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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Bublic Inquestion

Fo	r calen	dar year 2014 or tax year beginning 4/	1/2014		ending	3/31/2015	<u></u>
	ne of fou				A Employe	r identification number	
KA	RETS	<u>(Y FAMILY MEMORIAL FUND AND SETH KAHN FOUNI</u>	DATION, INC				
		street (or PO box number if mail is not delivered to street address)	Roor	n/suite		<u>84-</u> 1193 <u>115</u>	
		/ER KING DRIVE			B Telephone	e number (see instruction	ns)
•	or town		ZIP code				
	PEN_	CO	81611			(970) 927-240	
For	eign cou	ntry name Foreign province/state/county	Foreign post	tal code	C If exempt	ion application is pendin	ıg, check here ►
	Ob a al	- II Ab - A - a - I					_
G	Check		of a former public of	charity	D 1. Foreig	n organizations, check h	iere ► _
		☐ Final return ☐ Amended ret				n organizations meeting	
	Ch a al	Address change Name chang				here and attach comput	_
"		type of organization X Section 501(c)(3) exempt pri				foundation status was te 07(b)(1)(A), check here	rminated under
Щ			able private founda	ation		-	
ı		parket value of all assets at J Accounting method	X Cash A	Accrual	F If the four	ndation is in a 60-month	termination
		year (from Part II, col (c), Other (specify)				ction 507(b)(1)(B), check	
		6) ► \$ 292,465 (Part I, column (d) must b	e on cash basis)				,
P	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	/ /5\ N/=		(*) **	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses per		t investment icome	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		ļ			
	2	Check ► X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments		ļ			
	4	Dividends and interest from securities	2,081	ļ	2,081		
	5a	Gross rents					
CCR	b	Net rental income or (loss)					
Jet	6a	Net gain or (loss) from sale of assets not on line 10					
en!	_ b	Gross sales price for all assets on line 6a				_	<u> </u>
e≪	7	Capital gain net income (from Part IV, line 2)		ļ			
Ŕ	8 9	Net short-term capital gain					
WAR Revenues	9 10a	Income modifications		<u> </u>			
	b	Gross sales less returns and allowances Less Cost of goods sold					
7	C	Gross profit or (loss) (attach schedule)					
5	11	Other income (attach schedule)		 			
13 V. V. V. S. S. S. V.	12	Total. Add lines 1 through 11	2.001	 	2.004		
<u></u>	13	Compensation of officers, directors, trustees, etc	2,081	 	2,081	0	
es.	14	Other employee salaries and wages					
ns	15	Pension plans, employee benefits					
pe	16a	Legal fees (attach schedule)		+			
EX	b	Accounting fees (attach schedule)					
Ve	c	Other professional fees (attach schedule)					
ati	17	Interest			NEC	-IVED	
str	18	Taxes (attach schedule) (see instructions)		181		TYEU	
ini	19	Depreciation (attach schedule) and depletion		191	MARTO	1 2016 8	
E	20	Occupancy		L		2016 191	
Ac	21	Travel, conferences, and meetings			0000		
Operating and Administrative Expenses	22	Printing and publications			, JUE	V, UT SI	
a	23	Other expenses (attach schedule)					
ng	24	Total operating and administrative expenses.					
ati		Add lines 13 through 23	0	+	0	0	0
)er	25	Contributions, gifts, grants paid	49,100				49,100
Ö	26	Total expenses and disbursements. Add lines 24 and 25	49,100		0	0	49,100
	27	Subtract line 26 from line 12				·	
	а	Excess of revenue over expenses and disbursements	-47,019				
	b	Net investment income (if negative, enter -0-)			2,081		
	С	Adjusted net income (if negative, enter -0-)		l	· · · · · · · · · · · · · · · · · · ·	0	

For Paperwork Reduction Act Notice, see instructions.

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Da	ırt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
		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	10,591	11,055	11,055
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			<u>-</u> <u>-</u>
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	176,685	106,375	281,410
	С	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			
		Less accumulated depreciation (attach schedule)]		
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	187,276	117,430	292,465
	17	Accounts payable and accrued expenses			
	18	Grants payable			
<u>.</u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
Ę	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
<u> </u>	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	113,601	113,601	
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund	,		
Se	29	Retained earnings, accumulated income, endowment, or other funds	73,675	3,829	
Ä	30	Total net assets or fund balances (see instructions)	187,276	117,430	
et	31	Total liabilities and net assets/fund balances (see	, , , ,		
Z		instructions)	187,276	117,430	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
		net assets or fund balances at beginning of year—Part II, column (a)	, line 30 (must agree v	vith	-
		of-year figure reported on prior year's return)		1	187,276
2		r amount from Part I, line 27a		2	-47,019
3		r increases not included in line 2 (itemize) UNREALIZED APP	RECIATION	3	
4		lines 1, 2, and 3		4	140,257
5		reases not included in line 2 (itemize) UNREALIZED DEPRECIA	ATION	5	22,827
6		net assets or fund balances at end of year (line 4 minus line 5)—Par		6	117,430
					Form 990-PF (2014)

Part	V Capital Gains and	d Losses for Tax on Investm	nent li	ncome	(b) How acquired	Γ		
`		ne kind(s) of property sold (e g , real estate, use, or common stock, 200 shs MLC Co)			P—Purchase D—Donation		o , day, yr)	(d) Date sold (mo , day, yr)
1a								
<u>b</u>								
<u> </u>								
<u>d</u>								
<u>e</u>		(6 Samuel allament		(=) C == + ==			(h) O	(1)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				n or (loss) f) minus (g)
								
b							,	<u> </u>
С								
d		<u> </u>						
е								
	Complete only for assets sh	nowing gain in column (h) and owned	by the			-		(h) gain minus
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (ı) (ı), ıf any			t less than -0-) or rom col (h))
———								
<u>a</u> b	-							
<u>c</u>								
d								
е								
2	Capital gain net income or	r (net canital loss) 1 -		nter in Par	>			
	_	(If (loss)		-0- in Par	t I, line 7	2		C
3		or (loss) as defined in sections 1			0			
	•	, line 8, column (c) (see instruction	ns) IT (ioss), ente	er -u- in }	3		
Part	Part I, line 8	der Section 4940(e) for Redu	red]	Tay on N	et Investment		ma	
		vate foundations subject to the se						
•	•	·	011011 4	0 10(a) tax			,,,,,	
If sec	tion 4940(d)(2) applies, leav	ve this part blank						
		section 4942 tax on the distributal				e perio	od?	☐ Yes 💢 No
		qualify under section 4940(e) Do		•	•			
1		ount in each column for each year.	, see th	ne instructi	ons before maki	ng any I	entries	(d)
	(a) Base period years	(b) Adjusted qualifying distributions		Net value o	(c) f noncharitable-use a	ssets		tribution ratio
Cal	endar year (or tax year beginning in)					(col (b)	divided by col (c))
	2013 2012		2,999 2,335			0,633 7,229		0 230148 0 159934
	2011		2,399			9,398		0 218878
	2010		9,307			1,431		0 169843
	2009		5,724			2,385		0 115673
2	Total of line 1, column (d)						2	0 894476
3	<u> </u>	for the 5-year base period—divide			2 by 5, or by the			
	number of years the found	dation has been in existence if les	s than	5 years			3	0 178895
			D	. V . b F				224.700
4	Enter the net value of non	charitable-use assets for 2014 fro	т Рап	X, line 5			4	334,769
5	Multiply line 4 by line 3						5	59,889
•	with the 4 by line o						- -	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)					6	21
		,						· · · · · · · · · · · · · · · · · · ·
7	Add lines 5 and 6						7	59,910
8	Enter qualifying distribution						8	49,100
	If line 8 is equal to or grea	iter than line 7, check the box in P	aπ VI,	line 1b, ar	na complete that	part us	sing a 1% tax	crate See the

Part v	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ions)						
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			42				
	here ▶ ☐ and enter 1% of Part I, line 27b							
С	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> </u>		0				
3	Add lines 1 and 2	ļ		42				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<u> </u>						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	 .		42				
6	Credits/Payments							
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a							
b	Exempt foreign organizations—tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c							
_d _	Backup withholding erroneously withheld Table and the condensate Add bear Catherine to Catherin			_				
7	Total credits and payments Add lines 6a through 6d	1		0				
8	Enter any penalty for underpayment of estimated tax. Check here	 		42				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10	+		42 0				
10 11	Enter the amount of line 10 to be Credited to 2015 estimated tax	 		0				
	/II-A Statements Regarding Activities	1			<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No			
	participate or intervene in any political campaign?		1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	<u> </u>						
	Instructions for the definition)?		1b		Х			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							
	published or distributed by the foundation in connection with the activities		i					
С	c Did the foundation file Form 1120-POL for this year?							
d								
	(1) On the foundation ▶ \$ (2) On foundation managers ▶\$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2_		<u> </u>			
_	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	-	4b	N/A				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х			
	If "Yes," attach the statement required by General Instruction T				_			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
	By language in the governing instrument, or							
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that							
	conflict with the state law remain in the governing instrument?							
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-	7	X	ļ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)							
	<u>CO</u>							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_	.,				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	-	8b	Х	<u> </u>			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)							
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If							
46	"Yes," complete Part XIV	-	9		X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		"			
	Hallies and addiesses		000		<u> </u>			

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address			
14	The books are in care of ► GERALDINE KARETSKY Telephone no ► 970-927	2407		
	Located at ► 1660 SILVER KING DRIVE ASPEN CO ZIP+4 ► 81611			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ □
40	and enter the amount of tax-exempt interest received or accrued during the year 15	_	V	- -
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	ا مد ا	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If			
Dord	"Yes," enter the name of the foreign country VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
Part		1	Vaa	l NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No	1		
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (2) Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	,		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			!
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years 20 , 20 , 20 , 20			
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	۵.	NI/A	
•	all years listed, answer "No" and attach statement—see instructions) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2b	N/A	
С	► 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		Х

CARETSKY FAMILY MEMORIAL	FUND AND SETH KAHN FOUNDATION.	. INC	84-1193115
		,	0 1 1100110

Form 990-PF (2014)

orm 990	D-PF (2014)	KARETSKY FAMILY MEMORIAL	FUND	AND SETH	KAHN F	OUNDATIO	ON, INC		84-11	93115	Р	age 6
Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 N	lay Be Re	quire	(contin	ued)			
		e year did the foundation pay or incur any on propaganda, or otherwise attempt to ii			section	4945(e))?		☐ Yes	⊠ No			
		nce the outcome of any specific public ele y or indirectly, any voter registration drive		see section 4	955), or	to carry on	,	☐ Yes	⊠ No			
		e a grant to an individual for travel, study		er sımılar pur	poses?			Yes	X No			
		e a grant to an organization other than an 4945(d)(4)(A)? (see instructions)	charıtal	ble, etc , orga	anızatıor	n described	ın	☐ Yes	X No			
		e for any purpose other than religious, choses, or for the prevention of cruelty to chil			terary, c	or education	nal	☐ Yes	X No			
b	-	wer is "Yes" to 5a(1)–(5), did any of the tins section 53 4945 or in a current notice in		•	-		•		d ın	5b	N/A	
С	If the answ	ions relying on a current notice regarding wer is "Yes" to question 5a(4), does the fo t maintained expenditure responsibility fo	oundatio	on claim exer				☐ Yes	► □			- -
		ttach the statement required by Regulation										
6a		undation, during the year, receive any fur onal benefit contract?	nds, dire	ectly or indire	ctly, to p	oay premiur	ns	☐ Yes	X No			
b		undation, during the year, pay premiums, 6b, file Form 8870	directly	y or indirectly	, on a po	ersonal ben	efit con	tract?		6b		<u>X_</u>
	At any time	e during the tax year, was the foundation a pa id the foundation receive any proceeds o					e transa	☐ Yes	☐ No	7b		X
Part		nformation About Officers, Direct	ors, Tr	ustees, Fo	undati	on Manag	gers, F	lighly P	aid Em	ploye	es,	
1		nd Contractors ficers, directors, trustees, foundation i	manag	ore and their	compo	neation /c	oo inst	ructions\				
	List all O	(a) Name and address	(b) Title hou	e, and average irs per week ed to position	(c) Co	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit erred compe	s to plans	(e) Expe	nse aco	
	FER AND			IDENT		•		!				
		NG DRIVE ASPEN, CO 81611		011050		0						
	LDINE KA SILVER KI	RETSKY NG DRIVE ASPEN, CO 81611	TREAS	SURER		0				<u>.</u>		
	RT KARE SILVER KI	TSKY NG DRIVE ASPEN, CO 81611	VICE-I	PRES		0						
ANDR	EW KARE		SECR	ETARY		0						
2		sation of five highest-paid employees (other t	han those in	cluded	on line 1—	-see ins	structions	s). If no	ne, ent	er	
		d address of each employee paid more than \$50,000	1	(b) Title, and a hours per v devoted to p	week	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	nse acc allowan	
NONE								-				
												,
									-			
								, ,				
		other employees paid over \$50,000		1		l			_			_

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		
Total	number of others receiving over \$50,000 for professional services	 - · · · - ·
Pai	rt IX-A Summary of Direct Charitable Activities	
		
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
	THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES ITS PRIMARY PURPOSE	
	IS TO SUPPORT, BY CONTRIBUTIONS, OTHER 501(C)(3) EXEMPT ORGANIZATIONS	
		49,10
2		
3		
•		
4		
	rt IX-B Summary of Program-Related Investments (see instructions)	
Da		

Fait IA-D	Odifinary of Frogram-Related investments (see instructions)	
Describe the two	largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All other progran	n-related investments. See instructions	-
3		
Total. Add lines	s 1 through 3	0
	F	orm 990-PF (2014)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ı foun	dations,
•	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	339,867
b	Average of monthly cash balances .	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c) .	1d	339,867
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	·
3	Subtract line 2 from line 1d .	3	339,867
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions) .	4	5,098
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	334,769
6	Minimum investment return. Enter 5% of line 5	6	16,738
Part			
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	16,738
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	42
3	Distributable amount before adjustments Subtract line 2c from line 1	3	16,696
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	16,696
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	16,696
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		_
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	49,100
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	49,100
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,100
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	her the	efoundation
	qualified for the apotion 4040(a) reduction of tay in these years		

Form 9	90-PF (2014) KARETSKY FAMIL	LY MEMORIAL FUN	DAND SETH KAH	N FOUNDATION, II	NC 84-	1193115 Page 9
Part	XIII Undistributed Income	(see instructions)				
` 1	Distributable amount for 2014 from	ı Part XI.	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
-	line 7					16,696
2	Undistributed income, if any, as of the	end of 2014				
а	Enter amount for 2013 only				0	
b	Total for prior years 20,	20, 20				
3	Excess distributions carryover, if ar	ny, to 2014				
а	From 2009 .	15,172				
b	From 2010	28,095				
С	From 2011	40,887				
d	From 2012 .	36,666				
е	From 2013	66,449				
f	Total of lines 3a through e		187,269			
4	Qualifying distributions for 2014 fro	om Part XII,				
_	line 4 ▶ \$ 49,100	l O .				
	Applied to 2013, but not more than	——————————————————————————————————————				
b	Applied to undistributed income of					
•	(Election required—see instruction Treated as distributions out of corp	·				
С	required—see instructions)	ids (Election				
d	Applied to 2014 distributable amou	ınt ·			•	16,696
e	Remaining amount distributed out		32,404			10,030
5	Excess distributions carryover app		02,101			-
_	(If an amount appears in column (c					
	amount must be shown in column	·				
6	Enter the net total of each colum					
	indicated below:			1		
а	Corpus Add lines 3f, 4c, and 4e S	_	219,673			
b	Prior years' undistributed income \$	Subtract				
	line 4b from line 2b	_		0		
С	Enter the amount of prior years' un					
	income for which a notice of deficie	· ·				
	been issued, or on which the section	on 4942(a)		Ì		
	tax has been previously assessed	-1-				
a	Subtract line 6c from line 6b Taxat amount—see instructions	Die		i		
е	Undistributed income for 2013 Sul	htract line				
e	4a from line 2a Taxable amount—					
	instructions .	300			0	,
f	Undistributed income for 2014 Sul	btract lines				
	4d and 5 from line 1. This amount					
	distributed in 2015					0
7	Amounts treated as distributions of	ut of corpus				
	to satisfy requirements imposed by	/ section				
	170(b)(1)(F) or 4942(g)(3) (Election	n may be				
	required—see instructions)					
8	Excess distributions carryover from	n 2009 not				
	applied on line 5 or line 7 (see inst		15,172			
9	Excess distributions carryover to	l l				
	Subtract lines 7 and 8 from line 6a		204,501			
10	Analysis of line 9.					
a	Excess from 2010	28,095				
b	Excess from 2011 .	40,887				
C	Excess from 2012 .	36,666				
d	Excess from 2013	66,449				
е	Excess from 2014	32.404				1

Part 2	XIV Private Operating Foundati	ons (see instruc	ctions and Part \	/II-A, question 9)	<u>-</u> .	N/A
1a	If the foundation has received a ruling of	r determination let	ter that it is a priva	te operating		
	foundation, and the ruling is effective for	2014, enter the d	ate of the ruling	•		
b	Check box to indicate whether the foundation	n is a private operat	ting foundation desci	ribed in section	4942(J)(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
•	for active conduct of exempt activities					
_	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets			<u> </u>		0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test—enter					
-	(1) Total support other than gross investment income (interest, dividends, rents, payments on		:			
	securities loans (section 512(a)(5)), or royalties) (2) Support from general public					0
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization				· · · · · · · · · · · · · · · · · · ·	0
	(4) Gross investment income	<u> </u>				0
Part	XV Supplementary Information	n (Complete thi	is part only if th	e foundation ha	ıd \$5,000 or mo	re in assets at
	any time during the year—	see instruction	s.)			
1	Information Regarding Foundation M					
а	List any managers of the foundation wh					foundation
	before the close of any tax year (but on	ly if they have con	tributed more than	\$5,000) (See sect	ion 507(d)(2))	
	ALDINE KARETSKY					
b	List any managers of the foundation who ownership of a partnership or other enti					n of the
2	Information Regarding Contribution, Check here ► X if the foundation or unsolicited requests for funds If the fou under other conditions, complete items	ıly makes contribu ındation makes gif	tions to preselecte	d charitable organiz		
a	The name, address, and telephone nun	nber or e-mail add	ress of the person	to whom applicatio	ns should be addre	essed
b	The form in which applications should be	e submitted and ir	nformation and ma	terials they should	ınclude	
С	Any submission deadlines					<u> </u>
d	Any restrictions or limitations on awards factors	s, such as by geog	graphical areas, ch	arıtable fields, kınds	s of institutions, or o	other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form 990-PF (2014)

o oranto ana contributiono i ala Baring t	ine real of Approve	o ioi i ut	are rayinent	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year ASPEN MUSIC FESTIVAL		PC		30,000
ASPEN, CO 81611 ASPEN WORDS		PC		5,000
ASPEN, CO 81611 KAJX		PC		5,000
ASPEN, CO 81611 PORTLAND CENTER STAGE		PC		500
PORTLAND, OR STAND FOR CHILDREN		PC		5,000
ASPEN, CO 81611 NORTHWEST ACADEMY		PC		1,000
ASPEN, CO 81611 JAZZ ASPEN		PC		2,500
ASPEN, CO 81611				
OREGON PUBLIC BROADCASTING PORTLAND, OR		PC		100
		; ;		
Total			▶ 3a	49,100
b Approved for future payment				
Total	<u> </u>	<u> </u>	<u> </u>	0

Pai	t XVI	-A Analysis of Income-Producing Ac	ctivities				
		s amounts unless otherwise indicated		isiness income	Excluded by sect	ion 512, 513, or 514	
	. J		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Prog	ram service revenue	Dusiness code	Amount	LXCIUSION COde	Amount	(See instructions)
	a _						
	b _						
			<u> </u>				
	_						
	_						
	f _						
	_	ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments			14		
4		ends and interest from securities			14	2,081	
5		ental income or (loss) from real estate					_
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property			1		
7		r investment income	<u> </u>		40	4.000	
8		or (loss) from sales of assets other than inventory	-		18	1,890	
9		ncome or (loss) from special events					
10 11		s profit or (loss) from sales of inventory					-
- 11	b	r revenue a			 -		
	_						
	d _						
	ч_ е					- · · -	
12		otal Add columns (b), (d), and (e)		0		3,971	0
13		I. Add line 12, columns (b), (d), and (e)		<u> </u>	'L	13	
		sheet in line 13 instructions to verify calculations	s)				0,071
	rt XV			ent of Exemp	t Purposes		
	e No.	Explain below how each activity for which incom				I importantly to the	
	▼	accomplishment of the foundation's exempt pur	poses (other than	by providing fund	ls for such purpos	ses) (See instructi	ons)
				-			
					 	···	
			·				
						<u> </u>	
	_			_			

D -	VV.	16	D	f T 1 T			1-4:	- VAUAL- NI	a la a ul 4 - l- l		9
Part	XVII	_	Regarding Trans	sters to and tra	insactions	s and Re	eiationsnip	S WITH NON	cnaritable		
		Exempt Org							_	1.2	
1		=	irectly or indirectly er		_	-	-		1	Yes	No
		• •	e Code (other than se	ection 501(c)(3) or	ganizations) or in sec	tion 527, rela	iting to politica	al		
	orga	inizations?									
а	Tran	isfers from the rep	orting foundation to a	a noncharitable ex	empt organi	ızatıon of					
	(1)	Cash	•				•		1a(1)		<u>X</u>
	(2)	Other assets							1a(2)		X
b	Othe	er transactions									
	(1) 5	Sales of assets to	a noncharitable exer	npt organization					1b(1)		X
			ets from a noncharital		ation				1b(2)		X
			equipment, or other						1b(3)	i	X
		Reimbursement ar							1b(4)		X
		Loans or loan guar	-						1b(5)		X
		_	rvices or membershi	n or fundraising so	licitations				1b(6)		X
_			quipment, mailing list	· · · · · · · · · · · · · · · · · · ·			•		1c	1	 ^
C		•	he above is "Yes," com			-	hould always	ahou tha fair n		l	L^_
d		•					•				
			er assets, or services g n or sharing arrangeme								
			 		•						
(a) Line	no	(b) Amount involved	(c) Name of nonc	charitable exempt organi	zation	(d) Des	scription of transf	ers, transactions,	and sharing arra	ngemer	nts
						ļ					
								_			
-								•			
		<u> </u>									
											
			-		-		• •				
	╌╌┼										
						-					
						-					
			<u> </u>								
2a			ctly or indirectly affilia					nizations		<u>.</u>	
	des	cribed in section 5	501(c) of the Code (of	ther than section 5	01(c)(3)) or	in section	1 5277		Yes	X N	10
b	If "Y	es," complete the	following schedule								
		(a) Name of organ	nization	(b) Type o	f organization			(c) Description	of relationship		
-											
	Und	der penalties of penury. I dec	clare that I have examined this re	eturn, including accompanyin	g schedules and s	statements, and	to the best of my k	nowledge and belief.	it is true,		
Sian		ect, and complete Declarate	tion of preparer (other than taxpa	ayar) is based on all informati	on of which prepa	rer has any kn	owledge		lay the IRS discuss	this soti	
Sign		the At	1	12/15/	111 • TO	LVCTIDE	D/TDLICTEE		ith the preparer sh		
Here		gnature of officer or trus	stee pline	Dete /	Title	LASURE	R/TRUSTEE		see instructions)?	Yes	_
	1 9	Print/Type preparer		Preparer's signature			Date		PTIN		
Paid		1 " ' '		1 '				Check	X f	0001	
Prep		Joseph Kowar, I	Esq	Joseph Kov	wai, ⊏ sq	•	2/13/20	r	ployed P0028	6294	
Use		Firm's name						Firm's EIN ▶			
USE		y Firm's address ▶	461 Original Road,	Basalt, CO 81621				Phone no	970-927-240	7	

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

Schedule of Contributors

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

KARETSKY FAMILY MEMORIAL FUND AND SETH KAHN FOUNDATION, INC

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.

KARETSKY FAMILY MEMORIA	AL FUND AND SETH KAHN FOUNDATION, INC	84-1193115				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n				
	501(c)(3) taxable private foundation					
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution roperty) from any one contributor. Complete Parts I and II. See instructions butions					
Special Rules						
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or at received from any one contributor, during the year, total contributions of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Com	990-EZ), Part II, line the greater of (1)				
contributor, during the y	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributor, during the y contributions totaled me during the year for an e General Rule applies t	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
	s not covered by the General Rule and/or the Special Rules does not file So t answer "No" on Part IV, line 2, of its Form 990, or check the box on line H					

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

KARETSKY FAMILY MEMORIAL FUND AND SETH KAHN FOUNDATION, INC

Employer identification number
84-j193115

Part I	Contributors (see instructions). Use duplicate copie	os of Part Lif additional anges is a	andad
	<u> </u>	es of Part I if additional space is i	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
KARETSKY FAMILY MEMORIAL FUND AND SETH KAHN FOUNDATION, INC

Employer identification number 84-1193115

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	rganization Y FAMILY MEMORIAL FUND AND SETH KAHN F	FOUNDATION INC	Employer identification number 84-1193115				
Part III	Exclusively religious, charitable, etc., contri (10) that total more than \$1,000 for the year the following line entry. For organizations comp	butions to organizations descriptions descriptions any one contributor. Con leting Part III, enter the total of	cribed in section 501(c)(7), (8), or inplete columns (a) through (e) and exclusively religious, charitable, etc.				
	contributions of \$1,000 or less for the year (En		nstructions) > \$(
(a) No.	Use duplicate copies of Part III if additional spa	ce is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	(c) Italisiei oi giit						
	Transferee's name, address, and ZIP +	4 Relatio	enship of transferor to transferee				
	For Prov Country						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP +	Relatio	enship of transferor to transferee				
	For Prov Country						
(a) No. from	(b) Purpose of gift	(a) Han of wife	(4) Description of the control of the				
Part I	(b) Furpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and ZIP +	. A Polatio	enship of transferor to transferee				
	Transferee 5 fiame, address, and zir	Relatio	institution to transferee				
	For Prov Country						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
•							
		(e) Transfer of gift					
	Transferee's name, address, and ZIP +	4 Relatio	nship of transferor to transferee				
	E-1 P.						
	For Prov. Country	•					

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

	0	0		0
•			· -	Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 ACCOUNTING				

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

		0	. 0		0
		Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
	Description	per Books	Income	Net Income	Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income				
3	Income tax			,	

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		176,685	106,375	356,685	281,410
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
STOCKS		176,685	106,375	356,685	281,410

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

_,				16		—,
	Expense Account					
	Benefits	0	0	0	0	
0	Compensation	0	0	0	0	
	Avg Hrs Per Week					
		PRESIDENT	TREASURER	VICE-PRES	SECRETARY	
	Foreign Country					
	Zip Code	CO 81611	81611	81611	81611	
	State	8	8	8	8	
	City	ASPEN	ASPEN	ASPEN	ASPEN	
	Street	IVE	1660 SILVER KING DRIVE	1660 SILVER KING DRIVE	1660 SILVER KING DRIVE	
	Check "X" if Business					
	Name	JENNIFER ANDRES	GERALDINE KARETSKY	ROBERT KARETSKY	3 ANDREW KARETSKY	7
		<u> </u>	1	Ш.		