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Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

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

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

OMB No 1545-0052

2009

Foi	cal	endar	year 2009, or tax year beg	inning	9/22/2009 , a	nd ending	,	8/31/2010	
G	Che	ck all t	hat apply X Initial	return	Initial return of a for	mer public cha	rity	Final r	eturn
			Amen	ded return	Address change	☐ Na	me	change	
U	se th	e IRS	Name of foundation		-		A	Employer identification n	umber
	lab		Otter Cares Foundation d/b	/a OtterCares F	oundation			27-1649	9019
С		wise,	Number and street (or P O box no			Room/suite	В	Telephone number (see pa	ge 10 of the instructions)
	prii or ty		401 West Oak Street					(800) 839	-1754
	-	ecific	City or town, state, and ZIP code			•	С	If exemption application is p	
		tions.	Fort Collins		со	80521		1. Foreign organizations, ch	
Н	Che	ck type	e of organization X Section	on 501(c)(3) exe	mpt private foundation	on	7	2. Foreign organizations me	<del></del>
	Sec	tion 49	947(a)(1) nonexempt charita	ble trust 🔲 C	Other taxable private	foundation		check here and attach co	mputation
$\overline{}$	Fair	marke	t value of all assets at end	J Accounting r	nethod 💢 Cash	Accrual		If private foundation status under section 507(b)(1)(A),	
	of ye	ear <i>(fro</i>	m Part II, col (c),	Other (sp	ecify)			If the foundation is in a 60-n	
	line	16) 🕨	<b>\$</b> 21,670	(Part I, column (d	d) must be on cash bas	is)		under section 507(b)(1)(B),	check here
Pa	rt I	Anal	ysis of Revenue and Expe	nses (The total of	(a) Revenue and				(d) Disbursements
			its in columns (b), (c), and (d) may n		expenses per	(b) Net investmincome	ent	(c) Adjusted net income	for charitable purposes
		the arr	ounts in column (a) (see page 11 of	the instructions) )	books	income		income	(cash basis only)
	1	Contri	outions, gifts, grants, etc , received (	attach schedule)	136,853				
	2	Check	▶ if the foundation is not require	red to attach Sch B					
	3	Intere	st on savings and temporary ca	sh investments					
	4		ends and interest from securitie	s					
		a Gross			·				
စ္			ental income or (loss)						
Revenue		•	ain or (loss) from sale of assets	not on line 10					
Š	_		sales price for all assets on line 6a						
ď	7	•	al gain net income (from Part IV	7, line 2)				0	<del> </del>
	8		hort-term capital gain ne modifications						
			sales less returns and allowances	1					-
	١		Cost of goods sold				-		
			s profit or (loss) (attach schedule	e)				·	<del> </del>
	11		income (attach schedule) .	-,					
	12		. Add lines 1 through 11		136,853			0	
S	13	Comp	ensation of officers directors:	rustees, etc	100,000				
Expenses	14	Other	pensation of officers, directors;	veu i				<u> </u>	
ē	15	Pensi	on plans, employee benefits						
×	16	<b>a</b> Legal	fees (attach schedule)	2011 00	135				135
e		<b>b</b> Accoi	unting fees (tattach schedule)	1601	900				900
tive		<b>c</b> Other	professional fees cattach sche	dule) 5					
먑	17	Intere	professional ters tattach sche						
nis.	18	Taxes	(attach schedule) (see page 14 of the	instructions)					
Έ	19		eciation (attach schedule) and d	lepletion					
Ad	20 21		pancy		-				
Operating and Administra	22		el, conferences, and meetings ng and publications						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ā	23		expenses (attach schedule)		857				857
ing	24		operating and administrative	expenses.	557				057
rati			nes 13 through 23		1,892			0	1,892
bei	25		ibutions, gifts, grants paid		113,291			-	112,791
ō	26		expenses and disbursements. Add	l lines 24 and 25	115,183			0	114,683
	27		act line 26 from line 12		110,100			<u> </u>	114,003
			s of revenue over expenses and o	lisbursements	21,670				
			nvestment income (if negative					0	
	)		sted net income (if negative, ei						

SCANNED JUL 27 2011

Form 990-PF (2009) Otter Cares Foundation d/b/a OtterCares Foundation

27-1649019

	e kind(s) of property sold (e g		ent Incol	ne (b) How acquired	(a) Data as		(d) Data and
2-story bnck warehou	P—Purchase D—Donation	(c) Date ac (mo , day		( <b>d)</b> Date sold (mo , day, yr )			
1a							
b							
<u>c</u>		.,-			-		· 
<u>d</u>	<u>-</u>			-			
<u>e</u>	(f) Depreciation allowed	<del>-                                    </del>					
(e) Gross sales price		r other basis ense of sale	<u> </u>	(h) Gain or (loss) (e) plus (f) minus (g)			
<u>a</u> b							
C							
d							
е					_		<del></del>
Complete only for assets show	ving gain in column (h) and	owned by the	ne foundation	on on 12/31/69	(I) G	aıns (Col	(h) gain minus
(i) F M V as of 12/31/69 (j) Adjusted basis as of 12/31/69				ss of col (ı) (ı), ıf any	col (l	), but not	less than -0-) or om col (h))
a						<u>`</u>	
b				7 - 0 - 0			<del></del>
С						_	
d							
е	<u> </u>				<del></del>		- M2 - M
2 Capital gain net income or		gaın, also e (loss), ente			2		
3 Net short-term capital gain					-		
If gain, also enter in Part I,							
instructions) If (loss), ente	r -0- ın Part I, line 8			J	3		
Part V Qualification Und	der Section 4940(e) 1	or Reduc	ed Tax o	n Net Investm	ent Incom	е	
(For optional use by domestic	private foundations subj	ect to the s	ection 494	0(a) tax on net ir	vestment in	come )	
If section 4940(d)(2) applies, le						- 1ST Y	(EAD
Was the foundation liable for the	ne section 4942 tax on t	he distributa	able amou	nt of any vear in			☐Yes ☐ No
If "Yes," the foundation does n							
1 Enter the appropriate am					ions before	makıng	any entries
(a)		, , , , , , , , , , , , , , , , , , , ,	T 7 - 3 -				(d)
Base period years	(b) Adjusted qualifying di	stributions	Net value	(c) of nonchantable-use a	ssets		ribution ratio
Calendar year (or tax year beginning 2008	<u>in)                                     </u>	<del>-</del>		<u> </u>		(col (b) d	livided by col (c))
2007							0 000000 0 000000
2006				- · · · · · ·	-		0 000000
2005			†	- "			0 000000
2004			, i				0 000000
							·
2 Total of line 1, column (d)					2		0 000000
3 Average distribution ratio f							
the number of years the fo	undation has been in ex	istence if le	ss than 5	years	3		0 000000
4 Enter the net value of none	charitable-use assets for	2009 from	Part X, Iır	e 5	4		0
5 Multiply line 4 by line 3					5		0
6 Enter 1% of net investmen	t income (1% of Part I, I	ine 27b)		•	6		0
7 Add lines 5 and 6				٠	7		0
8 Enter qualifying distribution	ns from Part XII. line 4				8		0
If line 8 is equal to or great the Part VI instructions on	er than line 7, check the	box in Par	t VI, line 1	b, and complete		ng a 1%	

Form 990-PF (2009) Otter Cares Foundation d/b/a OtterCares Foundation 27-164901								
Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the			ge 4				
	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		0					
	here  and enter 1% 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)							
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)								
3	Add lines 1 and 2		0					
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)								
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments		0					
6	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0							
_	Exempt foreign organizations—tax withheld at source							
	Tax paid with application for extension of time to file (Form 8868)							
_	Backup withholding erroneously withheld							
7	Total credits and payments Add lines 6a through 6d		0	4				
8	Enter any penalty for underpayment of estimated tax. Check here		0					
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		0					
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 Refunded ▶ 11		0					
Pai	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		Yes	No				
participate or intervene in any political campaign?								
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the								
instructions for definition)?								
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials								
published or distributed by the foundation in connection with the activities								
c Did the foundation file Form 1120-POL for this year?								
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
_	(1) On the foundation \$ (2) On foundation managers \$	ľ						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
2	on foundation managers   \$	2	-	X				
_	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities	-		<del>  ^</del>				
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		x -				
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X				
	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	<u></u> -						
-	that conflict with the state law remain in the governing instrument?	6	X	ļ				
7 8 a	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  I Enter the states to which the foundation reports or with which it is registered (see page 19 of the	7	Х	<u> </u>				
o a	instructions) CO			ĺ				
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) of each state as required by General Instruction G? If "No," attach explanation	8b	x					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			<del>                                     </del>				
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?	-		İ				
	If "Yes," complete Part XIV	9	L	х				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing							
their names and addresses								

orm	990-PF (2009) Ofter Cares Foundation d/b/a OfterCares Foundation 27-164	9019	Pa	age 5
Par	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 page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	<del></del>	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ X _	
14	Website address   www ottercares org  The books are in care of   Joseph Fanfara   Telephone no   (800) 839-1	754		
-	Located at 125 S Howes St , 6th Floor Fort Collins CO ZIP+4		8	0521
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		<u>_</u>	
	and enter the amount of tax-exempt interest received or accrued during the year			_
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? . Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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.)  Yes X No			1
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 page 20 of the 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 2009?	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 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
b	If "Yes," list the years $\triangleright$ 20, 20, 20			
J	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions )	2b	N/A	-
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>▶</b> 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business			
L	enterprise at any time during the year?  Yes X No			
D	If "Yes," did it have excess business holdings in 2009 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 penod? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2009)	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 2009?	4b	1	l x

Forn	n 990-PF (2009) Otter Cares Foundation d/b/a	Otter	Cares Foundat	tion					27	-1649	9019	P	ige <b>6</b>
Pa	rt VII-B Statements Regarding Activiti	es foi	Which Forn	n 47	20 May Be Re	equired	(conti	nued)	)				
5a	<ul> <li>(1) Carry on propaganda, or otherwise attempt to</li> <li>(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration</li> </ul>	o influe election	nce legislation ( n (see section 49					Yes Yes	X X	No No			
							۲	í	=	No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?   [X] Yes  (4) Provide a grant to an organization other than a charitable, etc., organization described						Ш	NO					
	in section 509(a)(1), (2), or (3), or section 49-	40(d)(2	?)? (see page 22	of t	ne instructions)			Yes	X	No			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of				•			Yes	X	No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the t	ransac	tions fail to qual	ify u	nder the exceptio	ns descr	bed in					l	
	Regulations section 53 4945 or in a current notice	-	-			of the ins	tructions	5)?	$\overline{}$		5b		Х
	Organizations relying on a current notice regarding					•			· Ш				
С	If the answer is "Yes" to question 5a(4), does the form		•	otion	from the			1	$\Box$		]		
	tax because it maintained expenditure responsibility of "Yes," attach the statement required by Regulation	ons se	ction 53 4945–5				L	] Yes	Ш	No			
6a	Did the foundation, during the year, receive any fu	nds, dı	rectly or indirectl	ly, to	pay			1.				]	
	premiums on a personal benefit contract?							Yes	X	No	<u></u>		
D	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870	, direct	ly or indirectly, o	on a	personal benefit o	contract?	_	,			6b		X
	a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?							X	No				
_	If yes, did the foundation receive any proceeds or		•									N/A	
Р	art VIII Information About Officers,	Dire	ctors, Truste	es,	Foundation	Manag	ers, Hi	ighly	Paid	Em	ploye	es,	
_	and Contractors	-4!		J 41.				20 - 5 4		- 4	4!	`	
	List all officers, directors, trustees, found		managers and itle, and average	_	) Compensation		Contribut		ne in				
	(a) Name and address	ho	ours per week oted to position		not paid, enter -0-)	empl	oyee beni ferred cor	efit plan:			Expens ther allo		
SE_	E ATTACHMENT												
									-				
2	Compensation of five highest-paid employ If none, enter "NONE."	yees (	other than the	ose	included on lir	ne 1—s	ee page	e 23 o	f the	instr	uctio	ns).	
(a	) Name and address of each employee paid more than \$50		(b) Title, and avera hours per week devoted to posite	ς .	(c) Compensation	n	(d) Contri employe plans and compe	e benefi I deferre	it		Expens ther allo		
NC	NE												
_													
	tal number of other employees paid over \$50.												

Otter Cares Foundation d/b/a OtterCares Foundation		27-1649019 Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see	p nage 23 of the instructions). If none, ente	r "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(7.7)	
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant the number of organizations and other beneficianes served, conferences convened, research p		Expenses
1		
2		
3		
<del></del>		
4		
Part IX-B Summary of Program-Related Investments (see page	e 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax years.	· · · · · · · · · · · · · · · · · · ·	Amount
1		
2		<del></del>
2		
All other program-related investments See page 24 of the instructions		
3		
		^
Total. Add lines 1 through 3		<u>0</u>

Form	990-PF (2009) Otter Cares Foundation d/b/a OtterCares Foundation	27-	1649019 Page <b>8</b>
Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	ations,
	see page 24 of the 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	0
b	Average of monthly cash balances	1b	26,314
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c) .	1d	26,314
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d .	3	26,314
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	395
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	25,919
6	Minimum investment return. Enter 5% of line 5 MIR PRORATED - SHORT TAX YEAR	6	1,221
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	ng
	foundations and certain foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	1,221
2a	Tax on investment income for 2009 from Part VI, line 5		·
b	Income tax for 2009 (This does not include the tax from Part VI)	1	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,221
4	Recoveries of amounts treated as qualifying distributions	4	. 0
5	Add lines 3 and 4	5	1,221
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,221
Par	t XII Qualifying Distributions (see page 25 of the 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	114,683
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
h	Cash distribution tost (attach the required schedule)	3h	

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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 page 26 of the instructions) **Adjusted qualifying distributions.** Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

114,683

114,683

Part	XIII Undistributed income (see page 26 of t	ine instructions)			
1	Distributable amount for 2009 from Part XI, line 7	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
_					1,221
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only .			0	
_	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2009				
а	From 2004				,
b	From 2005				
С	From 2006	ļ			
d	From 2007				
е	From 2008				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2009 from Part			İ	
	XII, line 4 > \$114,683				
а	Applied to 2008, but not more than line 2a .			0	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount	:			1,221
е	Remaining amount distributed out of corpus	113,462			·
5	Excess distributions carryover applied to 2009	0			0
	(If an amount appears in column (d), the				
	same amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	113,462			
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			-	
d	Subtract line 6c from line 6b Taxable		_		
	amount—see page 27 of the instructions		0		<u></u>
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the				
	instructions			0	
Т	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1. This amount must				
-	be distributed in 2010				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)				
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7 (see page 27 of the				
0	instructions) .	0			
9	Excess distributions carryover to 2010.	142 400			
10	Subtract lines 7 and 8 from line 6a .	113,462			
10	Analysis of line 9	J			
a	Excess from 2005	1			
a	2,0000 110111 2000	<del>'</del>			
<u>د</u>	Excess from 2007	4			
	Excess from 2008 0	<del>'</del> }			
<u>e</u>	Excess from 2009 113,462				

	n 990-PF (2009) Otter Cares Foundation d/b/				<u>27-164</u>	
Pa	t XIV Private Operating Foundations (s	see page 27 of the	ne instructions a	nd Part VII-A, qu	uestion 9)	N/A
1 a	If the foundation has received a ruling or determin foundation, and the ruling is effective for 2009, ent			<b>•</b>		
	Check box to indicate whether the foundation is a	private operating for	undation described i	in section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed					
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly					<u> </u>
	for active conduct of exempt activities			İ		
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
3	Subtract line 2d from line 2c					
•	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets			<del> </del>		
	(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 "Support" alternative test—enter		<u> </u>	-		
C	(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 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>				
Pa	rt XV Supplementary Information (Co				,000 or more in	
<u>_</u>	assets at any time during the ye Information Regarding Foundation Manage		8 of the instruc	ctions.)		···
1	List any managers of the foundation who have co		2% of the total contr	ributions received by	the foundation	
	before the close of any tax year (but only if they ha					
NC	NE					
t	List any managers of the foundation who own 109				ortion of the	
NIC	ownership of a partnership or other entity) of whic	n the foundation has	a 10% or greater in	nterest		
2	NE Information Regarding Contribution, Grar	nt. Gift. Loan. Sch	nolarship, etc. P	rograms:		<del></del>
	Check here ▶ ☐ If the foundation only makes		• • •	•	oes not accept	
	unsolicited requests for funds. If the foundation ma		c (see page 28 of the	he instructions) to in	dıvıduals or organiza	tions
_	under other conditions, complete items 2a, b, c, a	nd d				<del></del>
ā	The name, address, and telephone number of the	person to whom ap	plications should be	addressed		
Se	e www ottercares org for grant application info	rmation				
ŧ	The form in which applications should be submitted	ed and information a	nd materials they sh	nould include		
Se	e www ottercares org for grant application info	rmation				
	: Any submission deadlines				<u></u>	
_	•					
	arterly deadlines  I Any restrictions or limitations on awards, such as	hy geographical are:	as charitable folds	kinds of institutions	or other	
•	factors	o, geographical alea	us, Giainable lielū\$,	, rango or moditutions	, or other	
Se	e www ottercares org for grant restrictions					

# Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y	ear or Approved fo	r Future Pa	yment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year			-	
AMERICAN ASSOC OF CRITICAL CARE NURSES	N/A	509(a)(2)	General & Unrestricted	1,000
101 COLUMBIA ALISO VIEJO CA 92656				
ANIMAL HOUSE PETS & GROOMING INC	N/A	509(a)(1)	General & Unrestricted	500
1104 W VINE DR FT COLLINS CO 80521		` ` ` `		
BIXBY YOUTH BASEBALL *	N/A	501(c)(3)	General & Unrestricted	500
P O BOX 671 BIXBY OK 74008				
BOYS AND GIRLS CLUBS OF LARIMER COUNTY	N/A	509(a)(1)	General & Unrestricted	10,000
103 SMOKEY ST FT COLLINS CO 80525				
CALVARY CHURCH	N/A	509(a)(1)	General & Unrestricted	250
2101 GAY ST LONGMONT CO 80501				
CHILDRENS HOSPITAL FOUNDATION	N/A	509(a)(1)	General & Unrestricted	425
13123 E 16TH AVE AURORA CO 80045				
CHRIST IN THE CANYONS MINISTRIES INC	N/A	509(a)(1)	General & Unrestricted	14,000
PO BOX 118 BONCARBO CO 81024		ļ.	ŀ	
COLORADO STATE UNIVERSITY FOUNDATION	N/A	509(a)(1)	General & Unrestricted	2,750
PO BOX 1870 FORT COLLINS CO 80522				
COLORADO STATE UNIVERSITY FOUNDATION	N/A	509(a)(1)	The Daniels Fund	1,000
PO BOX 1870 FORT COLLINS CO 80522			Scholarship	
COMMUNITY FD OF NORTHERN COLORADO	N/A	509(a)(1)	General & Unrestricted	5,650
4745 WHEATON DR FORT COLLINS CO 80525				
DENVER ACTIVE 20-30 CHILDRENS FOUNDATION	N/A	509(a)(1)	General & Unrestricted	1,000
3445 ZUNI ST DENVER CO 80211				
FAMILY CENTER-COMMUNITY FOUNDATION	N/A	509(a)(1)	General & Unrestricted	1,000
309 HICKORY ST FORT COLLINS CO 80524				
FOOD BANK FOR LARIMER COUNTY	N/A	509(a)(1)	General & Unrestricted	1,730
PO BOX 2221 FORT COLLINS CO 80522				
FRONT RANGE COMM COL FD FOR ED EXCLNCE	N/A	509(a)(3)	General & Unrestricted	1,000
3645 W 112TH AVE WESTMINSTER CO 80031				
HALFMOON ARTS	N/A	509(a)(1)	General & Unrestricted	500
PO BOBX 321 TIMNATH CO 80547		500/ \//\		
HOSPICE INC OF LARIMER COUNTY	N/A	509(a)(1)	General & Unrestricted	1,000
305 CARPENTER RD FORT COLLINS CO 80525				
Total See Attached Statement		1	▶ 3a	113,291
b Approved for future payment		T		113,291
a paymon				
		1		
* BIXBY YOUTH BASEBALL HAS SUBMITTED ITS		Total gran	s per Part I, Line 25, Colu	mn (a) \$113,291
FORM 1023, APPLICATION FOR RECOGNITION	1.	and arout not	 treated as a qualifying dist	ibution. ¢EOO
OF EXEMPT STATUS, BUT HAS NOT YET RECEIVED ITS FINAL DETERMINATION LETTER	L	ass grant not i	lleated as a qualifying dist	ibution: \$500
THE FOUNDATION REASONABLY BELIEVES		Total gran	 ns per Part I, Line 25, Colu	mn (d) \$112 791
THAT IT WILL EVENTUALLY RECEIVE		, otal gran		(a). <b>\$112</b> ,101
RECOGNITION AS A PUBLIC CHARITY				
		j		
		Ì		
Total			<b>▶</b> 3b	0

Analysis of incomes roducing Acti	VILIES				
Enter gross amounts unless otherwise indicated	Unrelated but	siness income	Excluded by section	on 512, 513, or 514	(e)
4 Days	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program service revenue					the instructions)
a b					
_					_
e					
f		<del></del>	_		
g Fees and contracts from government agencies				·	
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			10.7		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property	1				
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events     Gross profit or (loss) from sales of inventory				-	
11 Other revenue a	· · · · · · · · · · · · · · · · · · ·				_
b					
С					
d					
е					
12 Subtotal Add columns (b), (d), and (e)		l o		0	l o
		L	<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)		<del></del>		13	0
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc					
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calci  Part XVI-B Relationship of Activities to the Activities	complishment			13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcility.  Part XVI-B Relationship of Activities to the Action No.  Explain below how each activity for which incomplishment of the foundation's exempt	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calcivant XVI-B  Relationship of Activities to the Action No.  Explain below how each activity for which incom	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 13 instructions on page 28 to verify calciling the line 14 instruction	complishment e is reported in col	umn (e) of Part X	VI-A contributed in	13	
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# Form 990-PF (2009) OtterCares Foundation d/b/a Otter Cares Foundation 27-1649019 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										Yes	No
а	Transfe	ers from the reporting	foundation to	a noncharitable ex	empt organizat	ion of:			1 1		
	(1) Ca	, ,					•		1a(1)		X
	(2) Otl	her assets .							1a(2)		X
b	Other t	ransactions									
	(1) Sa	les of assets to a none	charitable exe	mpt organization					1b(1)		X
	(2) Pu	rchases of assets fron	n a noncharita	able exempt organi	zation				1b(2)		X
	(3) Re	ntal of facilities, equip	ment, or other	rassets					1b(3)		X
	(4) Re	imbursement arrange	ments						1b(4)		Χ
	(5) Lo	ans or loan guarantee	s	•					1b(5)		X
	(6) Pe	rformance of services	or membersh	up or fundraising se	olicitations				1b(6)		X
С	Sharing	g of facilities, equipme	ent, mailing list	ts, other assets, or	paid employee	s			_1c		X
d	value o	nswer to any of the ab of the goods, other ass n any transaction or sl	sets, or service	es given by the rep	orting foundation	on If th	e foundation rec	eived less tha	n fair ma	arket	i
	Line no	(b) Amount involved	(c) Name o	of noncharitable exempt	organization	(d) Des	scription of transfers,	ransactions, and	sharing arr	angen	nents
N/A							·				
		<del> </del>	<u> </u>				<del></del>				
	-		<u> </u>		<del></del>						
			<u> </u>						_		
							<del></del>	<del></del>			<del></del>
					<del>-</del>						
									<del>-</del>		
			<del>                                     </del>								
										_	
									_		
			<u> </u>	. <u></u>			<u></u>				
			L								
	describ	foundation directly or in sed in section 501(c) on " complete the followi	of the Code (of	ther than section 5	01(c)(3)) or in s		527?		Yes X	No	
N 1 / A		(a) Name of organization		<b>(b)</b> Type	of organization		(c) Des	cription of relation	ship		
N/A	<u></u>						<del> </del>				
									_		
							<del> </del>				
				<del>-</del>			<del>                                     </del>				
		er penalties of perjury, I declar, it is true, correct, and comp	olete Declaration	of preparer (other than t			d on all information of	which preparer h	as any kno		<del></del> е
Sign Here	Šig	hature of officer of trustee	Ruhan	ASM -	Dat	e	Triti	SEZIDE V.		RE	<u> </u>
_	_				Date		Observation of	Preparer's			
Ē	_ <u>'</u> .	Preparer's		[			Check if self-employed	number (se	_		ı
S	par O	signature Jeffi	rey D. Has	kell	7/8/2011		Sen-employed >	Page 30 0	aic madu	J., J. 13	
	Paid Preparer's Use Only	Firm's name (or yours if	<del></del>	TION SOURCE		_	- 1	EIN ▶			
	-	self-employed), address,		S DRIVE, FAIRFIE	ID CT 06924				າບາ ຄວດ	1754	
_	<u></u>	and ZIP code	55 WALLS	DRIVE, PAIRFIE	LD, CT 00024			Phone no (80	0) 839-		(0000)

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

**Employer identification number** Name of the organization Otter Cares Foundation d/b/a OtterCares Foundation 27-1649019 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule To For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and П 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (	(Form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part I
	rganization		Employer identification number
	es Foundation d/b/a OtterCares Foundation		27-1649019
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OtterBox Products  1 Old Town Square, Suite 303 Fort Collins CO 80524 Foreign State or Province Foreign Country	\$136 <u>,</u> 853	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$0_	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0_	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province	\$0_	Person Payroll Noncash (Complete Part II if there is a noncash contribution )

Otter Cares Foundation d/b/a OtterCares Foundation

Form 990-PF, Part I, Line 16a - Legal Fees

	TOTAL	135	C	C	135
		(6)	(4)	3	€
		Expenses per N	let Investment	Adjusted Net	Charitable
1 General Governance Matters and Counseling		135	0	0	135
2					
3					
4					
9					
9					
7					
8					
6					
<b>47</b>					

Otter Cares Foundation d/b/a OtterCares Foundation

Form 990-PF, Part I, Line 16b - Accounting Fees

	01	<b>TOTAL:</b> 900	0	0	006
		(a) Expenses per Books	(b) let Investment Income	(c) Adjusted Net Income	(d) Charitable Purpose
-	Accounting Services	006	0	0	006
7					
က					
4					
လ					
9					
^					
8					
6					
10					

Otter Cares Foundation d/b/a OtterCares Foundation

Form 990-PF, Part I, Line 23 - Other Expenses

TOTAL:	8	0	0	857
	(a) Expenses per l Books	(b) Vet Investment Income	Adjusted Net	(u) Charitable Purpose
Office Supplies	107	0	0	107
IRS Application Fee	750	0	0	750

# Form 990-PF, Part VII-A, Line 5 - Substantial Contraction

This statement is submitted to report the distribution of certain assets during the above-referenced year. The distributions resulted in a substantial contraction of assets The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions Typically, a finding of a substantial contraction of assets is made by reference to the fair market value of a foundation's net assets on the first day of its calendar year However, the taxable year ending August 31, 2010, was the year in which OtterCares Foundation d/b/a Otter Cares Foundation (the "Foundation") received its initial endowment and the finding of a substantial contraction in this case was made by reference to the fair market value of the Foundation's assets on the date that it received its initial endowment. Accordingly, the degree of contraction of the Foundation's net assets may have been exaggerated During the taxable year ending August 31, 2010, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$113,291 This amount represents over 25% of the Foundation's net assets of \$10,000 (as measured by fair market value) on the day that the Foundation received its initial endowment in the Foundation's taxable year ending August 31, 2010 Although the Foundation technically experienced a 'substantial contraction," it will continue in existence and has no plans for dissolution

The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a, each such grant was made solely for the charitable purpose specified therein

Foundation
OtterCares
d/b/a
Foundation
Otter Cares

Forr	Form 990-PF, Part VII-A, Line	Line 10 - Substantial Contributors			
	Name	Street	City	State	Zip Code
-	OtterBox Products	1 Old Town Square, Surte 303	Fort Collins	00	80524
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Otter Cares Foundation d/b/a OtterCares Foundation

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Form 990-PF. Part VIII. L
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							TOTAL:	0	٥	0
	Name	Street	City	State	Zip Code	Trtle	Avg Hrs	Сотр	Benefits	Expense Account
<u></u>										
~	Susie Gunstream	401 West Oak Street	Fort Collins	8	80521	Director	-	0	0	0
~~~~~~	Curtis R Richardson	401 West Oak Street	Fort Collins	8	80521	Director / Secretary / Treasurer	<b>~</b>	0	0	0
, m		401 West Oak Street	Fort Collins	8	80521	President / Director	τ-	0	0	0
4	Pete Richardson	401 West Oak Street	Fort Collins	8	80521	Director	-	0	0	0
တ		401 West Oak Street	Fort Collins	8	80521	Director	7	0	0	0
ဖ										
7										
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9										

# Otter Cares Foundation d/b/a OtterCares Foundation 27-1649019 Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year						_	
Name	2011				ı_		1
KIDS CREATE THE MUSIC FOUNDAT	ION				Person	<u> </u>	Business
4270 BYRD DR							
City		State	Zip code		Foreign C	ount	rv
LOVELAND		СО	80538	1	g., .		• •
Relationship	Foundation Status						
N/A	509(a)(1)						
Purpose of grant/contribution							Amount
General & Unrestricted	±th instrument	11 41-41 1	ия <b>нч</b> -п., й И.,		man 40 . 16 16	<i>V</i>	5,000
Name							
KIRK W					Person	г	Business
Street					reison	Ш	Dusiness
C/O OTTERCARES FOUNDATION D/B	/A OTTER CARES F	OUNDA	ATION 1 OLD	TOWN	SOUARE		
City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Zip code		Foreign C		rv
FORT COLLINS		CO	80524				••
Relationship	Foundation Status						
None	N/A						
Purpose of grant/contribution							Amount
Hardship Assistance Grant							350
Name	ATION				_		1
Street KRISTI VISOCKY MEMORIAL FOUNDA	ATION	_			Person	<u> </u>	Business
2724 MAROON CT							
City	<del></del>	State	Zip code	_	Foreign C	· ount	<del></del>
FORT COLLINS		CO	80525	ł	roreign C	ount	ıy
Relationship	Foundation Status		100020				
N/A	509(a)(2)						
Purpose of grant/contribution	1/-/						Amount
General & Unrestricted							1,000
Name							_
LARIMER COUNTY PARTNERS INC				لـلـــ	Person	X	Business
Street							
530 S COLLEGE AVE UNIT 1			T=: .				
City			Zip code		Foreign C	ount	ry
FORT COLLINS Relationship	Foundation Status	CO	80524		<u> </u>		<del></del>
N/A	509(a)(1)						
Purpose of grant/contribution	1505(a)(1)						Amount
General & Unrestricted							14,012
	FT 14.66 - 1.25 FT-11.6	1-17	111111111111111111111111111111111111111	F.I I F4			
Name		— ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	udu Liber de la constitución de la constitución de la constitución de la constitución de la constitución de la	······································		#1a.1C.1E##	
LIVE THE VICTORY INC	_				Person	X	Business
Street							
726 MATHEWS ST							
City			Zip code		Foreign C	ount	ry
FORT COLLINS	le tu ou	co	80524				<del></del>
Relationship	Foundation Status						
N/A Purpose of grant/contribution	[509(a)(1)						IA
General & Unrestricted							Amount
	Ci an care : P: TV ()	II II-lialii - n	11 11 11 11 11 11 11 11 11 11	n Braell	H I DEG	h ii 1+4£	】
Name	<u>Erane dedent in Alla Ya</u>	<u>ii 11 11 11 1</u>	THIS THEFT	<u>: ::::::11</u>		11: 11:	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
LOPEZ ELEMENTARY SCHOOL					Person	х	Business
Street							
637 WABASH ST							
City	-	State	Zip code		Foreign C	ount	ry
FORT COLLINS		co	80526				<u>-</u>
Relationship	Foundation Status				<del></del>		<del></del>
N/A	509(a)(1)						
Purpose of grant/contribution General & Unrestricted							Amount
							8,000

Amount

500

### Otter Cares Foundation d/b/a OtterCares Foundation 27-1649019 Page 2 of 3 Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name **X** Business **MERCY & SHARING** Person Street 201 N MILL ST STE 201 State Zip code Foreign Country City **ASPEN** 81611 CO Relationship Foundation Status N/A 509(a)(1) Purpose of grant/contribution Amount General & Unrestricted [##] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] [ 1 ] NORTHERN COLORADO YOUTH HOCKEY Person X Business Street 7900 FAIRGROUNDS AVE State Zip code Foreign Country City **FORT COLLINS** Relationship Foundation Status N/A 509(a)(2) Purpose of grant/contribution Amount General & Unrestricted 2,000 Name PLYMOUTH STATE UNIVERSITY Person X Business Street 17 HIGH ST State Zip code Foreign Country City **PLYMOUTH** 03264 Relationship Foundation Status 509(a)(1) Purpose of grant/contribution Amount General & Unrestricted Name POUDRE VALLEY HEALTH SYSTEM FOUNDATION Person X Business Street 2315 E HARMONY RD City State Zip code Foreign Country 80528 FORT COLLINS CO Relationship **Foundation Status** N/A 509(a)(1) Purpose of grant/contribution Amount General & Unrestricted 7,910 Name REALITIES FOR CHILDREN CHARITIES INC Person X Business Street 1610 S COLLEGE AVE City State Zip code Foreign Country FORT COLLINS 180525 Foundation Status Relationship 509(a)(1) Purpose of grant/contribution Amount General & Unrestricted Name **ROCKY MOUNTAIN FLYCASTERS** Person X Business Street 330 SMITH ST City State Zip code Foreign Country **FORT COLLINS** CO 80524 Relationship Foundation Status 509(a)(1)

N/A

Purpose of grant/contribution

General & Unrestricted

Amount

0

### Otter Cares Foundation d/b/a OtterCares Foundation 27-1649019 Page 3 of 3 Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name TIMBERLINE CHURCH Person X Business Street 2908 S TIMBERLINE RD City State Zip code **Foreign Country** FORT COLLINS CO 80525 Relationship Foundation Status N/A 509(a)(1) Purpose of grant/contribution Amount General & Unrestricted 7,000 Name Business **MEGAN JANSEN** X Person Street C/O UNIVERSITY OF DENVER, 2199 S UNIVERSITY BLVD City State Zip code **Foreign Country DENVER** CO 80208 Relationship **Foundation Status** 509(a)(1) N/A Purpose of grant/contribution **Amount** Scholarship Grant 1,000 Name WOMENS RESOURCE CENTER X Business Person Street **424 PINE ST STE 201** City State Zip code Foreign Country 80524 FORT COLLINS CO Relationship Foundation Status 509(a)(1) Purpose of grant/contribution Amount General & Unrestricted Name YOUNG LIFE Person X Business Street 420 N CASCADE AVE City State Zip code Foreign Country **COLORADO SPRINGS** CO 80903 Foundation Status Relationship N/A 509(a)(1) Purpose of grant/contribution Amount General & Unrestricted 1,000 Name Business Person Street City State Zip code Foreign Country Relationship **Foundation Status** Purpose of grant/contribution Amount Name Person Business Street City State Zip code Foreign Country Relationship Foundation Status

Purpose of grant/contribution