

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	99	0-	P	F
Form	99	U-	_	г

		venue Service						www.irs	gov/form990pf.	Open to Public Inspection
			or tax year beginning	MAR	1,	2013	, and e		FEB 28, 2014	
		foundation			- -			. •	A Employer identificatio	
Т	ΗE	GETTLE	R FAMILY F	OUNDAT	ION				31-1374350)
Nur	nber a	and street (or PO b	ox number if mail is not de	livered to street	address)			Room/suite	B Telephone number	
3	0	GARFIEL	D PLACE, S	UITE 1	000					-2850
		own, state or pro	ovince, country, and ZIF		ostal co	de		•	C If exemption application is	pending, check here
G	heck	all that apply	Initial return	1		Initial return of a fo	rmer public	charity	D 1. Foreign organization	s, check here
			Final return			Amended return		•		
			Address cha	ange		Name change			Foreign organizations m check here and attach or	eeting the 85% test, omputation
H C	heck	type of organiz	ation: X Section	501(с) <u>(3)</u> ех	empt pi	rvate foundation			E If private foundation st	atus was terminated
] Se	ction 4947(a)(1) nonexempt charitable	trust	Other ta	xable private founda	ition		under section 507(b)(1	
I Fa	ır ma	arket value of all	assets at end of year	J Accounts	ng meth	od. X Cash	Acc	rual	F If the foundation is in a	60-month termination
•		Part II, col. (c),			her (spe				under section 507(b)(1	(B), check here . •
	\$		2,274,473.	(Part I, colu	mn (d)	must be on cash l	basis.)			
Pa	ert I	ີ່(The to taiofamo	evenue and Expenses ounts in columns (b), (c), and al the amounts in column (a)	d (d) may not) Revenue and enses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions,	gifts, grants, etc., receiv	ved .		95,897.			N/A	}
	2		f the foundation is not required to	attach Sch B				~~~~~	¥	700
	3	Interest on saving cash investments		-		3,655.		3,655.		STATEMENT 2
	4		interest from securities			25,240.	2	5,240.		STATEMENT 3
				•	ļ		,			· · · · · · · · · · · · · · · · · · ·
	_	Net rental income	• •			22,024.				STATEMENT 1
P	l ba	Net gain or (loss): Gross sales price	from sale of assets not on lift for all 210	ne 10 , 880 .	ļ	22,024.			}	STATEMENT I
Revenue	70	assets on line 6a		,000.			6	0,485.		
æ	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		···			0,403.				
	8	Income modific	• •							
	10a	Gross sales less r		••••	 	.11171111	, **********	*** -*******		
		Less Cost of goo	ds sold					•••••		
		Gross profit or						, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
	11	Other income		•		281,413.		0.		STATEMENT 4
	12	Total. Add line	s 1 through 11			428,229.	8	9,380.		
	13	Compensation of	officers, directors, trustees,	, etc .		0.		0.		0.
	14	Other employee	e salaries and wages							
s	15	•	employee benefits	-						<u> </u>
nse	16a	Legal fees		 Mm E		4 500		450		4 050
<u>ē</u>	b	Accounting fee		MT 5		4,500.		450.		4,050.
Ü	T _c	Other profession InterestEC	onal tees	•				<u> </u>		
ŧ	1,			MT 6		4,046.	<u></u>	0.		46.
istra	10=	Taxes Depreciation ar	od depletion	·· v		1/010.				10.
چ چ	195	Occupancy								
Adr	20 ⁷ 21 22 22		nces; and meetings	•••						
2	22	Printing and pu	iblicationa					•		
⊆ o	23	Other expenses		MT 7		1,489.		489.		200.
	24		and administrative							
20		expenses. Add	l lines 13 through 23			10,035.		939.		4,296.
Apperating and Administrative Expenses	25	•	gifts, grants paid			115,688.				115,688.
<u> </u>	26	Total expenses	s and disbursements.							
<u> </u>		Add lines 24 ar	nd 25			125,723.		939.		119,984.
2014	27	Subtract line 26	6 from line 12:							
M	а	Excess of revenue	over expenses and disbur	sements .		302,506.				
			t income (if negative, ente				<u>8</u>	88,441.		
3225			1COME (if negative, enter -		<u> </u>		L	 	N/A	<u> </u>
3235 10-1	∑-13	LHA For Pa	perwork Reduction Act	Notice, see	instruct	ions.				Form 990-PF (2013)

	-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	fyear
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	20,358.	848,789.	848,789.
	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			
	7	Other notes and loans receivable			
		Less. allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S. and state government obligations			
	b	Investments - corporate stock STMT 8	505,732.	864,804.	727,346.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less: accumulated depreciation	250,000.	250,000.	250,000.
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	1,333,335.	448,338.	448,338.
	14	Land, buildings, and equipment basis ▶			
		Less: accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the		ĺ	
	L.,	instructions Also, see page 1, item 1)	2,109,425.	2,411,931.	2,274,473.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
			_	_	
	23	Total liabilitles (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s	ĺ	and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balance	I	Unrestricted			
<u>a</u>	25	Temporarily restricted			
B	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.	_	^	
ş	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
μ	29	Retained earnings, accumulated income, endowment, or other funds	2,109,425.	2,411,931.	
ž	30	Total net assets or fund balances	2,109,425.	2,411,931.	
		Total Mat 1991	2 100 425	2 411 021	
_	31	Total liabilities and net assets/fund balances	2,109,425.	2,411,931.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)			2,109,425.
2	•	r amount from Part I, line 27a		2	302,506.
_		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	2,411,931.
5	Decr	eases not included in line 2 (itemize)	· · · · ·	5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), tine 30	6	2,411,931.
					Form 990-PF (2013)

Part IV Capital Gains a	and Losses for Tax on Ir	vestment	Income					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)						(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a 400 SHARES APCO OIL						12/22	2/11	11/05/13
	ES ROBECO BP LON	G SHOR	r EQUITY		D	VARIO		VARIOUS
	PATEMENT				P	VARIO	DUS	VARIOUS
d REAL ESTATE					D			06/07/13
<u>e</u>	*			<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				in or (loss (f) minus	(g)
a 5,979.			2,22					3,759.
ь 99,823.			89,24					10,575.
66,346.			67,92	/-				<1,581.
d 47,732.								47,732.
Complete only for recets showin	a gain in column (b) and award by	the foundation	on 10/21/60			<i>(</i>), 0,		
Complete only for assets showing	g gain in column (h) and owned by				c	(i) Gains (Co ol. (k), but no		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), if any		•		from col	
								3,759.
a b	··			-+				10,575.
C	 			-				<1,581.
d								47,732.
e								2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Capital gain net income or (net ca	pital loss) { If gain, also enter			} 2				60,485.
3 Net short-term capital gain or (los								
If gain, also enter in Part I, line 8,		(0)		<i>J</i>				
If (loss), enter -0- in Part I, line 8				<u> </u>			N/A	<u> </u>
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inves	tment Ir	ncome		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come)				
If section 4940(d)(2) applies, leave th	is part blank							
Was the foundation liable for the sect	ion 4942 tay on the distributable am	nount of any ve	ar in the bace no	nod2				Yes X No
If "Yes," the foundation does not quali			•	iou.				163 [22] 140
	ach column for each year; see the i			ntnes				
(a)	(b)			(c)			District	(d) bution ratio
Base periód years Calendar year (or tax year beginnin	A also also al accessiva and a second	tributions	Net value of no		ole-use asse	ets (col. (b) di	vided by col (c))
2012		4,045.		1,6	93,97			.067324
2011		0,812.		1,6	31,48	34.		.092439
2010		6,385.		1,5	74,27	2.		.124747
2009		2,133.			31,27			.113279
2008	13	2,431.		1,6	34,43	0.		.081026
2 Total of line 1, column (d)						2		.478815
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5,	or by the number	of years		1 1		
the foundation has been in existen	nce if less than 5 years					. 3		.095763
4 Enter the net value of noncharitab	le-use assets for 2013 from Part X,	line 5				4		2,095,663.
	·	·						
5 Multiply line 4 by line 3						5		200,687.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			··· ··		. 6		884.
7 Add lines 5 and 6						. 7		201,571.
8 Enter qualifying distributions from	Part XII, line 4					8		119,984.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	t 1b, and comp	lete that part usin	g a 1% t	ax rate.			

orm	1990-PF (2013) THE GETTLER FAMILY FOUNDATION 31-1374			Page 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1,7	69.
	of Part I, line 27b			
C	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-)			<u>0.</u>
3	Add lines 1 and 2		1,7	<u>69.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,7	<u>69.</u>
6	Credits/Payments Credits/Payments			
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 3, 192.			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld <u>6d</u>			
	Total credits and payments Add lines 6a through 6d		<u>3,1</u>	92.
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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .		1,4	
	Enter the amount of line 10 to be Credited to 2014 estimated tax ► 1,423. Refunded ► 11			0.
	rt VII-A Statements Regarding Activities	,		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	ļ	X
	If the answer is "Yes" to $_{\it la}$ or $_{\it lb}$, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	10	ļ . . .	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .			
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers > \$O.			.,
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	_	Ì	v
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4D		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Λ.
	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 affectively amonds the governing instrument so that no mandatory dispatience that conflict with the state legislation.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	_	Х	
	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
′	ind the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi. (c), and Part XV	-	A	
۵a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
oa	OH			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
n		ρh	Ì	х
0	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 10 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	8b	 	
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	ŀ	X
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses STMT 11	10	X	
	The state of the s			

Total. Add lines 1 through 3

	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
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	459,577.
	Average of monthly cash balances	1b	459,577. 729,431.
	Fair market value of all other assets	1c	938,569.
	Total (add lines 1a, b, and c)	1d	2,127,577.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,127,577.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,914.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,095,663.
6	Minimum investment return. Enter 5% of line 5	6	104,783.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	id certain	
1	Minimum investment return from Part X, line 6	1	104,783.
2a	Tax on investment income for 2013 from Part VI, line 5	***	·
b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1,769.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	103,014.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	103,014.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	103,014.
P	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	119,984.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	119,984.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	119,984.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	-			
line 7				103,014.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years		,		
		0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008 51,269.				
b From 2009 92,998.				
c From 2010 121, 965.				
d From 2011 70,769.				
e From 2012 32,133.				
f Total of lines 3a through e	369,134.	- 	' '' ' 	· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2013 from				
Part XII, line 4. ► \$ 119,984.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		~~~~~
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·			102 014
d Applied to 2013 distributable amount	16,970.		·····	103,014.
e Remaining amount distributed out of corpus	0.		······	0.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))			,	0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	386,104.			
b Prior years' undistributed income Subtract				
line 4b from line 2b	· , '! , H'' In , , , ,	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	······			
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				<u> </u>
4a from line 2a. Taxable amount - see ınstr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1 This amount must				
be distributed in 2014			·····	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	***************************************		
8 Excess distributions carryover from 2008	F1 260			
not applied on line 5 or line 7	51,269.		······································	
9 Excess distributions carryover to 2014.	224 925			
Subtract lines 7 and 8 from line 6a	334,835.	********		
Analysis of line 9				
a Excess from 2009 92,998. b Excess from 2010 121,965.	1			
b Excess from 2010 121, 965. c Excess from 2011 70, 769.				
d Excess from 2012 32,133.	1			
e Excess from 2013 16,970.				,
0 EA0000 HOIR 2010	<u> </u>	<u></u>		Form 000 DE (2012)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE ATTACHED STATEMENT 14				
				115,688.
Total	4:		▶ 3a	115,688.
b Approved for future payment				
NONE				
Total			> 3b	0.

Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated				oy section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Aillouit	
a	ļ				
b					
C					
d					
e					
f			\perp		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			i		
investments			14	3,655.	
Dividends and interest from securities			14	25,240.	
Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	22,024.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					·
a INCREASE IN CASH VALUE					
b OF LIFE INSURANCE			14	281,413.	
c					
d					
e					·
2 Subtotal Add columns (b), (d), and (e)		(0.	332,332.	
3 Total. Add line 12, columns (b), (d), and (e)	_		***********	. 13	222
See worksheet in line 13 instructions to verify calculations)		•	-		

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).								

323621 10-10-13

Form 990)-PF (20	013) THE G	SETTLER FA	MILY F	OUNDATION		31-137	4350	Pa	ige 13
Part)	(VII	Information Re Exempt Organ		sfers To a	and Transactions a	nd Relations	hips With Noncha	ritable	•	
the a Tra	Code (janization directly or indi	rectly engage in any c)(3) organizations) c	or in section 52	g with any other organization 7, relating to political organ ganization of		on 501(c) of	1a(1)	Yes	х
		assets						1a(2)		Х
(2)	Purch	of assets to a nonchanta ases of assets from a no	onchantable exempt					1b(1) 1b(2)		X
(4)	Reimb	of facilities, equipment, oursement arrangements or loan guarantees		 	· · · · · · · · · · · · · · · · · · ·			1b(3) 1b(4) 1b(5)		X
c Sha	iring of	mance of services or me facilities, equipment, ma ver to any of the above is	ailing lists, other asse	ets, or paid em			narket value of the goods.	1b(6) 1c other ass	ets	X
or s	services umn (d)	given by the reporting f the value of the goods,	foundation If the fou	ındatıon receive	ed less than fair market valu					
(a) Line n		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	ents
	ļ									
									· · · · ·	
					· · · · · · · · · · · · · · · · · · ·			-		
				<u>_</u>						
ın s	ection	dation directly or indirection of the Code (other mplete the following sch	er than section 501(c		or more tax-exempt organi ion 527?	zations described	[Yes	X	□ No
		(a) Name of or	ganization		(b) Type of organization		(c) Description of relations	hip		
	Under	penalties of penury. I declare	that I have examined the	nis return, includin	ng accompanying schedules and	statements, and to the	best of my knowledge			
Sign Here	and be		Telew, Tr		n taxpayer) is based on all inform		r has any knowledge ret sh	ty the IRS um with the own below X Yes	e prepar (see ins	rer
	L	Print/Type preparer's n		Preparer's s		Date	Check if PTIN self- employed			
Paid Prepa Use 0		HARRY D. E Firm's name ► CLA		HARRY	D. BADANES ACKETT & CO.	10/24/14		0022 8000		

Phone no 513-241-3111

Firm's address ► ONE EAST FOURTH ST, SUITE 1200 CINCINNATI, OH 45202

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. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

T	HE GETTLER FAMILY FOUNDATION	31-1374350							
Organization type (check	one):								
ilers of: Section:									
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Note. Only a section 501(c General Rule X For an organization contributor. Comp	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special or filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II.								
Special Rules									
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the r (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of th (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
total contributions	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.								
contributions for the lifthis box is checongular purpose. Do not constitute the control of the lift but the l	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one consists exclusively for religious, charitable, etc., purposes, but these contributions did not ked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization becausile, etc., contributions of \$5,000 or more during the year	total to more than \$1,000. sively religious, chantable, etc.,							
	that is not covered by the General Rule and/or the Special Rules does not file Schedul								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE G	ETTLER FAMILY FOUNDATION	31	L-1374350
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BENJAMIN GETTLER ONE FILSON PLACE, UNIT #4 CINCINNATI, OH 45202	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE GETTLER FAMILY FOUNDATION

31-1374350

art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	4,630.477 SHARES ROBECO BP LONG-SHORT EQUITY FUND	05.007	02/01/12
	· · · · · · · · · · · · · · · · · · ·	\$ 95,897.	03/01/13
(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 org	ganization			Employer identification number				
THE G	ETTLER FAMILY FOUNDATION			31-1374350				
Part III	Exclusively religious, charitable, etc., individually year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	lual contributions to section 501(c following line entry: For organizatio contributions of \$1,000 or less for)(7), (8), or (10) organizations completing Part III, enter the year (Enter this information on	ons that total more than \$1,000 for the				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(e) Transfer of gif		····				
	Transferee's name, address, and	_		ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
!		(e) Transfer of gif	 t					
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(e) Transfer of gif	tt					
_	Transferee's name, address, and	1 ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No.	(A) D	())	(12					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee					
ı								

FORM 99	0-PF G	AIN OR (LOSS)	FROM SALE	OF	AS	SETS		STA	TEMENT	1
DESCRIP	(A) TION OF PROPERTY	_		_		NNER UIRED		TE VIRED	DATE SOI	LD
400 SHA	RES APCO OIL				DON	ATED	12/2	2/11	11/05/1	13
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	,	(E)	C.	GATN	(F) OR LOSS	
	5,979.	34,032.		0	· -		0.		<28,053	 3.>
DESCRIP	(A) TION OF PROPERTY					NNER UIRED		TE VIRED	DATE SOI	LD
4,630.4	77 SHARES ROBECO	- BP LONG SHORT	EQUITY	_	DON	ATED	VARI	OUS	VARIOUS	 S
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	1	(E)	c.	GAIN	(F)	
	99,823.	95,897.	·	0	— —		0.		3,920	6.
DESCRIP	(A) TION OF PROPERTY					NNER UIRED		TE UIRED	DATE SOI	ĽD
SEE ATT	ACHED STATEMENT	_		P	URC	HASED	VARI	ous	VARIOUS	s
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	י	(E)			(F)	
	SALES PRICE	OTHER BASIS	SALE			DEPRE	C.	GAIN	OR LOSS	
	66,346.	67,927.		0).		0.		<1,583	1.>

(A) DESCRIPTION OF PROP	ERTY					ANNER QUIRED	DA' ACQU		DATE SO	DLD
REAL ESTATE					DOI	NATED			06/07/	/13
(B) GROSS SALES PRIC	(C) COST E OTHER B	OR	(D EXPEN SA		F	(E) DEPRE		GAIN	(F) OR LOSS	5
47,7	32.	0.			0.		0.		47,73	32.
CAPITAL GAINS DIVID	ENDS FROM PA	RT IV					-			0.
TOTAL TO FORM 990-P	F, PART I, L	INE 6A							22,02	24.
FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPORA	RY C	ASH	INVEST	MENTS	STA	ATEMENT	2
SOURCE			(A) EVENUE R BOOKS		NET	(B) INVEST INCOME			(C) ADJUSTED ET INCOMI	Ξ
AXA EQUITABLE			3,65	5.		3,	655.	_		
TOTAL TO PART I, LI	NE 3		3,65	5.		3,	655.			
FORM 990-PF	DIVIDENDS	AND INT	TEREST	FROM	SEC	CURITIE	S	STA	ATEMENT	3
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	1S		A) ENUI BOOI		(B) INVE		(C) ADJUSTI NET INCO	
AXA EQUITABLE	17,992.		0.	1	7,99	92.	17,9	92.		
STIFEL, NICOLAUS & COMPANY	3,398.		`0.		3,39	98.	3,3	98.		
VULCAN INTERNATIONAL	3,850.		0.		3,8	50.	3,8	50.		
TO PART I, LINE 4	25,240.		0.	2	5,2	10.	25,2	40.		···

FORM 990-PF	OTHER I	NCOME		STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
INCREASE IN CASH VALUE OF LIF	TE	281,413.	0.		
TOTAL TO FORM 990-PF, PART I,	LINE 11	281,413.	0.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING AND TAX PREPARATION SERVICES	4,500.	450	•	4,0	50.
TO FORM 990-PF, PG 1, LN 16B	4,500.	450	•	4,0	50.
FORM 990-PF	TAX	ES	(STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
REAL ESTATE TAX EXCISE TAXES	46. 4,000.			,	46.
TO FORM 990-PF, PG 1, LN 18	4,046.	0	•		46.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
STATE FILING FEE MISCELLANEOUS INVESTMENT EXPENSES	200. 800. 489.		0. 0. 39.	200. 0. 0.
TO FORM 990-PF, PG 1, LN 23	39.	200.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 8
DESCRIPTION	ı		BOOK VALUE	FAIR MARKET VALUE
MARKETABLE SECURITIES - OTHER	2	_	864,804.	727,346.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	_	864,804.	727,346.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 9
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE
CASH VALUE OF LIFE INSURANCE CONTRACTS		FMV	448,338.	448,338.
TOTAL TO FORM 990-PF, PART II	, LINE 13	=	448,338.	448,338.
FORM 990-PF EXPLANATION CO	ONCERNING PA	RT VII-A, I	LINE 8B	STATEMENT 10

EXPLANATION

THE STATE OF OHIO DOES NOT REQUIRE A COPY OF THE FORM 990-PF TO BE FILED WITH THE STATE. IN LIEU OF THE FEDERAL FORM, THE ORGANIZATION IS REQUIRED TO SUBMIT CERTAIN ANNUAL FINANCIAL INFORMATION TO THE STATE OF OHIO THROUGH THEIR ONLINE FILING SYSTEM.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 11

NAME OF CONTRIBUTOR

ADDRESS

BENJAMIN GETTLER

ONE FILSON PLACE, UNIT #4 CINCINNATI, OH 45202

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DELIAAN GETTLER 30 GARFIELD PLACE, SUITE 1000 CINCINNATI, OH 45202

TELEPHONE NUMBER

(513) 621-2850

FORM AND CONTENT OF APPLICATIONS

DESCRIPTION OF ORGANIZATION, MISSION STATEMENT, PROOF OF TAX EXEMPTION, STATEMENT CONCERNING PURPOSE AND USE OF GRANT.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

CHARITABLE ORGANIZATIONS

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

	Hevenue Service		o and no	instructions is at www.irs.gov/forme	, 000			
• If yo	ou are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box			X	
• If yo	ou are filing for an Ade	ditional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).			
Do no	complete Part II unles	you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electi	onic filing _(e-file) . Yo	ou can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months f	or a corporation	
requir	ed to file Form 990-T)	or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	368 to requ	uest an extension	
of time	e to file any of the for	ns listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Transfers A	Associated	With Certain	
Perso	nal Benefit Contracts	which must be sent to the IRS in paper	er format	(see instructions). For more details o	on the elec	tronic filin	g of this form,	
visit w	ww.irs.gov/efile and c	lick on e-file for Charities & Nonprofits.						
Par	1 Automati	c 3-Month Extension of Time	Only s	ubmit original (no copies neede	:d)			
А соп		e Form 990-T and requesting an auton						
Part I	only	-					▶ □	
	•	ding 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of tim	ю	
to file	income tax returns.			····	Enter file	r's identif	ying number	
Туре	or Name of exemp	t organization or other filer, see instruc	ctions.		Employer	dentificat	tion number (EIN) or	
print								
-		LER FAMILY FOUNDAT	ION			31-1	374350	
File by t due date		and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	curity num	iber (SSN)	
filing yo return S	C/O CLAF	KK SHAEFER HACKETT -	- 1 E	AST FOURTH STREET,				
instructi	ons City, town or po	est office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
	CINCINNA	ATI, OH 45202						
Enter	the Return code for th	ne return that this application is for (file	a separa	te application for each return)			. 0 4	
Applic	ation		Return	Application			Return	
ls For			Code	Is For Co				
Form	990 or Form 990-EZ		01_	Form 990-T (corporation) 0				
Form '	990-BL		02	Form 1041-A	08			
Form -	4720 (individual)		03	Form 4720 (other than individual)				
Form	990-PF		04	Form 5227			10	
Form :	990-T (sec. 401(a) or	108(a) trust)	05	Form 6069				
Form :	990-T (trust other than		06	Form 8870			12	
		DELIAAN GETTLER						
		e of ► 30 GARFIELD PLA	ACE,		NNATI	, он	45202	
Tel	ephone No.▶ <u>(5</u>]	.3) 621-2850		Fax No. 🕨				
	-	not have an office or place of business					▶ ∟_	
• If t	nis is for a Group Reti	ırn, enter the organızatıon's four d <u>igit (</u>	Group Exe	emption Number (GEN) I	f this is fo	r the whole	e group, check this	
box 🕨	. If it is for pai	t of the group, check this box 🕨 🔙	and atta	ch a list with the names and EINs o	f all memb	ers the ex	tension is for.	
1		c 3-month (6 months for a corporation						
	OCTOBER	15 , 2014 , to file the exemp	t organıza	tion return for the organization name	ed above.	The exten	sion	
	s for the organization	's retum for:						
	calendar yea							
	► X tax year begi	nning <u>MAR 1, 2013</u>	, an	d ending FEB 28, 2014		_ ·		
2	If the tax year entered	d in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in acco	unting period			-,			
За	If this application is fo	or Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
	nonrefundable credit	s. See instructions.			3a	\$	3,192.	
b	If this application is fo	or Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
	estimated tax payme	nts made. Include any prior year overp	ayment a	llowed as a credit.	3ь	\$	3,192.	
C	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
	by using EFTPS (Elec	tronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.	
	on. If you are going to	make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8	879-EO for payment	
LHA 323841 12-31-1	-	d Paperwork Reduction Act Notice,	see instr	uctions.		Form	n 8868 (Rev. 1-2014	