

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form 990-PF

Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

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

2010

OMB No 1545-0052

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , and ending G Check all that apply. Initial return Initial return of a former public charity Final return Amended return Address change □ Name change Name of foundation A Employer identification number THE MACLEOD CHARITABLE FOUNDATION, INC 20-8153065 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) 2600 CANTON COURT, SUITE C (970) 482-7254 City or town, state, and ZIP code C If exemption application is pending, check here CO 80525 FORT COLLINS D 1. Foreign organizations, check here H Check type of organization X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test. Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation E If private foundation status was terminated Fair market value of all assets at end J Accounting method ☐ Accrual X Cash under section 507(b)(1)(A), check here of year (from Part II, col (c), Other (specify) F If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis ) Ine 16) ▶\$ under section 507(b)(1)(B), check here 256,224 Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income ıncome purposes the amounts in column (a) (see page 11 of the instructions) ) books (cash basis only) 30,000 Contributions, gifts, grants, etc., received (attach schedule) Check If the foundation is not required to attach Sch. B 3,771 3,771 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 1.841 1.841 5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 \* b Gross sales price for all assets on line 6a -83 ×99 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Ś. 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 35,612 5,612 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach schedule) 675 675 c Other professional fees (attach schedule) Interest 18 122 122

CANINE MAY 3 5 7011 Operating and Administrative Expenses Taxes (attagree legible) (see page 14 of the instructions) Depreciation (attach schedule) and depletion Occupancy 21 conferences and meetin 4,002 4,002 22 Printing and publications. Other expenses (allach schedule) 23 150 150 Total operating and administrative expenses. Add lines 13 through 23 4,949 272 4,677 Contributions, gifts, grants paid 19,093 19,093 26 Total expenses and disbursements. Add lines 24 and 25 24,042 272 23,770 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements 11,570 b Net investment income (if negative, enter -0-) 5,340 c Adjusted net income (if negative, enter -0-) For Paperwork Reduction Act Notice, see page 30 of the instructions. Form 990-PF (2010)

DA	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Ena (	or year
Га ——		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	188,004	96,732	96,760
	3	Accounts receivable			to a real of anti-almost the same of a superpose of the same
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable		,	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	,		······································	
m	′			- A	A
Assets	8	Less allowance for doubtful accounts  Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖		a Investments—U.S. and state government obligations (attach schedule)	50,268	50,202	54,178
	1	b Investments—corporate stock (attach schedule)	30,200	102,842	
	1	C Investments—corporate bonds (attach schedule)		102,042	100,200
	11	Investments—land, buildings, and equipment basis	, ,		
	''	Less accumulated depreciation (attach schedule)	### P. N. T. N. M. N. M.	<del></del>	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	14	Land, buildings, and equipment basis	*	, , , , , , , , , , , , , , , , , , , ,	**
	` `	Less accumulated depreciation (attach schedule)		·	on the conditions of animal allegation of a
	15	Other assets (describe  Accrued interest )	839	905	<del></del>
	16	Total assets (to be completed by all filers—see the			<del>-</del>
		instructions Also, see page 1, item I)	239,111	250,681	256,224
	17	Accounts payable and accrued expenses			7 ***
40	18	Grants payable		-	
Liabilities	19	Deferred revenue		-	
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
_	22	Other liabilities (describe  )			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			
es S		and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted	239,111	250,681	· * * *
	25	Temporarily restricted			
ä	26	Permanently restricted			
р		Foundations that do not follow SFAS 117, check here			
Ξ	1	and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds			
<b>Assets or Fund Bala</b>	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
ŝse	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the			(4.6)
Net	١	instructions)	239,111	250,681	·
_	31	Total liabilities and net assets/fund balances (see page 17			*
6-		of the instructions)	239,111	250,681	<u> </u>
	rt III	Analysis of Changes in Net Assets or Fund Balances	20 (	J I	
7		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		000 444
•		of-year figure reported on prior year's return)		1	239,111
_		amount from Part I, line 27a		2	11,570
3		r increases not included in line 2 (itemize)		3	050.004
_		ines 1, 2, and 3		4	250,681
5		eases not included in line 2 (itemize)	olumn (b) has 20	5 6	
0	rotal	net assets or fund balances at end of year (line 4 minus line 5)-Part II, co	olullin (b), illie 30	_   0	250,681

(a) List and describe the	e kınd(s) of property sold (e g , real es se, or common stock, 200 shs MLC C	tate,	ent incoi	(b) How acquired P—Purchase D—Donation		Date acquired mo , day, yr )	(d) Date sold (mo , day, yr )
1a							
b							
C							
d							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis inse of sale			n or (loss) ) minus (g)
<u>a</u>	<del></del>						
b							
С							
d		ļ <u>.</u>	<del></del>				
е		<u> </u>					
Complete only for assets show	ving gain in column (h) and owne	d by th	e foundation	on on 12/31/69			(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			ss of col (i) (j), if any			less than -0-) <b>or</b> om col (h))
a							
b							
С		ļ <u>.</u>					
d				·-· ·-·			
e							
2 Capital gain net income or			nter in Pa ·-0- in Pa	rt I, line 7	2		
3 Net short-term capital gain							
If gain, also enter in Part I, instructions) If (loss), enter	line 8, column (c) (see pages	s 13 ar	nd 17 of 1	he }	3		
Part V Qualification Unc		aduce	ad Tay o	n Net Investm	_	ncome	<del>.</del>
							<del></del>
(For optional use by domestic	private foundations subject to	tne s	ection 49	40(a) tax on net i	nvest	ment income	)
If section 4940(d)(2) applies, le	eave this part blank						
Was the foundation liable for the	•	atribut.	abla ama	unt of any year im	امطه	acca nariad?	□ vaa □ Na
					ı ııı <del>ç</del> ı	base periou?	∐ Yes ∐ No
If "Yes," the foundation does no				<del></del>			
	ount in each column for each	year,	see page	18 of the instruc	tions	before making	
(a) Base period years	(b)			(c)		Dist	(d) ribution ratio
Calendar year (or tax year beginning ii	n) Adjusted qualifying distribution	ons	Net value	of noncharitable-use a	ssets		livided by col (c))
2009	2	4,092		237	',312		0.101520
2008	2	2,222		219	,933		0.101040
2007							
2006							
2005	_						
2 Total of line 1, column (d)						2	0 202560
3 Average distribution ratio for	or the 5-year base period—di	vide th	ne total or	line 2 by 5, or by	y		
the number of years the for	undation has been in existen	ce if le	ss than 5	years		3	0 101280
4 Enter the net value of nonc	charitable-use assets for 2010	0 from	Part X, III	ne 5		4	
							·
5 Multiply line 4 by line 3 .						5	
6 Enter 1% of net investment	t income (1% of Part I, line 27	7b)		•		6	
	•						
<b>7</b> Add lines 5 and 6						7	
							· · ·
8 Enter qualifying distribution	ns from Part XII, line 4					8	
If line 8 is equal to or great the Part VI instructions on	er than line 7, check the box	ın Par	t VI, line 1	b, and complete	that	part using a 1°	% tax rate See
310 1 GIL 71 MONGONOMO ON	F-9						

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	4940(e	), or 4948—see	page	18 of th	e ins	tructi	ions)
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and an exempt operating foundations described in section 4940(d)(2), check here  and an exempt operating foundations described in section 4940(d)(2), check here  are a facility of the facility of						. `.	,
b	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						107	
	here	ar 4%			٩	*		
·	of Part I, line 12, col (b)	21 <del>-1</del> 70	,				*·	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y Other	s enter -0-)	2				
3	Add lines 1 and 2	lu Otha	0 )	3			107	
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•	rs enter -0-)	5	╁		107	
	Credits/Payments	•		<u> </u>	×	*	, 107	ļ
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a				1		A*	
	Exempt foreign organizations—tax withheld at source 6b			4	;	, * ** <sup>*</sup>	` .	
	Tax paid with application for extension of time to file (Form 8868)  6c	-	-	4	-	~ ^,	,*	
	Backup withholding erroneously withheld  Tatal conditions and power and additions for through fid.	<u> </u>						
7 8	Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax Check here	ie attac	hed	8	<del> </del>			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	is attac	nieu I	▶ <u>8</u>	<del>                                     </del>		107	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	aid	Ì	10				
	Enter the amount of line 10 to be Credited to 2011 estimated tax	-	Refunded I	▶ 11				
Par	t VII-A Statements Regarding Activities				*			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local	legislati	on or did it			, j)	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 pur	rposes (	see page 19 of the	:				
	instructions for definition)?					1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of	any materials			<b>'</b> *	• ` ` ,`	
_	published or distributed by the foundation in connection with the activities					<u> </u>		
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	a the ver				1c		X
u	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation manage		" ▶ \$				` `	٠.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expe		· · · —			* 34		`'
	on foundation managers > \$						~100 *	, }
2	Has the foundation engaged in any activities that have not previously been reported to t	the IRS	?			2		Х
	If "Yes," attach a detailed description of the activities						" ,	
3	Has the foundation made any changes, not previously reported to the IRS, in its govern	_						
1 2	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed or Did the foundation have unrelated business gross income of \$1,000 or more during the		ne changes			3		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	year r				4a 4h	N/A	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?				5	10/7	X
	If "Yes," attach the statement required by General Instruction T					٠,	**************************************	* **
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfier	ed either						, %
	By language in the governing instrument, or						\$ 2 V	,
	By state legislation that effectively amends the governing instrument so that no man	ndatory o	directions			. ·		
_	that conflict with the state law remain in the governing instrument?					6_		<u>X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,	-		and Pa	art XV	7	X	
o a	Enter the states to which the foundation reports or with which it is registered (see page instructions)  CO	19 of th	е			, ,		٠,
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to t	the Atto				-1.	y.	,
_	General (or designate) of each state as required by General Instruction G? If "No," attac		•			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of	•					7	- 、
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instruction		•	7)?				
	If "Yes," complete Part XIV					9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a	schedu	ile listing					
	their names and addresses					10	Х	

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

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

if the foundation had excess business holdings in 2010)

4a

N/A

\* × \* \*

\* 3

3b

4a

4b

Forn	m 990-PF (2010) THE MACLEOD CHARITABL	E FOUNDATION, IN	IC			20-81	53065	P	age 6
Pą	rt VII-B Statements Regarding Activitie	es for Which Forn	n 4720 May Be R	equired (co	ontinued	)			
5a	During the year did the foundation pay or incur any	amount to							
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes								
	(2) Influence the outcome of any specific public election (see section 4955), or to carry							:	
	on, directly or indirectly, any voter registration drive?							1 :	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	(4) Provide a grant to an organization other than	•	•						
	in section 509(a)(1), (2), or (3), or section 494	10(d)(2)? (see page 22	of the instructions)		Yes	X No			
	(5) Provide for any purpose other than religious,	charitable, scientific, li	terary, or		٠٠٠ ليا			*	
	educational purposes, or for the prevention o		•		Yes	X No		×	Į
b	If any answer is "Yes" to 5a(1)-(5), did any of the ti	ransactions fail to qual	ify under the exception	ons described	_				
	Regulations section 53 4945 or in a current notice		-				5b	N/A	Χ,
	Organizations relying on a current notice regarding	-	· · · ·		· •	$\cdot \square$			
С	If the answer is "Yes" to question 5a(4), does the fo	oundation claim exemp	tion from the			_			
	tax because it maintained expenditure responsibility	y for the grant?			Yes	No			
	If "Yes," attach the statement required by Regulation	ons section 53 4945–5	(d)			_	1	~200	
6a	Did the foundation, during the year, receive any fur	ids, directly or indirectl	y, to pay					l ,	ſ
	premiums on a personal benefit contract?				Yes	X No	}		
b	Did the foundation, during the year, pay premiums,	directly or indirectly, o	n a personal benefit	contract?			6b		X
	If "Yes" to 6b, file Form 8870							٧,	
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transacti	on?	Yes	X No			*
b	If "Yes," did the foundation receive any proceeds o	r have any net income	attributable to the tra	insaction?	<del></del>		7b		
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers	, Highly	Paid En	ploy	ees.	
	and Contractors			_				•	
1	List all officers, directors, trustees, founda	ntion managers and	their compensa	tion (see pa	ge 22 of	the instr	uction	ns).	
1		(b) Title, and average	(c) Compensation	(d) Cont	ributions to	(0			unt.
1	List all officers, directors, trustees, founda (a) Name and address			(d) Cont employee	ributions to benefit plans	(e	Expen	ns). se accor lowance	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Cont	ributions to benefit plans	(e	Expen	se accoi	
Mic	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Cont employee	ributions to benefit plans	(e	Expen	se accoi	
Mic 260	(a) Name and address chael Pay 00 Canton Ct Fort Collins CO 80525 na Pay	(b) Title, and average hours per week devoted to position President	(c) Compensation (If not paid, enter	(d) Cont employee	ributions to benefit plans	(e	Expen	se accoi	
Mic 260	(a) Name and address chael Pay 00 Canton Ct Fort Collins CO 80525	(b) Title, and average hours per week devoted to position President 1 00	(c) Compensation (If not paid, enter	(d) Cont employee	ributions to benefit plans	(e	Expen	se accoi	
Mic 260	(a) Name and address chael Pay 00 Canton Ct Fort Collins CO 80525 na Pay	(b) Title, and average hours per week devoted to position President 1 00 Secretary	(c) Compensation (If not paid, enter	(d) Cont employee	ributions to benefit plans	(e	Expen	se accoi	
Mic 260	(a) Name and address chael Pay 00 Canton Ct Fort Collins CO 80525 na Pay	(b) Title, and average hours per week devoted to position President 1 00 Secretary	(c) Compensation (If not paid, enter	(d) Cont employee	ributions to benefit plans	(e	Expen	se accoi	
Mic 260	(a) Name and address chael Pay 00 Canton Ct Fort Collins CO 80525 na Pay	(b) Title, and average hours per week devoted to position President 1 00 Secretary	(c) Compensation (If not paid, enter	(d) Cont employee	ributions to benefit plans	(e	Expen	se accoi	
Mic 260 Roi 260	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00	(c) Compensation (If not paid, enter -0-)	(d) Cont employee and deferred	ributions to benefit plans I compensat	(e	Expenother al	se accoi	
Mic 260 Roi 260	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00	(c) Compensation (If not paid, enter -0-)	(d) Cont employee and deferred	ributions to benefit plans I compensat	(e	Expenother al	se accoi	
Mic 260 Roi 260	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00	(c) Compensation (If not paid, enter -0-)	(d) Cont employee and deferred	nbutions to benefit plans compensat	f the inst	Expenother al	se accoi	
Mic 260 Rog 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ  If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Tees (other than the	(c) Compensation (If not paid, enter -0-)	(d) Contemployee and deferred	page 23 o	f the inst	Expenother al	se accordowance	s
Mic 260 Rog 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred  ne 1—see p  (d) Co  employee	page 23 o	f the inst	Expenother al	se accoi	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Tees (other than the	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred  ne 1—see p  (d) Co  employee	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ  If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,
Mic 260 Roi 260 260 2	(a) Name and address  chael Pay  00 Canton Ct Fort Collins CO 80525  na Pay  00 Canton Ct Fort Collins CO 80525  Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position  President  1 00  Secretary  1 00  Teees (other than the hours per week	(c) Compensation (If not paid, enter -0-)  Discontinuous included on li  ge (c) Compensati	(d) Contemployee and deferred note 1—see plans	page 23 o	f the inst	Expenother al	se accordowance	unt,

Total number of other employees paid over \$50,000

THE MACLEOD CHARITABLE FOUNDATION, INC		20-8153065 Page 1
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see	page 23 of the instructions). If none, enter	"NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year. Include relevant stathen umber of organizations and other beneficiaries served, conferences convened, research papers.		Expenses
1 Assisted three churches with mission efforts		
2 Financially assisted a children's home in Anahuac, Mexico		5,500
2 Financially assisted a children's nome in Anandac, Mexico		
	•	2,000
3 Financially assisted Compassion International with support of children in	third world countries	
		6,093
4 Provided support to three mission organizations		
••••••		5,500
Part IX-B Summary of Program-Related Investments (see pa	age 24 of the instructions)	5,500
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1		
•		
2		
All other program-related investments See page 24 of the instructions		
3		

Total. Add lines 1 through 3

Cash distribution test (attach the required schedule)

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

4 23,770

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)

5 Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

3

5

6

а

b

Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required)

3a

Part XIII Undistributed Income (see page 26 of the instructions) (b) (c) (d) Corpus Years prior to 2009 2009 2010 Distributable amount for 2010 from Part XI, line 7 11,988 2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only **b** Total for prior years 20 06 , 20 07 , 20 08 2.640 Excess distributions carryover, if any, to 2010 a From 2005 **b** From 2006 **c** From 2007 8,744 d From 2008 12,348 e From 2009 f Total of lines 3a through e 21,092 Qualifying distributions for 2010 from Part XII. line 4 ▶ \$ a Applied to 2009, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2010 distributable amount 11,988 e Remaining amount distributed out of corpus 11,782 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 32,874 b Prior years' undistributed income Subtract line 4b from line 2b 2.640 c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable **%** 1 amount-see page 27 of the instructions 2,640 e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 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) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a 32,874 10 Analysis of line 9 a Excess from 2006 **b** Excess from 2007 8,744 c Excess from 2008 12,348 d Excess from 2009 e Excess from 2010 11,782

Part XV . Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approved	for Future	Payment	
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	Contribution	
a Paid dunng the year Compassion International 12290 Voyager Parkway			Support for children	6,093
Colorado Springs CO 80921 Pioneers 10123 William Carey Drive			Support for missions	4,000
Orlando FL 32832 Marietta Vineyard Church 2060 Lower Roswell Rd			Support for missions	500
Marietta GA 30068 Vineyard Church of the Rockies 1201 Riverside Ave Fort Collins CO 80524			Support for missions	4,000
Olive Branch P O Box 236 Becker MN 55308			Support for missions	500
Go Forth P O Box 26863 Salt Lake City UT 84126			Support for missions	1,000
Metro Detroit Christian Church 33045 Hamilton Court Farmington Hills MI 48334			Support for missions	1,000
Casa De La Esperanza Foundation 1136 E Stuart St, Suite 4203 Fort Collins CO 80525			Support for children's home in Mexico	2,000
Total	<u> </u>	·	. ► 3a	19,093
b Approved for future payment				
Total			<b>&gt;</b> 3b	
				- 000 DE

art XVI	-A Analysis of Income-Producing Activ	/ities				
Inter gross amounts unless otherwise indicated.		Unrelated bus	iness income	Excluded by section	(e)	
into gio		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Progra	m service revenue			<u>L</u>		the instructions)
а				. <del>-</del>		
b						
С						
d						
е						
f						
g Fee	es and contracts from government agencies					
2 Memb	ership dues and assessments					
	st on savings and temporary cash investments		3,771			
4 Divide	nds and interest from securities	~ - <del></del>	1,841	800 24 1 4 2 2 24 24		- <b>14</b> -7-7-1
5 Net re	ntal income or (loss) from real estate			<b>罗教学生成绩</b> 等		
<b>a</b> De	bt-financed property			=		
	t debt-financed property				·	
6 Net re	ntal income or (loss) from personal property			-		
	investment income					
	or (loss) from sales of assets other than inventory					
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
11 Other						
	····					
e	tal. Add astrono (b). (d). and (s)	1. 1. 21. 11	5 612	· 是伊特·蒙里山		
12 Subtot	tal Add columns (b), (d), and (e)		5,612		13	5.612
12 Subtot 13 Total.	Add line 12, columns (b), (d), and (e)	<u></u>	5,612	The state of the s	13	5,612
12 Subtot 13 Total. (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calc	ulations)			13	5,612
12 Subtot 13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calci-B Relationship of Activities to the Activities	ulations )	of Exempt P	urposes		5,612
12 Subtot 13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calc	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  B Relationship of Activities to the Ac	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612
12 Subtot 13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcing.  Relationship of Activities to the Acceptain below how each activity for which incomit the accomplishment of the foundation's exempting page 29 of the instructions.	ulations ) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed ii	mportantly to	5,612

### Form 990-PF (2010) THE MACLEOD CHARITABLE FOUNDATION, INC 20-8153065 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	ın sect	e organization directly too tion 501(c) of the Code zations?								Yes	No
2	Transf	fers from the reporting	foundation to	a noncharitable eve	mnt organiza	ation of					
a	(1) Ca			a nonchantable exc	inpt organize	1011 01			1a(1)		X
		ther assets		•		•			1a(1)		x
<b>L</b>	` '		• •	•			•		14(2)		<del>  ^-</del>
D		transactions							2 E 743		
		ales of assets to a none							1b(1)		X
		urchases of assets from			ation .	•	• •		1b(2)		X
		ental of facilities, equip		er assets		•		·	1b(3)		X
		eimbursement arrange		•			•		1b(4)		X
		oans or loan guarantee			• •				1b(5)		X
		erformance of services		-					1b(6)		X
С	Sharın	ng of facilities, equipme	ent, mailing lis	sts, other assets, or p	aid employe	es	•		1c		Х
	value o	answer to any of the ab of the goods, other ass in any transaction or sl	sets, or service naring arrang	ces given by the repo gement, show in colur	rting foundat nn (d) the va	tion If the	ne foundation re- ne goods, other	ceived less that assets, or serv	in fair m rices re	narket ceived	d
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exempt or	ganization	(a) Des	cription of transfers,	transactions, and s	haring arr	angem	ents
						ļ	_				
							<u>.</u>				
									_		
						Ī	<del></del>				
							•				
				<del> </del>			··				
	descril	foundation directly or in bed in section 501(c) of s," complete the followi	of the Code (d						Yes 🗌	No	
	11 162	(a) Name of organization	<u> </u>	(h) Tuno of	arganization		/=> f	Decompton of salet	onoh:-		
		(a) Name of organization		(b) Type of o	Jigariizalion		(c) l	Description of relati	orisnip		
							· · · · · · · · · · · · · · · · · · ·				
				-							
				1							
Sig	gn ere	der penalties of perjury, I decilief, it is true, correct and com	plete Declaratio		xpayer or fiducia	ry) is base	d on all information of	•		_	
		Print/Type preparer's na		Presarer's signature	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Date		TPTIN		
Pa	id epare			Preparer's signature	D, CPA		4/20/2011	Check if self-employed	P0035	51343	š
	•	Eurn's name	chards & Rich	nards. PC					34-1072		
ŲS	e Onl			St, Ste 4203, Fort Coll	line CO 805	25			0) 493-		
		11	OO L Gluart S	7, Ole 7200, I UIT CUI	a, 00 000				U) 483-	U+34	

### 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

Name of the organization				Employer identification number
THE MACLEOD CHARITA	ABLE FOUNDATION	N, INC		20-8153065
Organization type (check				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)(	) (enter number) organization		
	4947(a)(1)	) nonexempt charitable trust <b>not</b> trea	ted as a private four	ndation
	527 politic	cal organization		
Form 990-PF	X 501(c)(3)	exempt private foundation		
	4947(a)(1)	) nonexempt charitable trust treated a	as a private foundati	on
	501(c)(3)	taxable private foundation		
General Rule	on Share France 000 of	000 F7 000 PF that	# # P P P P P P P P P P P P P P P P P P	
		990-EZ, or 990-PF that received, duri omplete Parts I and II	ng the year, \$5,000	or more (in money or
Special Rules				
sections 509(a)(1)	and 170(b)(1)(A)(v	iling Form 990 or 990-EZ that met the silon, and received from any one contriber on (i) Form 990, Part VIII, line 1h or	outor, during the yea	r, a contribution of the greater
the year, aggrega	te contributions of n	rganization filing Form 990 or 990-EZ nore than \$1,000 for use <i>exclusively</i> on of cruelty to children or animals. (	for religious, charita	ible, scientific, literary, or
the year, contribut aggregate to more year for an exclus	tions for use exclusive than \$1,000. If this evely religious, chain anization because it	rganization filing Form 990 or 990-Ez ively for religious, charitable, etc., pus s box is checked, enter here the total ritable, etc., purpose Do not complet t received nonexclusively religious, c	irposes, but these co contributions that w te any of the parts ur	ontributions did not ere received during the nless the <b>General Rule</b>
Caution. An organization	that is not covered	by the General Rule and/or the Spec	al Rules does not fi	le 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)	(2010)
------------	-------	------	---------	--------	------	--------

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1 of 1 of Part I
Name of organization	Employer identification number
THE MACLEOD CHARITABLE FOUNDATION, INC.	20-8153065

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Michael & Rona Pay 6360 Gindler Ranch Road Fort Collins CO 80526 Foreign State or Province Foreign Country	\$30,000	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	\$	Person Payroll Occupate 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	\$	Person Payroll Oncash (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	\$	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 Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution )

### Line 16b (990-PF) - Accounting Fees

			1 R	2	3	4	2	9	7	8	6	10
		Name of Organization or Person Providing Service	RICHARDS & RICHARDS P C									
675	Revenue and	Expenses per Books	675									
		Net Investment Income										
		Adjusted Net Income										
675	Disbursements for Charitable	Purposes (Cash Basis Only)	675									

### Line 18 (990-PF) - Taxes

			_	2	3	4	2	မွ	 8	6	0
		Description	Excise tax on investment income								
122	Revenue	and Expenses per Books	122								
122		Net Investment Income									
		Adjusted Net Income									
	Disbursements	for Charitable Purposes									

### Line 23 (990-PF) - Other Expenses

		150	150		
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Amortization See attached statement				
1 1	Investment fees	150	150		
1 1					
1 1					
1 1					
1					
1 7					
1 7					
1					
i					

## Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

			1 FI	2	က	4	2	9	7	8	6	10
		Description	FNMA NOTES 4 375%									
50,268	Book Value	Beg. of Year	50,268									
50,202	Book Value	End of Year	50,202									
53,610	AMH	Beg of Year	53,610									
54,178	FMV	End of Year	54,178									
	Book Value FMV Check "X" if Federal Check "X" if State/	Obligation	×		!							
	Check "X" if State/	Local Obligation										

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

					102,842		105,286
Description   Face Value   Beg of Year   End of Year    SAPARES TRUST DOW JONES   1,100   50,676    S&P US PFD STK INDEX FD   1,300   52,166			Num Shares/	Book Value	Book Value		FMV
S&P US PFD STK INDEX FD 1,300 S&P US PFD STK INDEX FD 1,300		Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
S&P US PFD STK INDEX FD 1,300	-	ISHARES TRUST DOW JONES	1,100		929'09		54,846
	7	S&P US PFD STK INDEX FD	1,300		52,166		50,440
5 6 7 7 8 9 9	ဗ						
5 6 8 9 10	4						
6 8 9 10	2						
8 8 9 10	9						
9 10	7	:					
9 10	8						•
10	6						
	10						

### Part II, Line 15 (990-PF) - Other Assets

		839		
		Beginning	Ending	Fair Market
	Description	Balance		
	Accrued interest	628		
0				
l				

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

THE MACLEOD CHARITABLE FOUNDATION, INC

		Check "X"							Average
	Name	of Business	Street	Cit	State	Zip Code	Country	Title	Hours
_	Michael Pay		ŏ	Fort Collins	00	CO 80525		President	1
2	Rona Pay		ざ	Fort Collins	00	80525		Secretary	1
3									
4									
2									
9									
7									
8			:						
6							:		
9							:		

Part

		Compensation	Benefits	Expense Account	Explanation
2 3 4 4 5 6 6 7 7 8 9	1				
3 5 6 6 7 7 10	2				
4       5       6       7       8       9       10	3				
5 6 8 9 10	4				
6       8       9       10	2				
8 9 10	9				
9 10	7				
9 10	8				
10	6				
	10				

Part XVI-B (990-PF) - Relationship of Activities

······································