundation in connection with the activities.			-1-0.51%	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	b. E
•	Did the foundation file Form 1120-POL for this year?			1 c		X
•	# Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$, "	μ.	1.2
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			*	1	1 3
	foundation managers > \$			1		1.5
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	A 200	X
	If 'Yes,' attach a detailed description of the activities			# 3	- 237	A
	•			3.45		
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	18	X
4 :	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				 	
	of Yes,' has it filed a tax return on Form 990-T for this year?					Х
5	•			5	 	
-	If 'Yes,' attach the statement required by General Instruction T.				 	X
e	·				3.5. 1.2.5£	1.3
U	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or			J,	1	2 43 2 43
	by ranguage in the governing instrument, or			[-	1 X	

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

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

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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

Form 990-PF (2013)

8 b

BAA

Form 990-PF (2013)

3 b

4 a

Form 990-PF (2013) KARL AND STEVIE EL	LER FAMILY FOUNI	DATION INC	45-537	3276 Page 6
Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incur a	•	4045(-)\0		
(1) Carry on propaganda, or otherwise attempt to			Yes X	No The state of th
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	n drive?			No
(3) Provide a grant to an individual for travel, stu	idy, or other similar purpo	oses?	Yes X	No
(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49	i a charitable, etc, organi: 40(d)(2)? (see instruction	zation described is)	Yes X	No
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	, charitable, scientific, lite of cruelty to children or ar	rary, or nimals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b
Organizations relying on a current notice regardi				
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt	tion from the	Yes	No
If 'Yes,' attach the statement required by Regular				
6 a Did the foundation, during the year, receive any to on a personal benefit contract?	funds, directly or indirectl	y, to pay premiums	Yes X	No Control of the second
b Did the foundation, during the year, pay premium	ns, directly or indirectly, o	n a personal benefit con	tract?	6 b X
If 'Yes' to 6b, file Form 8870.				
7 a At any time during the tax year, was the foundati				No
b If 'Yes,' did the foundation receive any proceeds Part VIII Information About Officers, D				
and Contractors	irectors, rrustees,	roundation Mana	gers, nighty Palu b	imployees,
1 List all officers, directors, trustees, foundatio	n managers and their c	compensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
	(b) Title, and average hours per week	(c)Compensation (If not paid,	(d)Contributions to employee benefit	
Karl Eller	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid,	(d)Contributions to employee benefit plans and deferred	
Karl Eller 2850 E. Camelback, Suite 330	(b) Title, and average hours per week devoted to position President	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances
Karl_Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller	(b) Title, and average hours per week devoted to position President 5.00	(c)Compensation (If not paid,	(d)Contributions to employee benefit plans and deferred	
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas.	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016	(b) Title, and average hours per week devoted to position President 5.00	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances 0.
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances 0.
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	other allowances 0.
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00	(c)Compensation (If not paid, enter -0-) 0. 0. 1. 1. 1. 1. 1. 1. 1. 1.	(d)Contributions to employee benefit plans and deferred compensation 0.	0.
Karl Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00	(c)Compensation (If not paid, enter -0-) 0.	(d)Contributions to employee benefit plans and deferred compensation 0.	0.
Karl_Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc 2 Compensation of five highest-paid employee (a) Name and address of each employee	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 es (other than those ince hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. 1. 1. 1. 1. 1. 1. 1. 1.	(d)Contributions to employee benefit plans and deferred compensation 0. 0. 0. structions). If none, et employee benefit plans and deferred compensation	0. O. O. Other allowances
Karl_Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc 2 Compensation of five highest-paid employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 es (other than those ince hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. 1. 1. 1. 1. 1. 1. 1. 1.	(d)Contributions to employee benefit plans and deferred compensation 0. 0. 0. structions). If none, et employee benefit plans and deferred compensation	0. O. O. Other allowances
Karl_Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc 2 Compensation of five highest-paid employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 es (other than those ince hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. 1. 1. 1. 1. 1. 1. 1. 1.	(d)Contributions to employee benefit plans and deferred compensation 0. 0. 0. structions). If none, et employee benefit plans and deferred compensation	0. O. O. Other allowances
Karl_Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc 2 Compensation of five highest-paid employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 es (other than those ince hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. 1. 1. 1. 1. 1. 1. 1. 1.	(d)Contributions to employee benefit plans and deferred compensation 0. 0. 0. structions). If none, et employee benefit plans and deferred compensation	0. O. O. Other allowances
Karl_Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc 2 Compensation of five highest-paid employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 es (other than those ince hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. 1. 1. 1. 1. 1. 1. 1. 1.	(d)Contributions to employee benefit plans and deferred compensation 0. 0. 0. structions). If none, et employee benefit plans and deferred compensation	0. O. O. Other allowances
Karl_Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Stevie Eller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 Elissa Heller 2850 E. Camelback, Suite 330 Phoenix AZ 85016 See Information about Officers, Directors, Trustees, Etc 2 Compensation of five highest-paid employee paid more than \$50,000	(b) Title, and average hours per week devoted to position President 5.00 Secretary/Treas. 5.00 Vice President 2.00 es (other than those ince hours per week	(c)Compensation (If not paid, enter -0-) 0. 0. 1. 1. 1. 1. 1. 1. 1. 1.	(d)Contributions to employee benefit plans and deferred compensation 0. 0. 0. structions). If none, et employee benefit plans and deferred compensation	0. O. O. Other allowances

Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	C 45-537 on Managers, Highly Paid E	3276 Page 7 mployees,
3 Five highest-paid independent contractors for professional services (see instru	ctions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
	<u> </u>	
	7.	
Total number of others receiving over \$50,000 for professional services		None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical inform organizations and other beneficianes served, conferences convened, research papers produced, etc.	ation such as the number of	Expenses
1		
2		
3		
,		
		,
4		
Part IX-B Summary of Program-Related Investments (see instruction	es)	· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2.	Amount
1		
2		
All other program-related investments. See instructions.	ţ	
3		
Total. Add lines 1 through 3	-	
BAA		Form 990-PF (2013)
		\—\\

Form 990-PF (2013) KARL AND STEVIE ELLER FAMILY FOUNDATION INC 45-5373276

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
ā	Average monthly fair market value of securities	1 a	0.
t	Average of monthly cash balances	1 b	330,479.
•	Fair market value of all other assets (see instructions)	1 c	
(Total (add lines 1a, b, and c)	1 d	330,479.
•	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	330,479.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)		4,957.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	325,522.
6	Minimum investment return. Enter 5% of line 5	6	16,276.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ☐ and do not complete this part.)	found	dations .
1	Minimum investment return from Part X, line 6	1	16,276.
	Tax on investment income for 2013 from Part VI, line 5		
t	Income tax for 2013 (This does not include the tax from Part VI.)		
(Add lines 2a and 2b		20.
3	Distributable amount before adjustments. Subtract line 2c from line 1		16,256.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	L I	16,256.
6	Deduction from distributable amount (see instructions)	6	
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	16,256.
(<u>P</u> a	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26		15,000.
	Program-related investments — total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes		ş'
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
t	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,000.
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	20.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,980.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years.	oundatio	

BAA

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI, line 7				16,256.
2	Undistributed income, if any, as of the end of 2013) -v" , , , , —			10,230
а	Enter amount for 2012 only	, , ,		1,922.	
b	Total for pnor years 20, 20, 20	· · ·		'	,
3	Excess distributions carryover, if any, to 2013	, , , , , , , , , , , , , , , , , , ,		,	
	From 2008 0 .				
b	From 2009 0 .				
C	From 2010				
	From 2011 0 .	, Adv			
е	From 2012	- 22, 1			
f	Total of lines 3a through e	700,020.	grade of martine of a		1
4	Qualifying distributions for 2013 from Part				. 1
	XII, line 4: \$ 15,000.				
а	Applied to 2012, 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 2013 distributable amount		1 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3		
	Remaining amount distributed out of corpus	15,000.			
-	Excess distributions carryover applied to 2013	13,000.	- 1	***************************************	
•	(If an amount appears in column (d), the				1
	same amount must be shown in column (a))	, , , , , ,		,	
_			10. 海洋學		
6	Enter the net total of each column as indicated below:	14. 14.			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	715,020.		1. 19 14 医电影	
	Prior years' undistributed income. Subtract	The result of the Line of		9 to 1 to 2	
	line 4b from line 2b		0.		
C	Enter the amount of prior years' undistribut-				
	ed income for which a notice of deficiency has been issued, or on which the section				
	4942(a) tax has been previously assessed	Restaurant to the	_		
d	Subtract line 6c from line 6b. Taxable	And the state of t		,	,
	amount — see instructions	- 3 ²⁹ *	0.		
е	Undistributed income for 2012 Subtract line 4a from				
	line 2a Taxable amount — see instructions			1,922.	
f	Undistributed income for 2013. Subtract lines		1 Start 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		П
	4d and 5 from line 1. This amount must be distributed in 2014				16 056
7	Amounts treated as distributions out of	<u></u>	* , , , , , , , , , , , , , , , , , , ,		16,256.
•	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (see instructions)			, ;=	
	,		1180 1824 11		
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	0.			
9	Excess distributions carryover to 2014.		The same of the sa		4
•	Subtract lines 7 and 8 from line 6a	715,020.	भारत के जिल्ला	4 A	
10	Analysis of line 9 [.]	· _ '.g'	The state of the s		
	Excess from 2009 0 .	•			
	Excess from 2010 0 .				
	Excess from 2011 0 .				
	Excess from 2012 700,020.		·		
е	Excess from 2013 15,000.	- ·	•		*-

Part XIV Private Operating Foundation	tions (see instru	ictions and Part	VII-A, question 9	1)	N/A
1 a If the foundation has received a ruling or det is effective for 2013, enter the date of the rul	ermination letter tha	t it is a private opera	iting foundation, and		
b Check box to indicate whether the foundation	n is a private operati	ng foundation descr	ribed in section	4942(J)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:		•-			
a 'Assets' alternative test — enter.					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:	•				
(1) Total support other than gross investment income (interest, dividends, rents, payments on secunities 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)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			<u> </u>	<u> </u>	
Part XV Supplementary Information	(Complete this	part only if the	foundation had	d \$5,000 or more	in 💰
assets at any time during th		structions.)			
1 Information Regarding Foundation Managa a List any managers of the foundation who have		than 2% of the total	contributions receive	d by the foundation h	efore the
close of any tax year (but only if they have co	ontributed more than	\$5,000) (See secti	ion 507(d)(2).)	a by the foundation b	erore trie
b List any managers of the foundation who own	10% or more of the	e stock of a cornoral	tion (or an equally lar	ge portion of the own	ership of
a partnership or other entity) of which the fou	ndation has a 10%	or greater interest	non (or an equally lan	ge portion of the own	ership or
				•	
2 Information Regarding Contribution, Gran	t, Gift, Loan, Schol	larship, etc, Progra	ams:		
Check here ightharpoonup if the foundation only ma requests for funds. If the foundation makes g complete items 2a, b, c, and d.					
a The name, address, and telephone number of	or e-mail of the perso	on to whom applicat	ions should be addre	ssed:	
Stevie Eller					
2850 E. Camelback Road, Su	ite 330				
Phoenix	AZ 8501		02) 977-9820		
b The form in which applications should be sub			-		
Written on letter sized pa	per, with de	scription of	needs and p	urpose	
c Any submission deadlines November 15 of each year	,				
d Any rootmations on limitations on accordance	h h.,	dene ek-wi-ti S			
d Any restrictions or limitations on awards, suc Primarily Arizona based ne					

Pant XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation Recipient Purpose of grant or contribution status of recipient **Amount** Name and address (home or business) a Paid during the year CHRIST CHURCH ANGLICAN P O BOX 10219 PHOENIX AZ 85064 501 (c) (3) GENERAL PURPOSES 15,000. 15,000. b Approved for future payment

3 Ь

Part XVI-A. Analysis of Income-Producing Activities

Enter	Enter gross amounts unless otherwise indicated.		Unrelated business income		Exclude	d by section 512, 513, or 514	(e)	
1	Progra	am service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)	
а								
b								
C								
d					i .			
е								
f								
a	Fees	and contracts from government agencies						
-		pership dues and assessments						
3		I on savings and temporary cash investments			3	2,013.		
4		ends and interest from securities				2,013.		
-			Service Marie Service	のでは20年までは大きな地では2000年の	is the	Barbara Caranta	機能 流行か落した。	
5			· · · · · · · · · · · · · · · · · · ·	THE STATE OF STREET	经 外证据:	的第三人称形式的	A CONTRACTOR OF THE PARTY OF TH	
		financed property						
_		ebt-financed property	ļi		ļ			
6		stal income or (loss) from personal property						
7		investment income					 	
8	Gain or	(loss) from sales of assets other than inventory						
9	Net in	come or (loss) from special events						
10	Gross	profit or (loss) from sales of inventory						
11	Other	revenue.		がいる。	7. 普通	《秦朝》等《公司》以《晚	于2000年1745年1	
а			11.0	The second secon	7// - 12	7.4.2	<u> </u>	
b	-							
С								
d			-					
e			 					
12	Subto	tal. Add columns (b), (d), and (e)	2.85% 2-1.85		200	2,013.		
12	Total	Add line 12, columns (b), (d), and (e)	(REAL STATE OF THE SECOND SECO				2 012	
		neet in line 13 instructions to verify calculations					2,013.	
(266	WOLKSI	leet in line 13 instructions to verify calculations	•)				· · · · · · · · · · · · · · · · · · ·	
Par	ťXVI	Barelationship of Activities to the	Accomp	lishment of Exemp	ot Purp	oses		
	- 11-			- d (n - n l) - d (D - d)	V/// A		L -	
Line	e No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt pi	urposes (othe	ed in column (e) of Part. er than by providing fund	Is for suc	ontributed importantly to ch purposes). (See instru	ine ictions.)	
								
							<u> </u>	
						·		
			· · · · · · · · · · · · · · · · · · ·					
			 					
						· · · · · · · · · · · · · · · · · · ·		
								
						· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	
								
								
					_		···	
						. <u> </u>	· <u></u>	
							·	
								

Form 990-PF (2013) KARL AND STEVIE ELLER FAMILY FOUNDATION INC 45-5373276 Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

do rec a Ti (1 (2 b O (3 (4 (5 (6 c Si d If th	escriberelating transfers Cash Cash Check Check	d in section 501(c) o political organiza is from the reporting in	of the Code (oth tions? g foundation to a ncharitable exem om a noncharitab pment, or other a ements es s or membership eent, mailing lists above is 'Yes,' co	gage in any of the follower than section 501(c)(noncharitable exempt npt organization le exempt organization or fundraising solicitat , other assets, or paid or purplete the following so y the reporting foundation or column (d) the va	3) organizations organization of.	s) or in section 527,	how the fair market van fair market va	1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 c cet value of	Yes No X X X X X X X X X X X X X
(a) Line		(b) Amount involved		of noncharitable exempt or		(d) Description of tran		and sharing arran	nements
(a) Line	110	(b) Amount involved	(c) ivame	or nonchamable exempt or	yanizativii	(u) Description of tran	isicis, transactions,	and snarriy arran	gements
							· · · · · · · · · · · · · · · · · · ·		
						<u> </u>			
				 					
		_							
									
			-						
									
									
									
								····	
de	escribe 'Yes,' c	d in section 501(c) complete the follow	of the Code (oth ing schedule.	ed with, or related to, or er than section 501(c)(Yes	s XNo
	(a)	Name of organiza	tion	(b) Type of o	rganızation	(0	c) Description of	relationship	
				<u> </u>					
									
				· · · · · · · · · · · · · · · · · · ·					
				-					
	Under o	enalties of negury I decla	are that I have examin	 ed this return, including accom	nanving schedules a	and statements, and to the b	est of my knowledge a	nd belief, it is true.	
	correct,	and complete Declaratio	n of preparer (other th	an taxpayer) is based on all in	formation of which p	reparer has any knowledge	, <u>-</u>		
Sign	_	Kanl,	9000	l		▶ Par	ent- Ct	May the I	IRS discuss n with the shown below
Here	Signa	ture of officer or trustee	uw_	Date		Title	ew - ac e		uctions)?
	Oigna	Print/Type preparer's n	ame	Preparén s signatu	en An A	Date / 1	Chack	I PTIN	Yes No
D-!-!				KMA 1	AX (VAND	5/10/14	Check self-employed	P0143	2547
Paid		Kevin W. C.	C Financi	al, LLC		19191.	, 	-4276183	1
Prepa		Firm's address		150th Street			45	7510103	
Use O	nıy	i iiii a addiess	Chandler	IJULII BLIEEL	AZ	85249	Phone no. (4	80) 895-	9602
BAA		<u> </u>	CHARACTEL			00240	1 (4		0-PF (2013)

Form 990-PF, Page 1, Part I, Lir Line 23 Stmt	ne 23						
Other expenses: Registration Fee Office Supplies Notice Publication	16	37. 15.	et Inv Inc	Adj	Net Inc	Charity Disb	
Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.							
(a) Name and address	avera pe dev	(b) le, and age hours r week roted to osition	(c) Compensati (If not paid enter -0-)	d,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, ot allowance	her
Person. X Business . EBrianna Eller 2850 E. Camelback, Suite Phoenix AZ 85 Person. X Business . E	330 Vice	President 2.00		0.	0.		0.
Total							

AFFIDAVIT OF PUBLICATION

ARIZONA CAPITOL TIMES

P.O. Box 2260

Phoenix, AZ 85002

Phone: (602) 258-7026

Fax: (602) 258-2504

ELLER FAMILY FOUNDATION

Karl and Stevie Eller Family Foundation is making their Annual return available for inspection. Any person requesting inspection can apply for a free copy in writing to Karl Eller, Principal Manager of the Karl and Stevie Eller Femily Foundation at 2850 E. Camelback Road. Ste. 330, Phoenix, AZ 85016 or call 602-977-8820.

5/16, 2014 edition Arizona Capitol Times

STATE OF ARIZONA) County of Maricopa) ss

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

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

DATES OF PUBLICATION:

5/16/2014

DESCRIPTION:

ELLER FAMILY FOUNDATION

AUTHORIZED SIGNATURE Laura Kaminski

SUBSCRIBED AND SWORN TO BEFORE ME 16th DAY OF May 2014

> NOTARY SIGNATURE Laurinda Cook

Form **8868**

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are	e filing for an Automatic 3-Month Extension, cor	nplete only P	art I and check this box		> X
	e filing for an Additional (Not Automatic) 3-Mont				
Do not com	plete Part II unless you have already been grante	ed an automat	tic 3-month extention on a previously filed	Form 8868.	
corporation request an ex Associated V	iling (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not a xtension of time to file any of the forms listed in Payith Certain Personal Benefit Contracts, which mung of this form, visit www.irs.gov/efile and click on	utomatic) 3-m art I or Part II ist be sent to I	nonth extension of time. You can electronic with the exception of Form 8870, Informati the IRS in paper format (see instructions)	cally file Form 8868 to on Return for Transfers	S 9
Part I	Automatic 3-Month Extension of Tim	e. Only sul	bmit original (no copies needed).		
	n required to file Form 990-T and requesting an au			ete Part I only	▶ □
	porations (including 1120-C filers), partnerships, R		·	•	
			Enter filer's ident	ifying number, see in	
Type or print	Name of exempt organization or other filer, see instructions			Employer identification nun	nber (EIN) or
•	KARL AND STEVIE ELLER FAMILY		ION INC	45-5373276	N. II
File by the due date for filing your	Number, street, and room or suite number. If a P O. box, see in 2850 E CAMELBACK ROAD, SUITE			Social security number (SS	iN)
return See	City, town or post office, state, and ZIP code. For a foreign addr		ns		
instructions	PHOENIX			AZ 85018	}
Enter the Re	turn code for the return that this application is for ((file a separat	e application for each return)		. 04
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BL	-	02	Form 1041-A		08
Form 4720 (i	ndividual)	03	Form 4720 (other than individual)		09
Form 990-PF		04	Form 5227		10
Form 990-T ((section 401(a) or 408(a) trust)	05	Form 6069		11 '
Form 990-T ((trust other than above)	06	Form 8870		12
Telephor If the org If this is f check this the exter I reque until The ex	ne No. • (602) 977-9820 nanization does not have an office or place of busing for a Group Return, enter the organization's four display. If it is for part of the group, of a sign is for. The st an automatic 3-month (6 months for a corporation of the group) of the sign is for. The st an automatic 3-month (6 months for a corporation of the exempt organization of the organization of the organization of the calendar year 20 13 or the sign is given by the sign is for the organization of the organization of the calendar year 20 13 or the sign is given by the sign is given	ness in the Urigit Group Exe heck this box. ion required to anization retuing	emption Number (GEN) I and attach a list with the nan of file Form 990-T) extension of time rn for the organization named above.	f this is for the whole g	roup,
Ch	ax year entered in line 1 is for less than 12 months ange in accounting period	-		nal return	
nonrefu	application is for Forms 990-BL, 990-PF, 990-T, 47 undable credits. See instructions		<u> </u>	3a \$	20.
tax pay	application is for Forms 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpayment	allowed as a	credit	3 b \$	0.
EFTPS	ce due. Subtract line 3b from line 3a. Include your 6 (Electronic Federal Tax Payment System). See i	nstructions	<u> </u>		20.
Caution. If y	ou are going to make an electronic funds withdray	val (direct det	oit) with this Form 8868, see Form 8453-E0	D and Form 8879-EO fo	or

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. FIFZ0501 12/31/13 Form 8868 (Rev 1-2014)

filed by client

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Department of the Treasury Internal Revenue Service

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, cor	mplete only F	Part I and check this box			· · · • 🗓	
If you ar	e filing for an Additional (Not Automatic) 3-Mont	th Extension,	complete only Part II (on page 2 of this for	orm).		تنا	
Do not com	nplete Part II unless you have already been grante	ed an automa	tic 3-month extention on a previously filed I	Form 8	868		
corporation request an e Associated	filing (e-file). You can electronically file Form 8866 required to file Form 990-T), or an additional (not a extension of time to file any of the forms listed in Pawith Certain Personal Benefit Contracts, which muing of this form, visit www.irs.gov/efile and click on	automatic) 3-n art I or Part II ist be sent to	nonth extension of time. You can electronic with the exception of Form 8870, Information the IRS in paper format (see instructions).	ally file on Reti	e Form 8868 to urn for Transfer	rs	
Part 1	Automatic 3-Month Extension of Tim	ne. Only sui	hmit original (no copies needed)		····································		
	n required to file Form 990-T and requesting an au			oto Pai	t Lonly	▶ □	
						П	
ncome tax i	porations (including 1120-C filers), partnerships, R eturns.	(EMICS, and t	rusts must use Form 7004 to request an ex Enter filer's identi			structions	
	Name of exempt organization or other filer, see instructions					ition number (EIN) or	
Type or print	KARL AND STEVIE ELLER FAMILY FOUNDATION INC. 45-53				5373276	373276	
File by the				secunty number (S	SN)		
due date for filing your	2850 E CAMELBACK ROAD, SUITE 330						
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
mad dedono	PHOENIX				AZ 85018	3	
Enter the Re	eturn code for the return that this application is for ((file a separate	e application for each return)			. 04	
Application Is For		Return Code	Application Is For				
Form 990 or Form 990-EZ		01	Form 990-T (corporation)				
Form 990-BL		02	Form 1041-A			08	
Form 4720 (ındivıdual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069				
Form 990-T (trust other than above)		06	Form 8870	70			
Telephon If the org If this is check the exter 1 I reque until The ex	ne No. \(\) \((602) \) \(977 - 9820 \) ganization does not have an office or place of busing for a Group Return, enter the organization's four dies box \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(ness in the Unigit Group Exemples this box. on required to anization reture	emption Number (GEN) If If and attach a list with the name of file Form 990-T) extension of time of the organization named above.	this is	for the whole g	roup,	
	application is for Forms 990-BL, 990-PF, 990-T, 47			3 a	s	20.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit						0.	
	ce due. Subtract line 3b from line 3a. Include your 8 (Electronic Federal Tax Payment System). See in			3 c	\$	20.	
Caution. If y payment inst	rou are going to make an electronic funds withdraw tructions.	val (direct deb	it) with this Form 8868, see Form 8453-EO	and F	orm 8879-EO f	or ——	