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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

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

20**10**

For calendar year 2010, or tax year beginning 9/1/2010 , and ending 8/31/2011 G Check all that apply Initial return Initial return of a former public chanty ☐ Final return Amended return Address change Name change Name of foundation A Employer identification number Otter Cares Foundation d/b/a OtterCares Foundation 27-1649019 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) 401 West Oak Street (800) 839-1754 City or town, state, and ZIP code C If exemption application is pending, check here Fort Collins CO 80521 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 If private foundation status was terminated Fair market value of all assets at end J Accounting method. X Cash Accrual under section 507(b)(1)(A), check here Other (speafy)
(Part I, column (d) must be on cash basis.) of year (from Part II, col. (c), If the foundation is in a 60-month termination line 16) ▶ \$ under section 507(b)(1)(B), check here 18,526 Part I 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 income numoses the amounts in column (a) (see page 11 of the instructions)) books (cash basis only) 295,698 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ if the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities . . 5 a Gross rents b Net rental income or (loss) RECEIVED 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications . 10 a Gross sales less returns and allowances **b** Less Cost of goods sold . . c Gross profit or (loss) (attach schedule) 11 Si 100 Other income (attach schedule) 12 Total. Add lines 1 through 11 295,698 0 13 Compensation of officers, directors, trustees, etc perating and Administrative Expenses Other employee salaries and wages . . Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach schedule) c Other professional fees (attach schedule) . (7)#MP-201 Interest Taxes (attach schedule) (see page 14 of the instructions) . . Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings 222 Printing and publications 23 Other expenses (attach schedule) . . . 29,687 29,687 -24 Total operating and administrative expenses. Add lines 13 through 23 29,782 29,782 25 269,060 Contributions, gifts, grants paid . . 269,060 5 OF26 Total expenses and disbursements. Add lines 24 and 25 0 298.842 298,842 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -3,144b Net investment income (if negative, enter -0-) 0 c Adjusted net income (if negative, enter -0-) .

5

Form **990-PF** (2010)

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
لكيا	ш	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	21,670	18,526	18,526
	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 (attach schedule) (see page 15 of the			
	7	instructions).			
	7	Other notes and loans receivable (attach schedule)			
Assets		Less allowance for doubtful accounts			
SS	8	Inventories for sale or use			
A	9	Prepaid expenses and deferred charges			
		Investments—U.S. and state government obligations (attach schedule)			
		no Investments—corporate stock (attach schedule)			
	11	Investments—corporate bonds (attach schedule)	**		
	'''	Investments—land, buildings, and equipment basis			
	12	Less accumulated depreciation (attach schedule)			
	13	Investments—mortgage loans			_
	14	Investments—other (attach schedule)	** A 1 7-251		
	14	Land, buildings, and equipment basis		<u> </u>	
	15	Less accumulated depreciation (attach schedule) Other assets (describe			
	16	Other assets (describe Total assets (to be completed by all filers—see the	· · · · · · · · · · · · · · · · · · ·		
	10	instructions Also, see page 1, item I)	21,670	18,526	18,526
	17	Accounts payable and accrued expenses	21,070	10,520	10,520
	18	Grants payable and accided expenses			. i
es	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)	-		
Ξ.	22				in the same of the
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0	0	
				<u>_</u>	
S		Foundations that follow SFAS 117, check here			· · · · · · · · · · · · · · · · · · ·
စ္ခ	24	Unrestricted			· · · · · · · · · · · · · · · · · · ·
Balances	25			•	
Bal	26	Temporarily restricted			
	20	Foundations that do not follow SFAS 117, check here.		· -	
Net Assets or Fund		and complete lines 27 through 31.			
u.	27	Capital stock, trust principal, or current funds			
0	28	Paid-in or capital surplus, or land, bldg., and equipment fund .			1
ë	29	Retained earnings, accumulated income, endowment, or other funds	21,670	18,526	ESC * 1
SS	30	Total net assets or fund balances (see page 17 of the	21,070	10,020	*
4	**	instructions)	21,670	18,526	
ž	31	Total liabilities and net assets/fund balances (see page 17	2.,070	.0,0=0	
		of the instructions)	21,670	18,526	
Pa	t III)	Analysis of Changes in Net Assets or Fund Balances	2.,570		
		net assets or fund balances at beginning of year—Part II, column (a), line	: 30 (must agree with	<u> </u>	
		of-year figure reported on prior year's return)		1	21,670
2		amount from Part I, line 27a		2	-3,144
3		r increases not included in line 2 (itemize)	·	3	
4		ines 1, 2, and 3		4	18,526
5		eases not included in line 2 (itemize)			
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	. 6	18,526

(a) List and describe the 2-story brick warehold	iii iiicor	(b) How acquired P—Purchase D—Donation		Pate acquired o , day, yr)	(d) Date sold (mo , day, yr)		
1a							
b							
C							
d							
<u>e</u>							
(e) Gross sales price (f) Depreciation allowed (or allowable)				r other basis ense of sale			or (loss)) minus (g)
<u>a</u>							
<u>b</u>							
<u>c</u> d							
e							
Complete only for assets show	Mng gain in column (h) and	d owned by the	e foundatu	on on 12/31/69		(Colors (Col	(b)
Complete only for added sino	(j) Adjusted basis	J Owned by an		ss of col (i)			(h) gain minus less than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69			(j), if any			om col (h))
а							
b							
С							
d							
е							
2 Capital gain net income or		gaın, also er (loss), enter			2		
3 Net short-term capital gain					1		
If gain, also enter in Part I,					1		
instructions). If (loss), ente		-		ſ	3		
Part V Qualification Un		for Reduce	ed Tax o	n Net Investm	ent In	come	
If section 4940(d)(2) applies, I Was the foundation liable for t If "Yes," the foundation does r	he section 4942 tax on too tool qualify under section	4940(e). Do	not com	plete this part.			Yes X No
1 Enter the appropriate am	ount in each column for	each year,	see page	18 of the instruc	tions b	efore making	
(a) Base period years	(b)			(c)		Dist	(d) ribution ratio
Calendar year (or tax year beginning	in) Adjusted qualifying d	listributions	Net value	of noncharitable-use a	essets		ivided by col (c))
2009		114,683		2	5,919		4.424669
2008							0.000000
2007							0.000000
2006							0.000000
2005					-	 _	0.000000
2 Total of line 1, column (d)					. [2	4.424669
3 Average distribution ratio the number of years the formula						3	4.424669
4 Enter the net value of non	charitable-use assets fo	r 2010 from	Part X, lıı	те 5	•	4	22,13
5 Multiply line 4 by line 3 .					.	5	97,940
6 Enter 1% of net investmen	nt income (1% of Part I, I	line 27b) .			.	6	(
7 Add lines 5 and 6					.	7	97,940
8 Enter qualifying distributio						8	298,842
If line 8 is equal to or grea the Part VI instructions on		e box in Part	VI, line 1	b, and complete	that pa	art using a 1%	6 tax rate. See

	in rea, alternated determine required by contract methodism r	881 %	1 "XXXVX	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			, ³ , 3
	By language in the governing instrument, or	* 9		. :
	By state legislation that effectively amends the governing instrument so that no mandatory directions	1.00	~ Ž	
	that conflict with the state law remain in the governing instrument?	6	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	7	X	
8 8	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		·	~\$e
	instructions) ► CO	, ,,,,	.1	
t	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	de a	1.3.	, , ~ °
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?			
	If "Yes," complete Part XIV	9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			
	their names and addresses	10		Х
	F	orm 99	0-PF	(2010)

Form	990-PF (2010) Otter Cares Foundation d/b/a OtterCares Foundation 27-164	9019	P	age 5
Par	t MIJA Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	 		
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address www.ottercares.org			
14		 754		• • • • •
	Landada A 405 C. Harris Ct. Ch. There End Orlling CO.		 Q	0521
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here	• • • • •		0321
	and enter the amount of tax-exempt interest received or accrued during the year . • 15	• •		• ⊔
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	'''	Х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	· · ·	I	-^- ,
	the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	٠		<u>`</u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Т	Yes	No
1a			res	NO
10	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	İ		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			į
	a discussion of the state of the second	l		i
				i
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.) Yes X No			1
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			_ ;
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			;
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			,
•	that were not corrected before the first day of the tax year beginning in 2010?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			!
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			ļ .
	and 6e, Part XIII) for tax year(s) beginning before 2010?			,
	If "Yes," list the years 20 , 20 , 20 , 20			
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	l		
	to all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			,
	20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business		}	
4.	enterprise at any time during the year?	1		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation	1		
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved	}		i
	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		ا ا	
4	If the foundation had excess business holdings in 2010)	3b	N/A	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\vdash	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	·		
	Purpose mannau nur deen removed nom leddardy beinre ine jirst day ot toe tay Vear beginning in 2010/7	(An		I I

Form	990-PF (2010) Otter Cares Foundation d/b/a	Otte	erCares Founda	tion				27-164	49019	Page 6
Pa	t VII-B Statements Regarding Activiti	es fo	or Which Form	n 47	20 May Be R	equired	(continued)			
	Dunng the year did the foundation pay or incur any					•				
	(1) Carry on propaganda, or otherwise attempt t			sect	ion 4945(e))? .		Yes	X No		, " '
	(2) Influence the outcome of any specific public								27 5	•
	on, directly or indirectly, any voter registratio			·	•		Yes	X No	23 1	• •
	(3) Provide a grant to an individual for travel, stu	dv o	r other similar nur	nnee	ac?		Yes	X No	- 63	· , , ,
	(4) Provide a grant to an organization other than	-	•	-			res			,
	in section 509(a)(1), (2), or (3), or section 49						[V]√aa	No		
	(5) Provide for any purpose other than religious,		. , . , .		•	•	XYes	NO	2.3	' [` .
	educational purposes, or for the prevention of				• .		[] _V	X No	. "	4.5 3
_	· · · · · · · · · · · · · · · · · · ·		-				·Yes			
D	If any answer is "Yes" to 5a(1)–(5), did any of the									
	Regulations section 53 4945 or in a current notice	_	_			of the inst	ructions)? .		5b	<u> </u>
_	Organizations relying on a current notice regarding					•	•		, " "	
С	If the answer is "Yes" to question 5a(4), does the f		•	tion	from the		 1	<u> </u>		
	tax because it maintained expenditure responsibili	•	_				Yes	X No		
	If "Yes," attach the statement required by Regulati									
6a	Did the foundation, during the year, receive any fu	nds, d	directly or indirectl	y, to	pay			_	- '&	
	premiums on a personal benefit contract?				•		Yes	X No	-	-
b	Did the foundation, during the year, pay premiums	, dire	ctly or indirectly, o	n a i	personal benefit o	ontract?			6b	X
	If "Yes" to 6b, file Form 8870								1,300 mg 2	
7a	At any time during the tax year, was the foundation	n a pa	irty to a prohibited	l tax	shelter transaction	n? .	Yes	X No		
b	If "Yes," did the foundation receive any proceeds of	r hav	e any net income	attrı	butable to the tra	nsaction?			7b	N/A
Ρ	art VIII Information About Officers	Dir	ectors, Truste	es,	Foundation	Manage	ers, Highly	Paid En	nploye	es,
	and Contractors					_				
_1	List all officers, directors, trustees, found	atior	managers and	d the	eir compensat	on (see	page 22 of t	he instru	uctions	i).
	(a) Name and address		Title, and average hours per week		c) Compensation f not paid, enter		Contributions to type benefit plans	_ (e	e) Expense	e account,
	(a) Name and address		evoted to position		-0-)		erred compensat		other allo	wances
SE	ATTACHMENT									
_		<u> </u>		ļ						
	•••••									
		ļ		<u> </u>			·····			
				<u> </u>						
		Ì								
2	Compensation of five highest-paid emplo	yees	(other than the	ose	included on li	ne 1—se	e page 23 o	f the inst	truction	1s).
	If none, enter "NONE."									
			(b) Title, and avera	age			d) Contributions employee benefi		e) Evnens	e account,
(a	Name and address of each employee paid more than \$50	,000	hours per week		(c) Compensation		lans and deferre		other allo	
_			devoted to position	on			compensation			
NC	NE.									
_										
_										
								}		
_	al number of other and leaves and a control of	000								
10	al number of other employees paid over \$50,	UUU						>		

Form 990-PF (201		on	27-1649019 Page 7
Part VIII	Information About Officers, Directors, Trustees	s, Foundation Managers, Highly Pa	aid Employees,
	`and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none, e	nter "NONE."
	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	on's four largest direct chantable activities during the tax year. Include relev	vant statistical information such as	
	ganizations and other beneficianes served, conferences convened, research		Expenses
1 Pack2Scho	ol Program		
Purchased	school supplies for qualifying students in the Poudre Scho	ool District.	
	700	· · · · · · · · · · · · · · · · · · ·	7,385
2			
3			
4			
`			
Part IX-B	Summary of Program-Related Investments (se	e page 24 of the instructions)	
Describe the two	largest program-related investments made by the foundation during the tax	x year on lines 1 and 2	Amount
1			
	•••••		
2			
All other program	n-related investments. See page 24 of the instructions		
3			
			.
			0
Total, Add lin	es 1 through 3	_	• 0

Form **990-PF** (2010)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundatio	ns,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	22,472
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	22,472
е	Reduction daimed for blockage or other factors reported on lines 1a and	:	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	22,472
4	Cash deemed held for charitable activities. Enter 11/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	337
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,135
6	Minimum investment return. Enter 5% of line 5	6	1,107
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here And do not complete this part)		
1	Minimum investment return from Part X, line 6	1	1,107
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)),,,,	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,107
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,107
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	_1,107
Par	Qualifying Distributions (see page 25 of the instructions)		
		[#	
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		200 042
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	298,842
ь	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		•
_	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	298,842
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	_
_	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	298,842
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	dation	

	to to page 2	o of the instructions)	-		. 4 . 6 6 13 1 age .
	1 Distributable amount for 2010 from Part XI, line 7	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	2 Undistributed income, if any, as of the end of 2010				
	a Enter amount for 2009 only	l			1,107
	b Total for pnor years. 20, 20, 20	·		0	
	3 Excess distributions carryover, if any, to 2010	-			
	a From 2005	· ·			
	b From 2006	0			
	C From 2007	_0			
	d From 2008	_0	1		
	e From 2000	<u>_0</u>		J	,
	f Total of lines 3a through e	462	1	1	1
	4 Qualifying distributions for 2010 from Part	·113,462	<u> </u>		
			7,		 ;
	a Applied to 2009, but not more than line 2a	**	j	·	· •
	b Applied to undistributed income of prior years			0	,
	(Election required—see page 26 of the instructions)				
	c Treated as distributions out of corpus (Election		o		•
	required—see page 26 of the instructions)		\$		
	d Applied to 2010 distributable amount	} <u>-</u>			
	e Remaining amount distributed out of corpus				1,107
5	Excess distributions carryover applied to 2010	297,735	.,	: ' #	1,107
	(" all allouit appears in column (d) +b-	•	1.65	- 1,5	0
_	same amount must be shown in column (a))			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>_</u>
6	Enter the net total of each column as				*
	indicated below:				*
	a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	411,197		, * *	4,3
	Prior years' undistributed income Subtract	711,137		· · · · · ·	
	fine 4b from line 2b				· · · · · · · · · · · · · · · · · · ·
	c Enter the amount of prior years' undistributed	Y	<u>-</u>	- 	
	income for which a notice of deficiency has		j		
	been issued, or on which the section 4942(a)		· *		
	tax has been previously assessed		ļ		
	d Subtract line 6c from line 6b Taxable			<u></u>	
	amount—see page 27 of the instructions	Ewe.	o		
	Subtract line		-23%-1 % E. 1905-24/2 :		
	4a from line 2a. Taxable amount—see page 27 of the instructions				.
1	Undistributed income for 2010. Subtract	4,55			`
	lines 4d and 5 from line 1. This amount must		100000000000000000000000000000000000000	·	
	be distributed in 2011		2 2 2 2 2 2		
7	Amounts treated as distributions out of				_
	corpus to satisfy requirements imposed by		Sour 1 LEN SY		<u>0</u>
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)	[,			· .
8	Excess distributions carryover from 2005	<u> </u>	<u> </u>		
	not applied on line 5 or line 7 (see page 27 of the			3.0	
	instructions)	17.2			Confession .
9	Excess distributions carryover to 2011	0	, sas 14		ïs.
	Subtract lines 7 and 8 from line 6a	444.45			
10	Analysis of line 9	411,197	* * *		s j
a	Excess from 2006		` ; ' -		
b	Excess from 2007		· _		
C	Excess from 2008		·		1
đ	Excess from 2009				!
<u>е</u>	Excess from 2010 . 297,735				*/* */
			* * * * * * * * * * * * * * * * * * *	- 1 () · · · · · · · · · · · · · · · · · ·	

For	m 990-PF (2010) Otter Cares Foundation d/b/a				27-164	
Pa	rt XIV Private Operating Foundations (se	ee page 27 of the	e instructions a	nd Part VII-A, qu	estion 9)	N/A
1 a	 If the foundation has received a ruling or determina foundation, and the ruling is effective for 2010, enter 			>		
	Check box to indicate whether the foundation is a p	nvate operating four	ndation described ii	n section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		4 > = 4 +
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed .	0				0
t	9 85% of line 2a	0	0	0	0	0
C	Qualifying distributions from Part XII,					
	line 4 for each year listed	0				0
c	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	• Qualifying distributions made directly					0
	for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter	3				
·	(1) Value of all assets .	1				0
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					0
k	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			_		
	"Support" alternative test—enter	0			-	0
•	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					<u> </u>
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	art XV Supplementary Information (Cor	nplete this part	only if the fou	ndation had \$5	000 or more in	
	assets at any time during the year	ar—see page 28	3 of the instruc	tions.)		
1	Information Regarding Foundation Manag					
ē					the foundation	
	before the close of any tax year (but only if they ha	ve contributed more	(See	section 507(d)(2))		
	DNE List any managers of the foundation who own 10%	or more of the stock	k of a comoration (c	or an equally large n	ortion of the	
•	ownership of a partnership or other entity) of which		•		orabit of are	
NC	DNE					
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	olarship, etc., Pı	rograms:		
	Check here If the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, and	kes gifts, grants, etc				itions
	The name, address, and telephone number of the		lications should be	addressed		
١	a The hame, dual-oce, and telephone hamber of the	pordon to whom app		444.55554		
	e www.ottercares.org for grant application infor				,	
1	The form in which applications should be submitted	d and information an	d materials they sh	ould include		
Se	e www.ottercares.org for grant application infor	mation				
	Any submission deadlines			-	. · · · <u>-</u>	
Qu	arterly deadlines					
(Any restrictions or limitations on awards, such as b factors.	y geographical area	s, charitable fields,	kinds of institutions.	or other	
Se	e www.ottercares.org for grant restrictions					

27-1649019

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Ap

3 Grants and Contributions Paid During the 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					
a Paid during the year							
A CHILDS DREAM	N/A	509(a)(1)	Fulfilling Emily's Dream	1,000			
4025 SAINT CLOUD DR							
LOVELAND CO 80538							
A KIDS PLACE INC	N/A	509(a)(1)	Chantable Event	1,000			
2540 11TH AVE							
GREELEY CO 80631							
ADOPTION DREAMS COME TRUE INC	N/A	509(a)(2)	General & Unrestricted	800			
316 W MULBERRY ST			1				
FORT COLLINS CO 80521							
ADOPTION DREAMS COME TRUE INC	N/A	509(a)(2)	Chantable Event	1,250			
316 W MULBERRY ST							
FORT COLLINS CO 80521			!				
AIRBOURNE	N/A	N/A	Nutcracker Performance	1,000			
1816 BOSTON AVE							
LONGMONT CO 80501							
ANIMAL HOUSE PETS & GROOMING INC	N/A	509(a)(1)	General & Unrestricted	200			
1104 W VINE DR							
FORT COLLINS CO 80521							
AUTISM SOCIETY OF AMERICA	N/A	509(a)(1)	General & Unrestricted	200			
921 PROVINCE RD							
FORT COLLINS CO 80525		ļ					
BAS BLEU THEATRE COMPANY	N/A	509(a)(2)	Explorati Teens Film &	2,000			
401 PINE ST			Theater Camp				
FORT COLLINS CO 80524							
BICYCLE COOPERATIVE OF FORT COLLINS INC	N/A	509(a)(1)	General & Unrestricted	600			
331 N COLLEGE AVE							
FORT COLLINS CO 80524							
BIRTHDAY SMILES	N/A	509(a)(1)	General & Unrestricted	500			
4646 HYLAND GREENS PL							
WESTMINSTER CO 80031							
BOYS AND GIRLS CLUBS OF LARIMER COUNTY	N/A	509(a)(1)	General & Unrestricted	600			
103 SMOKEY ST							
FT COLLINS CO 80525			<u> </u>				
	<u> </u>	 	▶ 3a	269,060			
b Approved for future payment							
		1					
	Ĺ	L	1				
<u>Total</u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	▶ 3b	0			

Form 990-PF (2010) Otter Cares Foundation d/b/a OtterC Part XVI-A Analysis of Income-Producing Activ		1		27-164	9019 Page 12
Enter gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by sector	on 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program service revenue a					the instructions)
b					
С					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments .	-	-			
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate	V - W - 1 (1	mily years	17 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	`	
a Debt-financed property			ļ		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income . 8 Gain or (loss) from sales of assets other than inventory	<u> </u>				
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d	-				
e12 Subtotal Add columns (b), (d), and (e)	1880347 8	0	8 2 3 3 2	0	
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions on page 29 to verify calculated)	ılatıons)			 -	
Part XVI-B Relationship of Activities to the Acc					· · · · · · · · · · · · · · · · · · ·
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)					
					
	-				

	· · · · · · · · · · · · · · · · · · ·				
					
					
					
			-		

Jeffrey D. Haskell
Firm's name ► FOUNDATION SOURCE

Firm's address ► 55 WALLS DRIVE, FAIRFIELD, CT 06824

Jeffrey D. Haskell

Preparer

Use Only

ronn 98	<u> </u>	, 01101		/b/a OtterCares Foundation			49019	Pag	je 13
Part l	XVII	Information Exempt Org		sfers To and Transaction	s and Re	lationships With Noncha	ritable		
4 0	I A I					 	-	1.,	
				ngage in any of the following v				Yes	No
			Code (other than s	ection 501(c)(3) organizations) or in sec	tion 527, relating to political	İ		
or	ganız	ations?							
a Tı	ansfe	rs from the repo	orting foundation to	a nonchantable exempt organ	ization of.		ľ	1	
) Cas						1a(1))[X
(2) Oth	er assets .					. 1a(2)		X
b 0	ther tr	ansactions:						,	1
(1) Sal	es of assets to a	a nonchantable exe	mpt organization			. 1b(1		Х
				able exempt organization .					X
(3) Rei	ntal of facilities,	equipment, or other	rassets			. 1b(3		X
(4) Rei	mbursement an	rangements				. 1b(4		X
							1b(5	_	Х
				np or fundraising solicitations			1b(6		Х
				ts, other assets, or paid emplo				1	X
				complete the following sched				rkot	<u> </u>
Va	slue o	f the goods, oth	er assets, or service	es given by the reporting foun	dation. If the	ne foundation received less th	an fair n	arket	
	T	· · · · · · · · · · · · · · · · · · ·		ement, show in column (d) the					
(a) Lin	e no	(b) Amount invol	ved (c) Name	of nonchantable exempt organization	(d) De	scription of transfers, transactions, an	d shanng a	rranger	nents
	<u>-</u> -				 	· · · · · · · · · · · · · · · · · · ·			
					_				
		···							
					_				
	-+								
	-+								
									
									
			·						
				·	<u> </u>				
	-								
			-						
			-						
				·····					
				ated with, or related to, one or			7 ٧ 5	71 NI=	
			, ,	ther than section 501(c)(3)) or	in section	15277 L	Yes 🖸	7 140	
<u>U</u> II	165,		following schedule.	1 0.2		1			
		(a) Name of organ	nization	(b) Type of organization	·	(c) Description of re	lationship		
						 			
						.			-
	_					<u> </u>			
			•	xamined this return, including accompa	, ,	·	•	_	
Sign) Delie	er, it is true, correct,	and complete Declaration	n of preparer (other than taxpayer or fi	duciary) is ba	sed on all information of which prepar	er has any	knowle	age
_	11	\bigcap_{α}	1. D 00	1.0	171	11 hr-			
Here	٦ 🍆	1 KU1111	CA14 14 14			MULL PKESIDE	N.		
		Signature of officer of	or trustee		Date ()	Title			
Daid	l	Print/Type krep	arer's name	Preparer's signature		Date	, PTIN		
Paid	ı			1		Check Li	'		

6/4/2012

self-employed

Firm's EIN

Phone no

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
OtterCares Foundation			27 1640010
Organization type (check of	one)		27-1649019
	,		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1)	nonexempt charitable trust not treated as a	a private foundation
	527 politica	ıl organızatıon	
Form 990-PF	X 501(c)(3) e	xempt private foundation	
	4947(a)(1)	nonexempt chantable trust treated as a priv	ate foundation
	501(c)(3) ta	axable private foundation	
	•	eneral Rule or a Special Rule. anızatıon can check boxes for both the Gen	eral Rule and a Special Rule. See
General Rule			
		90-EZ, or 990-PF that received, during the ymplete Parts I and II.	ear, \$5,000 or more (in money or
Special Rules			
sections 509(a)(1)	and 170(b)(1)(A)(vi)	ing Form 990 or 990-EZ that met the 33 1/3), and received from any one contributor, du on (i) Form 990, Part VIII, line 1h or (ii) Forr	uring the year, a contribution of the greater
the year, aggregate	e contributions of me	ganization filing Form 990 or 990-EZ that re- ore than \$1,000 for use exclusively for reliq on of cruelty to children or animals. Complet	gious, chantable, scientific, literary, or
the year, contribution aggregate to more year for an exclusive applies to this organization.	ons for use exclusive than \$1,000. If this wely religious, charing interesting it.	ganization filing Form 990 or 990-EZ that revely for religious, charitable, etc., purposes, box is checked, enter here the total contributable, etc., purpose. Do not complete any o received nonexclusively religious, charitable.	, but these contributions did not utions that were received during the fixed from the general Rule
990-EZ, or 990-PF), but it r	nust answer "No" o	by the General Rule and/or the Special Rule on Part IV, line 2 of its Form 990, or check the tidoes not meet the filing requirements of Sc	he box on line H of its Form 990-EZ,

Schedule B (F	form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Parti
Name of or	ganization		Employer identification number
OtterCares	Foundation		27-1649019
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OtterBox Products 1 Old Town Square Fort Collins CO 80524 Foreign State or Province Foreign Country	\$ 295,698	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province. Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II of 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	\$0	Person Payroll Noncash Complete Part II if there is

Foreign Country

(b)

Name, address, and ZIP + 4

Foreign State or Province

Foreign Country

(a)

No.

. . 6

Person Payroll Noncash

a noncash contribution)

(c)

Aggregate contributions

(d)

Type of contribution

(Complete Part II if there is

a noncash contribution.)

Name of organization
OtterCares Foundation

Employer identification number

27-1649019

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

OtterCares Foundation Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10 aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$\infty\$ \$\\$ (a) No. from Part I Transferee's name, address, and ZIP + 4 Relationship of transferor to the part III is a second to the part	dentification number 27-1649019
Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10 aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ (a) No. from Part I Transferee's name, address, and ZIP + 4 Relationship of transferor to the provided in the provi	
aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to the pear. (Enter this information once. See instructions.) ▶ \$ (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to the pear. (Enter this information once. See instructions.) ▶ \$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description (d) Description	
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to For Prov Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description	
Transferee's name, address, and ZIP + 4 Relationship of transferor to For Prov Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description	n of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to For Prov Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description	
For Prov Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description	
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description	o transferee
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description	
from (b) Purpose of gift (c) Use of gift (d) Description	
	n of how gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relationship of transferor to	o transferee
For Prov Country	
(a) No. from (b) Purpose of gift (c) Use of gift (d) Descriptio	on of how gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relationship of transferor to	o transferee
For. Prov. Country	
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Country

For Prov.

Relationship of transferor to transferee

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

		TOTAL:	95	0	0	95
			(a)	(Q)	(0)	
			Expenses per N	et Investment	Adjusted Net	Charitable
-	Preparation and Filling of State Forms		95		0	95
2						
3						
4						
2						
9						
7						
8						
6						
10						

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

	TOTAL: 29,687	0	0	29,687
	(a)	(a)	(0)	(p)
	Expenses per	et Investment	Adjusted Net	Charitable
	Books	Income	Income	Purpose
1 Administrative Fees	13,702	0	0	13,702
2 Administrative Set-Up Fee	7,750	0		7,750
3 IRS Application Fees	850	0	0	850
4 Pack2School Program Expenses	7,385	0	0	7,385
9				
9				
7				
8				
6				
10				

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

contraction of assets The following information is submitted in accordance with Treasury Regulation Section 1 6043-3(a)(1) and the Form 990-PF This statement is submitted to report the distribution of certain assets during the above-referenced year. The distributions resulted in a substantial instructions During the taxable year ending August 31, 2011, OtterCares Foundation (the "Foundation") made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$269,060. This amount represents over 25% of the Foundation's net assets of \$21,670 (as measured by fair market value) at the beginning of the Foundation's taxable year ending August 31, 2011 Although the Foundation technically experienced a "substantial contraction," it will continue in existence and has no plans for dissolution

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

EIN: 27-1649019

Taxable Year Ending August 31, 2011

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statements for 2011

Pursuant to IRC Regulation 53.4945-5(d)(2), OtterCares Foundation provides the following information for one grant:

(i)	Grantee	Airborne Gymnastics & Dance 1816 Boston Avenue Longmont, CO 80501-7930
(ii)	Date of Grant	September 27, 2010
	Amount of Grant	\$1,000
(iii)	Purpose of Grant	To fund the annual Nutty Nutcracker performance and make the event free to the public.
(iv) & (vi)	Reports of Amounts Expended	Airborne Gymnastics & Dance submitted a full and complete report of its expenditure of the September 2010 grant on April 26, 2011, indicating that it had spent all of the grant funds.
(v)	Diversions	To the knowledge of the grantor, no funds have been diverted to any activity other than the activity for which the grant was originally made.
(vii)	Verification	The grantor has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

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

l								0	0		0
	Name	Street	City	State	Zip Code	Title	Avg Hrs	Comp	Benefits	Expense Account	e z
•	·		: ((,	(
-	Susie Gunstream	401 West Oak Street	Fort Collins	8	80521	Director	-	0	0		न
2	Curtis R Richardson	401 West Oak Street	Fort Collins	8	80521	Director / Secretary / Treasurer	1	0	0		0
	3 Nancy A Richardson	401 West Oak Street	Fort Collins	8	80521	President / Director	10	0	0		0
4	Pete Richardson	401 West Oak Street	Fort Collins	8	80521	Director	-	0	0		0
9	Cheryl Thomas	401 West Oak Street	Fort Collins	8	80521	Director	-	0	0		0
9											<u> </u>
7								! : !	 - -		1
8											<u> </u>
စ											i
10											
					_						•

Otter Cares Foundation d/b/a Ott				27-164		
Form 990-PF, Part XV, Line	e 3a - Grants and	Cont	ributions P	aid During the	Year	
Recipient(s) paid during the year						
Name						
YMCA OF THE ROCKIES Street						
PO BOX 20800						
City			Zip Code	Foreign Country		
ESTES PARK		co	80511			
Relationship	Foundation Status					
N/A Purpose of grant/contribution	509(a)(2)				Amount	
General & Unrestricted					200	
orenists semisible symbolis						
Name						
Street						
Sueet						
City		State	Zip Code	Foreign Country		
Relationship	Foundation Status					
Purpose of grant/contribution	L				Amount	
r dipose of granteontribution					0	
udläbersissisaannakkamuissäraninada Name		Haillein		นั้นให้เป็นที่เก็บไว้ คนใช้เป็นได้เ	da aadan ka da	
Street						
lity		State	Zip Code	Foreign Coun	Foreign Country	
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
					0	
Name	C. Salikimik Salis Salis	;···;;··;·;	,,', <u>11111111, 11111, 1111, 111</u>			
Street						
City		State	Zip Code	Foreign Coun	Foreign Country	
	<u> </u>					
Relationship	Foundation Status					
Purpose of grant/contribution			* **		Amount	
					0	
Name						
Name						
Street		·				
· · · · · · · · · · · · · · · · · · ·						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		1	· · · · · · · · · · · · · · · · · · ·		
Purpose of grant/contribution					Amount	
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	32 Half 332m Cm mm mm mm mm mm mm	11 /111 1 105	1112 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 53433 331 2 3 3 11 km 11 11	0	
Name	Palaysomioraliari agricanini	rist stiggers	ili Militifornic il illili	<u> </u>	ina ir ilinin (18.) addol azazy bira	
Street				- 1.4.···		
City		State	Zip Code	Foreign Coun	Foreign Country	
Relationship	Foundation Status		1	 		
					1.	
Purpose of grant/contribution					Amount	