

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



Return of Private Foundation

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

2010

OMB No 1545-0052

| _ | | | the able to use a copy of this | | | |
|----------------|-----------|--|--------------------------------|---------------------------------------|--|---|
| For | cale | | 16, 2010 | , and ending | DEC 31, 2010 |) |
| G | Checi | call that apply X Initial return | Initial return of a fo | ormer public charity | Final return | 1 |
| | | Amended return | Address chan | ge | Name change | |
| Na | me o | foundation | | | A Employer Identification | number |
| ł | | R DAVID AND SUZANNE A | HOOVER CHAR | ITABLE | | |
| | | TRUST | | | <u>27-4274566</u> | |
| Nu | mber a | and street (or P O box number if mail is not delivered to street | address) | Room/suite | 8 Telephone number | |
| L | | 7209 RUSTIC TRAIL | | | 303-694-21 | .90 |
| Cit | y or t | own, state, and ZIP code | | | C If exemption application is p | pending, check here |
| L | | BOULDER, CO 80301-39 | | | D 1. Foreign organization | s, check here |
| H_ | Check | type of organization X Section 501(c)(3) ex | empt private foundation | | Foreign organizations me check here and attach co | eeting the 85% test, pomputation |
| <u>L</u> _ | _ Se | ction 4947(a)(1) nonexempt charitable trust | Other taxable private found | ation | E If private foundation sta | |
| l F | air ma | arket value of all assets at end of year 🚺 Accounti | ng method X Cash | Accrual | under section 507(b)(1 |)(A), check here |
| (f | rom . | | ther (specify) | | F If the foundation is in a | 60-month termination |
| | \$ | 3,418,136. (Part I, colu | mn (d) must be on cash | basis) | under section 507(b)(1 | |
| P | art I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | · · · · · | necessarily equal the amounts in column (a)) | expenses per books | ıncome | Income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 2,203,150. | | N/A | |
| | 2 | Check If the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | |
| | 4 | Dividends and interest from securities | | | | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| Ð | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | |
| Į. | b | Gross sales price for all assets on line 6a | | | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | 0. | | |
| Œ | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less Cost of goods sold | | | | |
| | C | Gross profit or (loss) | | | | |
| | 11 | Other Income | 202. | 202. | | STATEMENT 1 |
| | 12 | Total. Add lines 1 through 11 | 2,203,352. | 202. | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| | 14 | Other employee salaries and wages | | - | | |
| Ø | 15 | Pension plans, employee benefits | | <u> </u> | | |
| Ses | 16a | Legal fees FECT | IVED | · · · · · · · · · · · · · · · · · · · | | |
| Þe | ı | The state of the s | TOTAL | | | |
| Expens | C | Other professional fees | 8 2011 | | | |
| Administrative | 17 | Interest Int | | | | |
| tra | 18 | 7 7 | | | | |
| inis | 19 | Depreciation and depletion Occupancy OGC | ENUT | | | |
| Ę | 20 | | | | | |
| Š | 21 | Travel, conferences, and meetings | | | | |
| and | 22 | Printing and publications | | | | |
| ing. | 23 | Other expenses | | | | |
| rati | 24 | Total operating and administrative | _ | | | |
| Operating | | expenses. Add lines 13 through 23 | 0. | 0. | | 0. |
| J | | Contributions, gifts, grants paid | 0. | | | 0. |
| | 26 | Total expenses and disbursements | _ [| | | |
| | | Add lines 24 and 25 | 0. | 0. | | 0. |
| | 27 | Subtract line 26 from line 12 | 0 000 000 | | | |
| | | Excess of revenue over expenses and disbursements | 2,203,352. | | ······ | |
| | | Nat investment income (if negative, enter -0-) | | 202. | | |
| | C | Adjusted net income (if negative, enter -0-) | | | N/A | |

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010)

NOT 88 AON CENTRES

| For | m 99 | 0-PF (2010) TRUST | | | 2/4500 Page 2 |
|--------------------------------|------|--|------------------------------------|-------------|---------------------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year (a) Book Value – | End of . | year _ (c)_Fair_Market Value |
| | ì | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | | 4,293. | 4,293. |
| | 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons . | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ş | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | _ | | |
| ⋖ | ı | Investments - U.S. and state government obligations | <u> </u> | | |
| | b | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | ······· | | |
| | 11 | Investments - land, buildings, and equipment basis | - | 1 | |
| | | Less accumulated depreciation | • | | |
| | 12 | Investments - mortgage loans | | 2 100 050 | 3,413,843. |
| | 13 | Investments - other STMT 2 | 0. | 2,199,059. | 3,413,043. |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers) | 0. | 2,203,352. | 3,418,136. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ia | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | | | 0. | 0. | |
| _ | 23 | | U . | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| S | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ž | 24 | Unrestricted | - | | |
| ala | 25 | Temporarily restricted | | | |
| B P | 26 | Permanently restricted Foundations that do not follow SFAS 117, check here | | | |
| 5 | | • | | | |
| <u>2</u> | | and complete lines 27 through 31. | 0. | 0. | |
| Assets or Fund Balances | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| SS | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | 2,203,352. | |
| Net / | 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | 2,203,352. | |
| Ž | 30 | Total net assets or fund balances | • | 2,200,002. | |
| | 31 | Total liabilities and net assets/fund balances | 0. | 2,203,352. | |
| P | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| _ | | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 0. |
| 2 | Ente | r amount from Part I, line 27a | | 2 | 2,203,352. |
| | | er increases not included in line 2 (itemize) | | 3 | 0. |
| 4 | Add | lines 1, 2, and 3 | | 4 | 2,203,352. |
| 5 | | reases not included in line 2 (itemize) | | 5 | 0. |
| <u>6</u> | Tota | l net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 2,203,352. |

| | UST | sace for Toy on In | · · · · · · · · · · · · · · · · · · · | t Income | | | | 27-427 | 4566 | Page 3 |
|---|---|---|---------------------------------------|--------------------------------------|--------------|---------------------------|----------|--|-------------------------------------|----------|
| L | | sses for Tax on In | | Lincome | (b) 1 | How acquire - Purchase | d , | c) Date acquired | _(d) Dat | e sold |
| | | or common stock, 200 shs | | | P | - Purchase - Donation | 1 | (mo , day, yr) | (mo , da | |
| 1a | | | | | l | | | | | - |
| b No | ONE | | | | | | | | | |
| <u>c</u> | | | | | ļ | | | | | <u></u> |
| d | | | | | <u> </u> | | \vdash | | ļ | |
| <u>e</u> | 1 | | 4.3.0 | | <u> </u> | | | | <u> </u> | |
| (e) Gross sales price | (1) [| epreciation allowed (or allowable) | | st or other basis expense of sale | | ·· · · | | (h) Gain or (loss (e) plus (f) minus | | |
| <u>a</u> | | | | - | | | | | | |
| <u>b</u> | | | | | | | | . | | - |
| <u>c</u> | i | | | | | | | | | |
| d e | - | | | | | | | | | |
| Complete only for assets show | vino oain in i | column (h) and owned by | he foundation | on 12/31/69 | | | (1) (| Gains (Col. (h) gain | minus | |
| (i) F M V as of 12/31/69 | , , , , , , , , , , , , , , , , , , , | j) Adjusted basis as of 12/31/69 | (k) E> | cess of col (i) | | | col (| k), but not less tha Losses (from col | n - 0-) or | |
| a | | | | | | | | | | - |
| b | | | | | | | | | | |
| C | | | | | | | | | | |
| đ | | | | | | | | | | |
| <u>e</u> | 1 | | | | | | | | | |
| 2 Capital gain net income or (net | capital loss) | { If gain, also enter If (loss), enter -0- | ın Part I, line ın Part I, line | 7 7 | } | 2 | | | | |
| 3 Net short-term capital gain or (I if gain, also enter in Part I, line | 8, column (d | | d (6) | | } | | | | | |
| If (loss), enter -0- in Part I, line Part V Qualification | | ection 4940(e) for | Reduced | l Tax on Net | Inv | estment | Inco | me | <u>.</u> | |
| (For optional use by domestic priva | | | | | | | | | N/A | |
| (1 of optional use by domestic privi | ate roundatio | ms subject to the section 4 | 1340(8) (82 01 | i net mivestinent n | 100111 | • , | | | , | |
| If section 4940(d)(2) applies, leave | this part bla | nk | | | | | | | | |
| Was the foundation liable for the se | ection 4942 | tax on the distributable am | ount of any ye | ear in the base pe | rıod? | | | | Yes | ☐ No |
| If "Yes," the foundation does not qu | ualify under | section 4940(e) Do not co | mplete this pa | art | | | | | | |
| 1 Enter the appropriate amount i | n each colur | nn for each year, see instru | uctions before | making any entri | es | | | | | |
| (a) Base period years Calendar year (or tax year begin | ning in) | (b) Adjusted qualifying dist | tributions | Net value of no | (c) oncha | | ssets | Distri (col (b) di | (d) bution ratio vided by col | (c)) |
| 2009 | | - | | | | | | | | |
| 2008 | | | | | | | | | | |
| 2007 | | | | | | | | | | |
| 2006 | | | | | | | | <u> </u> | | |
| 2005 | | | | <u> </u> | | | | | | |
| S. Total of land 4 polymon (d) | | | | | | | | | | |
| 2 Total of line 1, column (d)3 Average distribution ratio for th | a 5-vaar had | a parred - divide the total o | on line 2 by 5 | or by the number | of ve | are | | 2 | *** | <u> </u> |
| the foundation has been in exis | = | | ni iiile 2 by 3, | or by the number | oi ye | | | 3 | | |
| 4 Enter the net value of noncharit | able-use ass | sets for 2010 from Part X, I | line 5 | | | | | 4 | _ | |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | | |
| 6 Enter 1% of net investment inco | ome (1% of | Part I, line 27b) | | | | | | 6 | | |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | |
| 8 Enter qualifying distributions from | om Part XII, | line 4 | | | | - | | 8 | | |
| If line 8 is equal to or greater th See the Part VI instructions | an line 7, ch | eck the box in Part VI, line | 1b, and comp | plete that part usin | ng a 1 | % tax rate | | | | |

R DAVID AND SUZANNE A HOOVER CHARITABLE 27-4274566 Form 990-PF (2010) TRUST Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here
And enter "N/A" on line 1 (attach copy of letter if necessary-see instructions) Date of ruling or determination letter 4. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigcup \) and enter 1% 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) 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 4 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 -0-5 6 Credits/Payments a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6b b Exempt foreign organizations - tax withheld at source 3,500 c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 3,500. 7 Total credits and payments Add lines 6a through 6d 7 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 3,496.10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 3,496 . Refunded ▶ 11 Enter the amount of line 10 to be Credited to 2011 estimated tax 11 Part VII-A | Statements Regarding Activities Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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 Х c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 0. (1) On the foundation > \$ 0 • (2) On foundation managers ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 2 2 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. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4h 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

Х If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or . By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law Х 6 remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) Х of each state as required by General Instruction G? If "No," attach explanation 8b 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar X year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

Form **990-PF** (2010)

10

Х

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2010.)

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

Form 990-PF (2010)

X

N/A

N/A

Yes X No

2b

3b

4a

4h

If "Yes," list the years ▶

during the year?

statement - see instructions)

| ጥ | R | Ħ | S | П |
|---|---|---|---|---|

| Part VIII Information About Officers, Directors, Trustees, Formation Paid Employees, and Contractors (continued) | oundation Managers, Highly | <u> </u> |
|--|----------------------------|------------------|
| 3 Five highest-paid independent contractors for professional services. If none | e, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| T-1-1 | | ▶ 0 |
| 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 releval number of organizations and other beneficiaries served, conferences convened, research pap | | Expenses |
| 1 N/A | | |
| 2 | | |
| | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax | year on lines 1 and 2 | Amount |
| 1 N/A | | |
| 2 | | |
| All about the second related to the second r | | |
| All other program-related investments See instructions 3 | | |
| Total, Add lines 1 through 3 | > | 0. |

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes

TRUST

a Average monthly fair market value of securities

b Average of monthly cash balances

c Fair market value of all other assets

d Total (add lines 1a, b, and c)

Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 3,413,843. 1a 4,293. 1b 10 3,418,136. 1d

e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3,418,136. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 3,366,864 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 7,380. Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 6

| P | art XI Distributable Amount (see instructions) (Section 4942 foreign organizations check here | | rating foundations an | d certain | |
|----|---|---------------------------------------|-----------------------|-----------|--------|
| 1 | Minimum investment return from Part X, line 6 | · · · · · · · · · · · · · · · · · · · | | 1 | 7,380. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 4. | | |
| b | Income tax for 2010 (This does not include the tax from Part VI) | 2b | | | |
| C | Add lines 2a and 2b | | | 2¢ | 4. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | | 3 | 7,376. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 7,376. |
| 6 | Deduction from distributable amount (see instructions) | | | 6 | Õ. |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and | on Part XIII, line 1 | | 7 | 7,376. |

Part XII Qualifying Distributions (see instructions)

4940(e) reduction of tax in those years

| 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 | 0. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 0. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four | dation qualifies for the sect | ion |
| | | | |

Page 9

| Part Atti Undistributed income (see | · · · · · · · · · · · · · · · · · · · | (b) | | (d) |
|--|---------------------------------------|---------------------------|---|---|
| | (a) Corpus | (b) Years pnor to 2009 | (c) 2009 | 2010 |
| 1 Distributable amount for 2010 from Part XI, | | | | |
| line 7 | HHHH! | | | 7,376. |
| 2 Undistributed income, if any, as of the end of 2010 | | | 0. | |
| a Enter amount for 2009 only | | | <u> </u> | |
| b Total for pnor years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010 | | | *************************************** | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | ******************** |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4 ► \$0. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | 1.11. 1.11. 1.11. 1.1. 1.1. 1.1. 1.1. |
| c Treated as distributions out of corpus | 0. | | | |
| (Election required - see instructions) | <u> </u> | | | 0. |
| d Applied to 2010 distributable amount | 0. | | | · · · · · · · · · · · · · · · · · · · |
| e Remaining amount distributed out of corpus | 0. | | | 0. |
| 5 Excess distributions carryover applied to 2010 (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 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2010 Subtract | | | | |
| lines 4d and 5 from line 1 This amount must | | | | - 25 <i>c</i> |
| be distributed in 2011 | | | ······································ | 7,376. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | _ | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | 0. | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 0. | į | | |
| 10 Analysis of line 9 | ~ | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |
| | | | | 5 OOO DE (0040) |

TRUST

27-4274566 Page 11

| Part XV Supplementary Information | | | | |
|--|--|-------------------------|----------------------------------|---------------|
| 3- Grants and Contributions Paid During the Ye | ar or Approved for Future I | Payment | - | _ |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | : |
| | | | | |
| Total | | | ► 3a | 0. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | · | . Þ 3b | 0. |
| | | | | 000 DE (0010) |

TRUST

Page 12

| er gross amounts unless otherwise indicated | Unrelated | Unrelated business income | | by section 512, 513, or 514 | (e) | |
|--|--|---------------------------|--|-----------------------------|----------------------------------|--|
| | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exemp function income | |
| Program service revenue | | | 1 | | | |
| a | | | ++- | — ——— | | |
| b | | | - | | | |
| <u> </u> | | | | | | |
| d | 1 | | ++ | | | |
| e | | | ++ | | | |
| | | | + + | | | |
| g Fees and contracts from government agencies | · | | + | | | |
| Membership dues and assessments | ļ | | + | | | |
| Interest on savings and temporary cash | | | | | | |
| investments | | | | | | |
| Dividends and interest from securities | | | | | | |
| Net rental income or (loss) from real estate | | | | | | |
| a Debt-financed property | | | | | | |
| Not debt-financed property | | · | 1 | | | |
| Net rental income or (loss) from personal | | | | | | |
| property | | | | | | |
| Other investment income | | ****** | 18 | 202. | | |
| 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 | | | | | | |
| Other revenue | ĺ. | | | | | |
| a | | | | | | |
| b | l l | | | | | |
| ā | 1 1 | | | | | |
| · | | | | | | |
| <u> </u> | | | | | | |
| d | | | | | | |
| 1 | | 0 | | 202. | | |
| d B Subtotal Add columns (b), (d), and (e) | | 0 | • | 202. | 2 | |
| d B Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) | | 0 | • | | 2 | |
| d | ations) | | | 13 | 2 | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activ | ations) vities to the Accor | nplishment of E | xempt | Purposes | | |
| d | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | plishment of | |
| Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Replain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Replain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Exercise worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Replain below how each activity for weach activity f | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Replain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Gubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Explain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Replain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |
| Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e) Be worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities Replain below how each activity for w | ations) vities to the Accordinch income is reported in | mplishment of E | xempt | Purposes | | |

TRUST

27-4274566 Page 13

| Part XVII | . • | | and Transactions a | nd Relationships | With Noncharitabl | е | |
|-----------------|--|---|---------------------------------------|---|------------------------------------|------------|------|
| | Exempt Organizations | | | | | TV | No |
| | ganization directly or indirectly engag | | | | I(C) 01 | res | No |
| | other than section 501(c)(3) organiz | • | | izations? | | | |
| | from the reporting foundation to a ne | oncharitable exempt o | rganization of | | | | v |
| (1) Cash | | | | | <u> 1a(1)</u> | | X |
| (2) Other | assets | | | | 1a(2) | ļ | X |
| b Other tran | sactions: | | | | | | |
| (1) Sales | of assets to a noncharitable exempt | organization | | | 1b(1) | <u> </u> | X |
| (2) Purcl | nases of assets from a noncharitable | exempt organization | | | 16(2) | ļ | X |
| (3) Renta | il of facilities, equipment, or other as: | ets | | | 1b(3) | ! | X |
| (4) Reim | bursement arrangements | | | | 1b(4) | | X |
| (5) Loan | s or loan guarantees | | | | 1b(5) | Ţ | X |
| (6) Perfo | rmance of services or membership o | r fundraising solicitation | ons | | 1b(6) | | X |
| • • • | facilities, equipment, mailing lists, o | • | | | 16 | | X |
| | ver to any of the above is "Yes," com | | · | vavs show the fair market | value of the goods, other as | sets. | |
| | s given by the reporting foundation | - | | | | , | |
| |) the value of the goods, other assets | | | | g g, | | |
| (a) Line no | <u> </u> | · | le exempt organization | (d) Description of trans | sfers, transactions, and sharing a | mangeme | ents |
| ·-/ | (0) | N/A | | (4, - 4 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ın section | ndation directly or indirectly affiliated 501(c) of the Code (other than section of the following schedule | | ction 527? | | Yes | X | □ No |
| | (a) Name of organization | • | (b) Type of organization | (c) De: | scription of relationship | | |
| | N/A | | | | | | |
| | ···· | | | ,,,,,,, | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | <u></u> | <u></u> | | |
| | or penalties of penjury, I declare that I have expended to the I have expended to the I have a second to the I hav | | based on all information of which p | preparer has any knowledge 20 // TRUST | | rue, corre | ect, |
| | Signature of officer or trustee | | Date | Title Date Check | rf PTIN | | |
| Paid | Print/Type preparer's name MARY KAYE JOHNS CPA | TON, Preparer's | September 1 | | employed | | |
| Preparer | Firm's name ► A M G NA | TIONAL TRU | JST BANK | Firm | 's EIN ▶ 84-15953 | 367 | |
| Use Only | | | | | | | |
| | Firm's address ▶ 6501 EA | ST BELLEVI | EW AVENUE. S | TE 400 | | | |
| | | OD, CO 801 | | | ne no 303-694- | -219 | 0 |
| | | | · · · · · · · · · · · · · · · · · · · | | Form 99 | | |

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

2010

Name of the organization

R DAVID AND SUZANNE A HOOVER CHARITABLE TRUST

Employer identification number

27-4274566

| Organiza | tion type (check on | ne): | | | |
|------------|---|---|---|--|---|
| Filers of: | | Section: | | | |
| Form 990 | or 990-EZ | 501(c)(|) (enter number) organization | | |
| | | 4947(a)(1 |) nonexempt charitable trust not t | reated as a private foundation | |
| | | 527 politi | cal organization | | |
| Form 990 |)-PF | X 501(c)(3) | exempt private foundation | | |
| | | 4947(a)(1 |) nonexempt charitable trust treat | ed as a private foundation | |
| | | 501(c)(3) | taxable private foundation | | |
| | • | • | General Rule or a Special Rule. janization can check boxes for bo | th the General Rule and a Special Rule. S | ee instructions. |
| General | Rule | | | | |
| | For an organization contributor. Comple | = | | during the year, \$5,000 or more (in money | or property) from any one |
| Special I | Rules | | | | |
| | 509(a)(1) and 170(b |)(1)(A)(vi), and re | <u> </u> | t the 33 1/3% support test of the regulated during the year, a contribution of the grea e 1. Complete Parts I and II. | |
| | aggregate contribut | tions of more tha | · · | EZ that received from any one contributo ligious, charitable, scientific, literary, or ed and III. | |
| | contributions for us If this box is checke purpose. Do not co | se <i>exclusively</i> for ed, enter here th emplete any of th | religious, charitable, etc., purpose e total contributions that were rec | EZ that received from any one contributors, but these contributions did not aggregeived during the year for an exclusively reapplies to this organization because it received. | ate to more than \$1,000. ligious, charitable, etc., |
| Caution. | An organization th | at is not covered | by the General Rule and/or the S | special Rules does not file Schedule B (Fo | rm 990, 990-EZ, or 990-PF), |

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization R_DAVID_AND SUZANNE A HOOVER CHARITABLE TRUST

Employer Identification number

| TRUST | | | -42/4500 |
|------------|---|-----------------------------|---|
| Part I | Contributors (see Instructions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | R. DAVID AND SUZANNE A. HOOVER 7209 RUSTIC TRAIL BOULDER, CO 80301-3938 | \$4,293. | 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 | R. DAVID AND SUZANNE A. HOOVER 7209 RUSTIC TRAIL BOULDER, CO 80301-3938 | | Person Payroll Noncash X (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 | R. DAVID AND SUZANNE A. HOOVER 7209 RUSTIC TRAIL BOULDER, CO 80301-3938 | \$\$ <u>863,746.</u> | Person Payroll Noncash X (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 | R. DAVID AND SUZANNE A. HOOVER 7209 RUSTIC TRAIL BOULDER, CO 80301-3938 | \$1,103,407. | Person Payroli Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization _R DAVID_AND_SUZANNE_A HOOVER CHARITABLE Employer identification number

| | Noncash Property (see instructions) | | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 2 | BLUE CHIP STOCKS | | . , |
| | | \$ 249,566. | 12/30/10 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 3 | 29,915 SHS BALL CORP STOCK | | |
| | | \$ 2,035,716. | 12/20/10 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 4 | PARTNESHIP INVESTMENTS | \$\$ | 12/31/10 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

| Name of orga | m 990, 990-EZ, or 990-PF) (2010) anization D -AND - SUZANNE A HOOVER | CHARITABLE - | Page of of Part III Employer identification number | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this info | e columns (a) through (e) and the ous, chantable, etc., contributions | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee | | | | | |
| | rianscree 3 name, adaress, a | | All and a second of the second | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |

| FORM 990-PF _ OTHE | R_INCOME | | STATEMENT _ 1 |
|--|-----------------------------|---------------------------------|--|
| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST MENT INCOM | |
| PARTNERSHIP INCOME | 20 | 20 | 2. |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 20 | 20 | 2. |
| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT 2 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| 15,264 SHS BALL CORP (MORGANSTANLEY | COST | 512,260. | 1 020 715 |
| #1368) 7,456 SHS BALL CORP (MORGANSTANLEY #1368) | COST | 209,924. | |
| 7,195 SHS BALL CORP (MORGANSTANLEY | COST | 141,562. | · |
| #9302) ASCENT SMALL CAP HEDGE FUND | COST | 529,121. | - |
| APEX HEDGE FUND | COST | 574,488. | |
| AMGEN INC | COST | 6,031. | - |
| BANK OF AMERICA | COST | 3,736. | 4,337 |
| BANK OF NEW YORK MELLON | COST | 3,119. | The state of the s |
| BECTON DICKINSON & CO | COST | 6,834. | |
| CHEVRONTEXACO CORP | COST | 6,436. | |
| CISCO SYSTEMS INC | COST | 5,205. | |
| COCA-COLA | COST | 5,715. | |
| CONOCOPHILLIPS | COST COST | 6,151. 5,977. | |
| COSTCO WHOLESALE CORP DELL INC | COST | 12,396. | • |
| DEVON ENERGY CORP | COST | 6,775. | • |
| EBAY INC | COST | 10,100. | • |
| EMERSON ELECTRIC CO | COST | 3,318. | |
| EXXON | COST | 6,531. | |
| FIRSTENERGY CORP | COST | 6,397. | 5,257 |
| GAP INC | COST | 5,876. | 6,819 |
| GENERAL ELECTRIC CO COM | COST | 10,445. | |
| GILEAD SCIENCES INC COM | COST | 8,321. | |
| GOLDMAN SACHS GROUP INC | COST | 3,913. | |
| HEWLETT-PACKARD CO | COST | 4,314. | |
| HOME DEPOT | COST | 4,801. | |
| INTEL CORP | COST | 8,240. | |
| JPMORGAN CHASE & CO | COST COST | 8,151. 5,062. | |
| JOHNSON & JOHNSON KIMBERLY-CLARK CORP | COST | 2,234. | |
| MARKEL CORP COM | COST | 5,652. | |

| R DAVID AND SUZANNE A HOOVER CHARITA | ABLE | | 27-4274566 |
|--|------|------------|------------|
| MICROSOFT CORP | COST | 7,802. | 8,038. |
| ORACLE CORP | COST | 4,264. | 10,517. |
| PFIZER COMMON STOCK | COST | 16,096. | 8,825. |
| PHILIP MORRIS INTERNATIONAL | COST | 5,437. | 8,311. |
| RAYTHEON CO | COST | 5,881. | 5,375. |
| RESEARCH IN MOTION | COST | 6,915. | 6,394. |
| SOUTHWESTERN ENERGY CO | COST | 4,462. | 4,604. |
| SPRINT NEXTEL | COST | 4,241. | 3,773. |
| 3M CO | COST | 6,798. | 8,026. |
| TRAVELERS COS INC | COST | 3,343. | 4,847. |
| AXIS CAPITAL HOLDINGS LTD | COST | 4,735. | 5,095. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | 3 | 2,199,059. | 3,413,843. |

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| nterna | nevalue Service I ille a Separ | ore obbii | COLION TOT COCH TELBITI. | | <u> </u> | |
|---------------------------------|--|-----------------------|---|----------|--------------------------|-----------|
| • If yo | ou are filing for an Automatic 3-Month Extension, complete | e only Pa | rt I and check this box | | | X |
| lf yo | ou are filing for an Additional (Not Automatic) 3-Month Ext | ension, c | omplete only Part II (on page 2 of this | form). | | |
| Do no | t complete Part II unless you have already been granted a | n automat | ic 3-month extension on a previously file | ed Forr | n 8868. | |
| | ronic filing (e-file). You can electronically file Form 8868 if yo | | | | • | |
| | ed to file Form 990-T), or an additional (not automatic) 3-mon | | | | | |
| | e to file any of the forms listed in Part I or Part II with the exc | | | | | |
| | nal Benefit Contracts, which must be sent to the IRS in paper | er format (| see instructions). For more details on th | e elect | tronic filing of this fo | rm, |
| | ww.irs.gov/efile and click on e-file for Chanties & Nonprofits. | | | | | |
| Par | | | | | | |
| | poration required to file Form 990-T and requesting an autom | iatic 6-mo | nth extension - check this box and com | plete | _ | <u></u> |
| Part I | , | O | | | | |
| | er corporations (including 1120-C filers), partnerships, REMI income tax returns | Cs, and tr | usts must use Form 7004 to request an | extens | on or time | |
| Туре | I | | | Emple | oyer identification | number |
| print | R. DAVID AND SUZANNE A. HOO | VER | | 2. | 7 4074566 | |
| ∃le by t | CHARITABLE TRUST | | | | 7-4274566 | |
| due date iling you etum S | e for Number, street, and room or suite no. If a P.O. box, se ur 7209 RUSTIC TRAIL | e Instruct | ions. | | | |
| nstructi | | reign addi | ress, see instructions. | | | |
| | | | | | | |
| Enter | the Return code for the return that this application is for (file | a separat | e application for each return) | | | 0 4 |
| Applic | cation | Return | Application | | | Return |
| s For | | Code | Is For | | | Code |
| Form 9 | 990 | 01 | Form 990-T (corporation) | | | 07 |
| Form ! | 990-BL | 02 | Form 1041-A | | | 08 |
| Form ! | 990·EZ | 03 | Form 4720 | | | 09 |
| Form ! | 990-PF | 04 | Form 5227 | | | 10 |
| Form ! | 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form ! | 990-T (trust other than above) | 06 | Form 8870 | *** D | T NITE CITY | 12 |
| | e books are in the care of $ ightharpoonup$ 400 — ENGLEWOOD | | BANK - 6501 E. BELLE 80111-6020 | VIE | W AVE, SUI | TE |
| Tel | ephone No. ► 303-694-2190 | | FAX No. 🕨 | | | |
| | he organization does not have an office or place of business | | | | | |
| • If ti | his is for a Group Return, enter the organization's four digit (| | | | | |
| box 🕨 | | | | | ers the extension is | for. |
| 1 | I request an automatic 3-month (6 months for a corporation | - | - | | | |
| | | organiza | tion return for the organization named a | bove. | The extension | |
| | is for the organization's return for: | | | | | |
| | calendar year or | | DEC 31 3010 | | | |
| | ► X tax year beginning DEC 16, 2010 | , an | d ending <u>DEC 31, 2010</u> | | - · | |
| 0 | lifthe tay was entered in line 1 in factors than 10 months of | haak raas | on: X Initial return Fina | al retur | _ | |
| 2 | If the tax year entered in line 1 is for less than 12 months, cl Change in accounting period | neck reas | on. (A) initial return [] Fina | a retur | п | |
| | Change in accounting period | | | | | |
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069 e | nter the tentative tax less any | <u> </u> | | |
| | nonrefundable credits. See Instructions. | ., 0009, c | mor the terrebre tax, isso ally | 3a | \$ 3 | ,500. |
| | If this application is for Form 990-PF, 990-T, 4720, or 6069, | enter anv | refundable credits and | | | , |
| | estimated tax payments made. Include any prior year overp | _ | | 3ь | \$ | 0. |
| | Balance due. Subtract line 3b from line 3a. Include your pa | | | | | |
| | by using EFTPS (Electronic Federal Tax Payment System). | _ | | 3с | \$ 3 | ,500. |
| | on. If you are going to make an electronic fund withdrawal w | | | 8879- | EO for payment inst | ructions. |

023841 01-03-11

LHA

Form 8868 (Rev. 1-2011)

For Paperwork Reduction Act Notice, see Instructions.

| Form 8868 (Rev. 1-2 | 011) | | | | | Page 2 |
|---|---|---|--|--------------------------------|--------------|--------------------|
| If you are filing fo | ran Additional (Not Automatic) 3-Month Ex | xtension, c | complete only Part II and check this bo | х | | ▶ 🗓 |
| • | e Part II if you have already been granted an | | | Form 8 | 8868. | |
| | r an Automatic 3-Month Extension, comple | | | | | |
| | litional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the onginal (no co | pies n | eeded). | |
| lype or R. DA | Name of exempt organization R. DAVID AND SUZANNE A. HOOVER | | | | | fication number |
| print CHARI | TABLE TRUST | | | 2. | 7-4274 | 566 |
| due date for 7209 | Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | |
| | wn or post office, state, and ZIP code. For a f ER, CO 80301-3938 | oreign add | ress, see instructions. | | | |
| Enter the Return co | de for the return that this application is for (fil | le a separa | te application for each return) | | | 0 4 |
| Application | | Return | Application | | | Return |
| is For | | Code | Is For | | | Code |
| Form 990 | | 01 | | • • • • | | |
| Form 990-BL | | 02 | Form 1041-A | | | 80 |
| Form 990-EZ | | 03 | Form 4720 | | | 09 |
| Form 990-PF | | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 40 | 1(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust of | her than above) plete Part II if you were not already grante | 06 | Form 8870 | | | 12 |
| ● If the organizatio ● If this is for a Gro box ▶ If it i 4 I request an a 5 For calendar 6 If the tax year Change 7 State in detai TAXPAYE | | Group Exe and atta NOVEM DEC 1 check reas | emption Number (GEN) If the sch a list with the names and EINs of all BER 15, 2011. 6, 2010, and ending on: X Initial return | nemb memb DEC Final r | 31, 2 | 010 |
| | | | <u> </u> | , | ı | _ |
| • • | tion Is for Form 990-BL, 990-PF, 990-T, 4720, | , or 6069, e | enter the tentative tax, less any | | | 2 500 |
| | e credits. See instructions. | | | 8a | \$ | 3,500. |
| | tion is for Form 990-PF, 990-T, 4720, or 6069 | | | | | |
| | made. Include any prior year overpayment a | allowed as | a credit and any amount paid | 8b | \$ | 3,500. |
| | th Form 8868. . Subtract line 8b from line 8a. Include your p | avment wi | th this form if regulred by using | 60 | Ψ | 3,300. |
| | ronic Federal Tax Payment System). See inst | • | in the form, it requires, by using | 8c | \$ | 0. |
| El II o Jeloot | | | nd Verification | 100 | <u> </u> | |
| it is true, correct, and | jury, I declare that I have examined this form, inclu complete, and that I am authorized to prepare this | ding accom form. | | e best o Date | . 6- | lge and belief, |
| Signature > | Land Alle | CIA | | Date | | 8868 (Rev. 1-2011) |
| | \ \ ` \ \ | | | | FOITH | (1.104. 1.50 1.1) |

| Form 8868 (Rev. 1-2011) | | | | | Page 2 |
|---|--------------|--|--------------|-------------|-------------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check this b | ох | | ► X |
| Note. Only complete Part II if you have already been granted an a | automatic_ | 3-month extension on a previously filed | Form 8 | 3868. | |
| If you are filing for an Automatic 3-Month Extension, complete | | | | | |
| Part II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the original (no c | | | |
| Name of exempt organization Type or D DAVID AND CHIZANNE A HOOVE | | | Empl | oyer ident | ification number |
| K DAATD WIND SORWING W HOOAFI | R CHA | RITABLE | 1 | 7 4274 | 15.6.6 |
| File by the | | | | 7-4274 | 1300 |
| extended Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions. | | | |
| due date for 7209 RUSTIC TRAIL filing your | | | | | |
| return See City, town or post office, state, and ZIP code. For a fo | oreign add | ress, see instructions. | | | |
| BOULDER, CO 80301-3938 | | | | | |
| | | the state of the s | | | 0 4 |
| Enter the Return code for the return that this application is for (file | e a separa | te application for each return) | | | 014 |
| A | Datum | [Analization | | | Return |
| Application | Return | Application Is For | | | Code |
| Is For Form 990 | Code 01 | IS FOI | ******* | | Code |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 990-EZ | 03 | Form 4720 | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | - | | 12 |
| STOP! Do not complete Part II if you were not already granted | l an autor | | usly file | d Form 88 | 68. |
| | | BANK - 6501 E. BELLI | | | |
| • The books are in the care of ▶ 400 - ENGLEWOOI | D, CO | 80111-6020 | | | |
| Telephone No. ► 303-694-2190 | | FAX No. ▶ | | | |
| If the organization does not have an office or place of business. | s in the Ui | nited States, check this box | | | ▶ □ |
| If this is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) If the | nis is fo | r the whole | group, check this |
| box ▶ ☐ If it is for part of the group, check this box ▶ ☐ | | ach a list with the names and EINs of a | l memb | ers the ext | ension is for. |
| | | BER 15, 2011. | | | |
| 5 For calendar year, or other tax year beginning | | | 1 | | 2010 |
| 6 If the tax year entered in line 5 is for less than 12 months, of | heck reas | on: X Initial return | Final r | eturn | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | DIVE | TH ODDED MO DDEDADE | N C | OMDI EC | DE AND |
| TAXPAYER REQUIRES ADDITIONAL | TIME | IN ORDER TO PREPARE | A C | OMPLE. | I'E AND |
| ACCURATE TAX RETURN. | | | | | |
| - 101 - 102 FE 000 FE 000 T 1700 | 0000 | | - | i | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, 6 | enter the tentative tax, less any | | \$ | 2. |
| nonrefundable credits See instructions. | | refundable gradite and astimated | 8a | 3 | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, | • | | | | |
| tax payments made. Include any prior year overpayment al | lowed as | a credit and any amount paid | 8b | s | 3,500. |
| previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pa | avment wi | th this form if required by using | 100 | <u> </u> | 3,3333 |
| EFTPS (Electronic Federal Tax Payment System). See instr | • | tir this form, ir required, by using | 8c | \$ | 0. |
| | | nd Verification | | Ψ | |
| Under penalties of perjury, I declare that I have examined this form, include | | | ne bestin | f mv knowle | dge and belief. |
| it is true, correct, and complete, and that I am authorized to prepare this for | orm | panying concesses and statements, and to the | | , | -9 |
| Signature ▶ Title ▶ ' | TRUST | EE | Date | > | |
| THE P | | | | | 8868 (Rev 1-2011) |