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HURRICANE SANDY EXTENDED DEADLINE

Form 990-PF

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

2011

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

0 2013

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Fo	r cal	endar year 2011 or tax year beginning	9/1/2011 , and	d ending	12	/31/2011				
Na	me of	foundation			A Employer identification number					
Ott	er Ca	ares Foundation d/b/a OtterCares Foundation			27-1649019					
		and street (or P O box number if mail is not delivered to street add	dress)	Room/suite	ВТ	elephone number (see ins				
		st Oak Street	,		-	(970) 494	•			
_		wn, state, and ZIP code			C 15			~_		
	Fort Collins CO 80521					exemption application is po	anding, check here			
					١			. \Box		
G	Che		I return of a former pu	iblic charity	ים ן.	Foreign organizations, chi	ack nere			
Final return Amended return						Foreign organizations me		. —		
			e change			check here and attach computation				
<u>H</u>		ck type of organization X Section 501(c)(3) exer			Elfp	private foundation status w	as terminated	_		
	Sec	tion 4947(a)(1) nonexempt charitable trust 🔲 🖸	ther taxable private for	oundation	un	der section 507(b)(1)(A), o	heck here	▶∐		
ı	Fair	market value of all assets at end J Accounting n	nethod X Cash	Accrual	Flft	he foundation is in a 60-m	onth termination			
		ear (from Part II, col (c),			un	der section 507(b)(1)(B), o	heck here	▶ 🔲		
		16) ▶ \$ 21,897 (Part I, column (o	l) must be on cash basis	:)						
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investm	004	(c) Adjusted net	(d) Disbursement (d)			
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	income	eiii	income	purposes	e		
		the amounts in column (a) (see instructions))	books				(cash basis or	nly)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	241,334							
	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				·· · · · · · · · · · · · · · · · · · ·				
	5 a	a Gross rents								
ø	1	Net rental income or (loss)								
Revenue	6 a	Net gain or (loss) from sale of assets not on line 10								
Š	l	Gross sales price for all assets on line 6a								
æ	7	Capital gain net income (from Part IV, line 2)			0					
	8	Net short-term capital gain					<u> </u>	إ		
	9	Income modifications						!		
		A Gross sales less returns and allowances								
		Less Cost of goods sold								
		Gross profit or (loss) (attach schedule)					<u> </u>			
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11 .	241,334		0					
S	13	Compensation of officers, directors, trustees, etc.								
Expenses	14	Other employee salanes and wages				I RECEI	MEU			
be	15	Pension plans, employee benefits								
X	16 a	Legal fees (attach schedule)				10 PED NA	1 1 - 1			
a	1	Accounting fees (attach schedule)				FEB 0 4	1///			
€	(Other professional fees (attach schedule)					_[Œ			
ita	17	Interest				OGDE		<u> </u>		
Ę.	18	Taxes (attach schedule) (see instructions)				UUUL	,	<u>. </u>		
Ē	19	Depreciation (attach schedule) and depletion								
þ	20	Occupancy								
ਰ	21	Travel, conferences, and meetings		-						
an	22	Printing and publications	0.400	· 			 	0.400		
þ	23	Other expenses (attach schedule)	9,438				 	9,438		
Ħ	24	Total operating and administrative expenses.	0.430		ام			0.400		
Operating and Administrativ	25	Add lines 13 through 23	9,438		0			9,438		
Ĉ	25	Contributions, gifts, grants paid	228,525					8,525		
_		Total expenses and disbursements. Add lines 24 and 25	237,963		0		23	7,963		
	27	Subtract line 26 from line 12					İ			
	ı	3 Excess of revenue over expenses and disbursements .	3,371							
		Net investment income (if negative, enter -0-)			0					
	•	C Adjusted net income (if negative, enter -0-) .					1			

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2011)

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

4 Add lines 1, 2, and 3

4

5

6

21,897

21,897

Part IV Capital Gains and	a Losses for lax on inves	tment inco	me		
(a) List and describe the	kind(s) of property sold (e g , real estate, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
b					
С					
d					
e					
(e) Gross sales price	or other basis pense of sale		Gain or (loss) us (f) minus (g)		
a					
b					
С					
<u>d</u>					
е					
Complete only for assets show	ng gain in column (h) and owned	by the foundat	ion on 12/31/69		Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		not less than -0-) or s (from col (h))
a					
b					
С					
d					
e		<u> </u>			
2 Capital gain net income or (so enter in Pa enter -0- in Pa		2	
3 Net short-term capital gain of	or (loss) as defined in sections	1222(5) and	(6)		
If gain, also enter in Part I, Ii	ne 8, column (c) (see instruction	ons). If (loss)	, enter -0- }		
ın Part I, line 8				3	
Part V Qualification Und	er Section 4940(e) for Red	fuced Tax	on Net Investme	nt Income	
(For optional use by domestic p	rivate foundations subject to the	ne section 49	40(a) tax on net in	vestment incom	e)
•			` '		,
If section 4940(d)(2) applies, lea	ave this part blank				
Was the foundation liable for the if "Yes," the foundation does no				he base period	Yes X No
	unt in each column for each ye			making any onti	TIOC
(a)	unt m each column for each ye	ai, see me n	istructions before	I any end	(d)
Base penod years	(b)	Not value	(c) of noncharitable-use as		Distribution ratio
Calendar year (or tax year beginning in	1			(col (b) divided by col (c))
2010	298,			135	13.500881
2009	114,	683	25,	919	4.424669
2008					0.000000
2007					0.000000
2006					0.000000
2 Tetal of line 1 column (d)				2	17.025550
2 Total of line 1, column (d)3 Average distribution ratio for			 n lino 2 by E. or by		17.925550
	ndation has been in existence			3	8.962775
the number of years the lour	ildation has been in existence	ii iess tiiaii e	years	-	0.902110
4 Enter the net value of nonch	naritable-use assets for 2011 fi	rom Part X, lı	ne 5	. 4	20,826
5 Multiply line 4 by line 3				. 5	186,659
6 Enter 1% of net investment	income (1% of Part I, line 27b))		6	
7 Add lines 5 and 6				7	186,659
8 Enter qualifying distributions	s from Part XII, line 4			8	237,963
If line 8 is equal to or greate the Part VI instructions.	r than line 7, check the box in	Part VI, line	1b, and complete t	hat part using a	1% tax rate See

	•				
-	rt VI Otter Cares Foundation d/b/a OtterCares Foundation Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-		349019 ruction:		age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	000 111011	40000	"	
	Date of ruling or determination letter(attach copy of letter if necessary—see instructions)				
Ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		0	
	here \blacktriangleright X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%				
_	of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2		0	
3	Add lines 1 and 2	3		0	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5		0	<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-			-
6	Credits/Payments 2011 estimated tax payments and 2010 overpayment credited to 2011 . 6a 0				
	Exempt foreign organizations—tax withheld at source			1	
	Tax paid with application for extension of time to file (Form 8868) 6c 0				
	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d	7		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		Ō	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0	
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0	
1	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 0 Refunded ▶	11		0	<u> </u>
₽a	rt VII-A Statements Regarding Activities	<u> </u>			
1 8	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		<u> </u>	Yes	
	participate or intervene in any political campaign?		1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the				
	instructions for definition)?		1b		Χ.,
	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		40		
	Did the foundation file Form 1120-POL for this year?		1c	\vdash	 -^- -
	(1) On the foundation ►\$ (2) On foundation managers. ►\$				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		·		
•	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	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		X
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
	o If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		_5_	Х	<u> </u>
	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 			i l	1

. . . .

.

.

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

8 a 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) of each state as required by *General Instruction G? If "No," attach explanation*

. . . .

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"

that conflict with the state law remain in the governing instrument?

complete Part XIV

their names and addresses .

8b

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

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

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4a

4b

Pa	art V	I-B Statements Regarding Activities	es f	or Which Forr	n 47	720 May Be R	equ	ired (c	ontinuea	1)				
		ng the year did the foundation pay or incur any				<u>-</u>								
	(1)	Carry on propaganda, or otherwise attempt to	o infl	uence legislation	(sect	tion 4945(e))?			Yes	X	No			
	(2)	Influence the outcome of any specific public	elect	ion (see section 4	955)	, or to carry								
		on, directly or indirectly, any voter registration	n driv	/e?				•	Yes	Х	No			
	(3)	Provide a grant to an individual for travel, stu	dv c	or other similar pur	ากกรด	es?			Yes	X	No			
		Provide a grant to an organization other than	•	•	•		•	•		نک				
	` '	in section 509(a)(1), (2), or (3), or section 49-	40(ď)	(2)? (see instructi	ons)				Yes	X	No			
	(5)	Provide for any purpose other than religious, educational purposes, or for the prevention of				• •			Yes	X	No			
b		y answer is "Yes" to 5a(1)–(5), did any of the t						escribed	d in					
	Reg	ulations section 53.4945 or in a current notice	rega	rding disaster ass	ıstan	ice (see instruction	ns)?			<u> </u>		5b	N/A	
	_	anizations relying on a current notice regarding					•)	▶ 📖				
С		e answer is "Yes" to question 5a(4), does the fo												
		pecause it maintained expenditure responsibilit	-	-		• • • •			Yes		No			
		es," attach the statement required by Regulation												
6a		the foundation, during the year, receive any fur	nds,	directly or indirect	ly, to	pay								
_	•	niums on a personal benefit contract?			•			•	Yes	X	No			
b		the foundation, during the year, pay premiums,	dire	ctly or indirectly, o	n a	personal benefit o	contr	act?				6b		_ X
_		es" to 6b, file Form 8870					_			r v				
		ny time during the tax year, was the foundation	•	•					Yes	X	No			
		es," did the foundation receive any proceeds o								<u> </u>	·	7b	N/A	
	art \		Dir	ectors, Truste	es,	Foundation	Mar	nagers	s, Highly	Paid	d Em	ploy	ees,	
_	1 !=4	and Contractors	4'		1 41.		• 4		- 4 41					
	LIST	all officers, directors, trustees, founda	_	Title, and average	_	eir compensation	ion (tributions to	S).				
		(a) Name and address	, · ·	hours per week evoted to position		f not paid, enter -0-)		employee	benefit plar d compensa				se accor owance	
SE	<u>E AT</u>	TACHMENT												
	• • • • •													
2		npensation of five highest-paid employ er "NONE."	ees	(other than the	ose	included on li	ne 1	—see i	nstructio	ns). I	lf non	e,		
				(b) Title, and avera	age				Contributions		1-1			
(a) Name	e and address of each employee paid more than \$50,	000	hours per week devoted to position	:	(c) Compensation	on	plan	ployee benef s and deferre empensation			•	se accor owance	
NC	NE.				.00									
					.00									
					.00									
					.00			_						_
					.00									
					.00									
Ta	tal a	imber of other employees hald over \$50.0	000											

Form 990-PF (201		1	27-1649019 Page 7
Part VIII	Information About Officers, Directors, Trustees	s, Foundation Managers, Highly Pai	d Employees,
	and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (s	ee instructions). If none, enter "NONE."	
(a)	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			_
Total number	of others receiving over \$50,000 for professional services	<u></u>	<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year Include releva ganizations and other beneficiaries served, conferences convened, researc		Expenses
1 Pack2Scho Purchased	ol Program school supplies for qualifying students in the Poudre School	ol District	6 411
2			6,411
3			
4			
Part IX-B	Summary of Program-Related Investments (see		,
	largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
1			
	***		<u> </u>
2			
All other program	r-related investments. See instructions		
3			
Total. Add line	es 1 through 3		0

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Pa	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	ons,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	21,143
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	21,143
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	21,143
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	317
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,826
6	Minimum investment return. Enter 5% of line 5 MIR PRORATED - SHORT YEAR	6	348
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	348
2a	Tax on investment income for 2011 from Part VI, line 5	ם	
b	Income tax for 2011 (This does not include the tax from Part VI)	<u> </u>	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	348
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	348
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	348
Dar	t XII Qualifying Distributions (see instructions)		
F all	Qualitying Distributions (see instructions)	- 	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<u>1a</u>	237,963
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
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	237,963
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	237,963
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years.	dation	

Par	t XIII Undistributed Income (see instructions)				
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
_					348
2	Undistributed income, if any, as of the end of 2011			0	
	Enter amount for 2010 only		0		
	Total for prior years 20, 20, 20		<u> </u>		
3	Excess distributions carryover, if any, to 2011				
	From 2006				
	7 110111 2007				
(From 2008				
(
6			-		
T	Total of lines 3a through e	411,197			
4	Qualifying distributions for 2011 from Part				
	XII, line 4 ► \$ 237,963 Applied to 2010, but not more than line 2a			0	
	Applied to undistributed income of prior years				
•	(Election required—see instructions)		o		
,	Treated as distributions out of corpus (Election				
`	required—see instructions)				
	Applied to 2011 distributable amount				348
	Remaining amount distributed out of corpus	237,615			
5	Excess distributions carryover applied to 2011 .	0			0
Ū	(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6	Enter the net total of each column as indicated below:				
:	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	648,812			
	Prior years' undistributed income. Subtract	5 , 5, 5, 5			
•	line 4b from line 2b		0		
	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				
•	Subtract line 6c from line 6b. Taxable		-		
	amount—see instructions		0		
•	Undistributed income for 2010 Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions			0	
1	Undistributed income for 2011. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2012				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006				
	not applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	648,812			
10	Analysis of line 9				
	Excess from 20070				
1	Excess from 2008 0				
•	Excess from 2009		'		
	Excess from 2010				
	Excess from 2011 237 615		,	<u> </u>	

	990-PF (2011) Otter Cares Foundation d/b/				27-164	
_	t XIV Private Operating Foundations (s		•	uestion 9)		N/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2011, ent			. • _		
	Check box to indicate whether the foundation is a	private operating fou	ındatıon described ir	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0				0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	0				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c.	0	o	0	o	0
3	Complete 3a, b, or c for the	U				
	alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets	:				0
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					<u> </u>
	Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public 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	rt XV Supplementary Information (Cor	mplete this part	only if the four	ndation had \$5,	000 or more in	<u> </u>
	assets at any time during the ye					
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have corbefore the close of any tax year (but only if they have	ntributed more than 2 ave contributed more	2% of the total contri than \$5,000) (See	butions received by section 507(d)(2))	the foundation	
NO						
	List any managers of the foundation who own 10%				ortion of the	
NO	ownership of a partnership or other entity) of which	n the foundation has	a 10% or greater int	terest.		
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	olarship, etc., Pr	ograms:		· · · · · · · · · · · · · · · · · · ·
	Check here If the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d.	•		•	•	
a	The name, address, and telephone number of the	person to whom app	olications should be	addressed		
500	e www.ottercares org for grant application info	rmation				
See b	The form in which applications should be submitte	d and information ar	nd materials they sho	ould include		
	•		-			
	e www.ottercares org for grant application info Any submission deadlines	rmation.		·		
Qua	arterly deadlines					
d	Any restrictions or limitations on awards, such as I	by geographical area	as, charitable fields,	kinds of institutions,	or other	
Sec	factors					

Part XV Supplementary Information (continued)

Otter Cares Foundation d/b/a OtterCares Foundation

Part XV Supplementary Information (continued)

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								
ALPHA CENTER	N/A	509(a)(1)	General & Unrestricted	125,000				
1212 S COLLEGE AVE								
FORT COLLINS CO 80524	A1/A	500/->/4>	Not on Tobacca (N.O.T.)	0.500				
AMERICAN LUNG ASSOCIATION IN COLORADO	N/A	509(a)(1)	Not on Tobacco (N-O-T)	3,500				
5600 GREENWOOD PLZ BLVDSTE 100			Program					
GREENWOOD VILLAGE CO 80111 ANIMAL HOUSE PETS & GROOMING INC	N/A	509(a)(1)	Charitable Event	250				
1104 W VINE	18/0	309(a)(1)	Chantable Event	250				
FORT COLLINS CO 80521								
BOOK TRUST	N/A	509(a)(1)	Enabling Youth of Fort	5,000				
201 LINDEN ST			Collins Through Literacy	0,000				
FORT COLLINS CO 80524			Program					
CANYON CONCERT BALLET	N/A	509(a)(1)	Charitable Event	500				
1031 CONIFER ST STE 3								
FORT COLLINS CO 80524								
CHARACTER IN ATHLETICS INC	N/A	509(a)(1)	Charitable Event	2,000				
4645 ZIEGLER RD UNIT 200								
FORT COLLINS CO 80528								
CHRIST IN THE CANYONS MINISTRIES INC	N/A	509(a)(1)	General & Unrestricted	11,000				
15950 COUNTY RD 43 5								
BONCARBO CO 81024	A1/A	500(-)(4)	0.1	4 405				
COMMUNITY FOUNDATION OF NORTHERN COL	N/A	509(a)(1)	Colorado Eagles	4,425				
4745 WHEATON DR			Foundation (Penalty Box Donation)					
FORT COLLINS CO 80525	N/A	509(a)(1)	Charitable Event	750				
ELDERHAUS ADULT DAY PROGRAM INC 605 S SHIELDS ST	19/7	309(a)(1)	Chantable Event	750				
FORT COLLINS CO 80521								
FINALLY HOME FOUNDATION	N/A	509(a)(1)	Colorado Expansion of	30,000				
PO BOX 2110		,	Family Strengthening					
ORANGE CA 92859			Education					
FOOD BANK FOR LARIMER COUNTY	N/A	509(a)(1)	Charitable Event	2,500				
1301 BLUE SPRUCE DR								
FORT COLLINS CO 80524				_				
Total See Attached Statement	<u> </u>		▶ 3 a	228,525				
b Approved for future payment								
Total	l		. ▶ 3b	0				
	<u> </u>	<u>· · </u>	. ≥ 30					

- · · · · · · · · · · · · · · · · · · ·					
Enter gross amounts unless otherwise indicated	Unrelated but	siness income	Excluded by section	on 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue		-			,
a					
b		<u> </u>			
c					
d					
e					
g Fees and contracts from government agencies					
-		 			
• • • • • • • • • • • • • • • • • • • •		<u> </u>			
4 Dundanda and interest from according		<u> </u>			
5 Net rental income or (loss) from real estate					· —
a Debt-financed property b Not debt-financed property c					
• • •	-				
6 Net rental income or (loss) from personal property				,	
7 Other investment income	-				·
8 Gain or (loss) from sales of assets other than inventory . 9 Net income or (loss) from special events	<u> </u>				
9 Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
11 Other revenue a				, ,	
b					
					1
d					
d e		0		0	0
d e 12 Subtotal Add columns (b), (d), and (e)		0	•	0	
d e 12 Subtotal Add columns (b), (d), and (e)				13	0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)					
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activities	complishment	of Exempt P	urposes	13	
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acceptable.	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	. 0
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d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pound (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pound (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pound (e) of Part X	urposes VI-A contributed in	13	. 0
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d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pound (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pound (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pound (e) of Part X	urposes VI-A contributed in	13	. 0
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Activity For which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	C

		_ E	xempt Organiza	ations			•				
ı	n se	-	501(c) of the Code	-	engage in any of the following with section 501(c)(3) organizations) o	_	-			Yes	No
(1) C	Cash			a noncharitable exempt organiza				1a(1)		X
b (Othe	r tran	sactions						1a(2)		X
(1) Sales of assets to a noncharitable exempt organization									1b(1)		<u> </u>
						٠			1b(2)		_ <u>X</u> _
-					er assets				1b(3) 1b(4)		_ <u>X_</u>
	•		•						1b(5)		$\frac{\hat{x}}{x}$
					nip or fundraising solicitations .				1b(6)		$\frac{\hat{x}}{x}$
	•				sts, other assets, or paid employed				1c		X
	/alue	of the	e goods, other ass	ets, or servic naring arrange	complete the following schedule. ses given by the reporting foundat ement, show in column (d) the va-	ion. If thalue of t	ne foundation red	ceived less than assets, or service	fair ma	rket eived	ents
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		+				1-					
(desci	ribed		f the Code (o	ated with, or related to, one or mo other than section 501(c)(3)) or in				′es 🗓	No	
		(a) Name of organization		(b) Type of organization		(c)	Description of relation	nship		
								_			
					-						
			-	, .						•	
		•									
					this return, including accompanying schedules and s			wledge and belief, it is tru	ıe,		
Sig Hei	n	W	and complete Declaration of	preparer (other than	laxpayer) is based on all information of which preparation of the property of the part of the property of the	•	J	May the IRS of with the prepared instructions)?		n b <u>elow</u>	
			Print/Type Preparer's na	ame	Preparer's signature		Date		PTIN		
Pai	d	j	•• • •		leffer D. Heeler			Check I If			
Pre	par	er	Jeffrey D. Haskell		Jeffrey D. Haskell		1/9/2013	self-employed	P013		<u>) </u>
Jse	Or	ıly		undation Sou	· ·				1-03983		
Firm's address ► 55 Walls Drive, Fairfield, CT 06824							Phone no (800) 839-1	754		

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

Department of the Treasury Internal Revenue Service ►Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

OMB No 1545-0047

2011

Name of the organization **Employer identification number** 27-1649019 Otter Cares Foundation d/b/a OtterCares Foundation Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more . ..**▶** \$_____

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 Part I, 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).

Name of organization
Otter Cares Foundation d/b/a OtterCares Foundation
27-1649019

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Otter Products, LLC 209 S Meldrum Fort Collins CO 80521 Foreign State or Province Foreign Country	\$ 241,334	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	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) Total contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organizationEmployer identification numberOtter Cares Foundation d/b/a OtterCares Foundation27-1649019

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Lunch Bags	\$	9/16/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Face Paints	\$7	9/16/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Tissues	\$41	9/16/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Paint Brush	\$4	9/16/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Tape	\$2	9/16/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Tattoo	\$17	9/16/2011

Name of organization
Otter Cares Foundation d/b/a OtterCares Foundation

Employer identification number

27-1649019 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I __1__ 9/16/2011 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I Colored Pencils ___1__ (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) (a) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

Name of org				Employer identification number				
	s Foundation d/b/a OtterCares Foundation		4 11 41 4 42 5	27-1649019				
Part III	Exclusively religious, charitable, etc., i							
	total more than \$1,000 for the year. Con	-	- · ·					
	For organizations completing Part III, enter contributions of \$1,000 or less for the year			_				
	• •	•		structions.) > \$0				
(a) No.	Use duplicate copies of Part III if additional	ai space is nee I	aea.					
from	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held				
Part I	. ,		· -					
		(a) T	ransfer of gift	<u> </u>				
		(e) i	iansier of gift					
	Transferee's name address and	71D ± 4	Polationsh	ip of transferor to transferee				
	Transferee's name, address, and	ZIF + 4	Relationsi	ip of transferor to transferee				
	For Prov Country			•••••				
(a) No.								
from	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held				
Part I			и.					
	(e) Transfer of gift							
	(-),							
	Transferee's name, address, and	sferee's name, address, and ZIP + 4 Relationship of t						
	For. Prov. Country	T		,				
(a) No. from	(b) Purpose of gift	l (c) Use of gift	(d) Description of how gift is held				
Part I	(2) . 2. post of gard	``						
				,				
		(a) Transfer of wife						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee 5 hame, address, and		Kelationali	np of transferor to transferor				
	For Prov. Country							
(a) No.	(1) 5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			-					
		l		<u> </u>				
		(e) T	ransfer of gift					
			_					
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee				
	For Prov Country							
	T FOLEIOV COUNTY		1					

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

TOTAL : 9,438 0 0 9,438	(a) (b) (c) (d) (d) Expenses per Net Investment Adjusted Net Charitable	Income	0	6,411 0 6,411							
		Description	1 Administrative Fees	2 Pack2School Program Expenses	3	4	2	9	 8	6	2

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

Foundation's net assets of \$18,526 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2011. During the taxable year ending December 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 \$237,963. This amount represents over 25% of the 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.

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

Name Street Cry State Code Tritle Arg Comp Benefits Suse Gunstream 401 West Oak Street Fort Collins CO 80521 Director 1 0 0 Curts R Richardson 401 West Oak Street Fort Collins CO 80521 President / Director 1 0 0 Pete Richardson 401 West Oak Street Fort Collins CO 80521 President / Director 1 0 0 Cheryl Thomas 401 West Oak Street Fort Collins CO 80521 Director 1 0 0							1	TOTAL:	0	0	0
Susie Gunstream 401 West Oak Street Fort Collins CO 80521 Director / Secretary / 1 0 Curtis R Richardson 401 West Oak Street Fort Collins CO 80521 President / Director / 1 0 Pele Richardson 401 West Oak Street Fort Collins CO 80521 President / Director 1 0 Cheryl Thomas 401 West Oak Street Fort Collins CO 80521 Director 1 0	_	Name	Street	Cıty	State	Zıp Code	Title	Avg Hrs	Сотр	Benefits	Expense Acct
Outs Richardson					C	, C				•	
Curts R Richardson 401 West Oak Street Fort Collins CO 80521 Treasurer 1 0 Nancy A Richardson 401 West Oak Street Fort Collins CO 80521 President / Director 15 0 Cheryl Thomas 401 West Oak Street Fort Collins CO 80521 Director 1 0		Susie Gunstream			3	17508	Director		0	ו	0
Nancy A Richardson 401 West Oak Street Fort Collins CO 80521 President / Director 15 0 Pete Richardson 401 West Oak Street Fort Collins CO 80521 Director 1 0 Cheryl Thomas 401 West Oak Street Fort Collins CO 80521 Director 1 0	8	Curtis R Richardson	401 West Oak Street	Fort Collins	S	80521	Director / Secretary / Treasurer		0		0
Pete Richardson 401 West Oak Street Fort Collins CO 80521 Director 1 0 Cheryl Thomas 401 West Oak Street Fort Collins CO 80521 Director 1 0	m	Nancy A Richardson	401 West Oak Street	Fort Collins	00	80521	President / Director	15	0		0
Cheryl Thomas 401 West Oak Street Fort Collins CO 80521 Director 1 0	4	Pete Richardson	401 West Oak Street		00	80521	Director		0		0
10 8 8 6 10 10 10 10 10 10 10 10 10 10 10 10 10	ro.	Cheryl Thomas	401 West Oak Street		00	80521	Director	-	0		0
8											
9 0 10	7										
01	- ∞										
10	თ							•			
	10										

Form 000 DE Dort VV Line	Cronto one	1.000	tributions D		Your Page	<u>4 or 4 </u>
Form 990-PF, Part XV, Line Recipient(s) paid during the year	sa - Grants and	CON	indutions P	aid During the	e rear	
. , , , ,						
Name ROCKY MOUNTAIN RAPTOR PROGR	A \$ 4					
Street	.A.IVI					·-
2519 S SHIELDS ST 115						
City		State	Zip Code	Foreign Coun	try	
FORT COLLINS	,	CO	80526			
Relationship	Foundation Status					
N/A Purpose of grant/contribution	509(a)(1)				Amount	
Charitable Event					Amount	500
中可有限。2015年已经19、1位19、10mm,10mm,10mm,10mm。	entre sale se é se en a	अवस्था सम्बद्ध		STATE OF THE PARTY	100 m 200 m 11 12 m 12 m	
Name	E CENTED					
SEXUAL ASSAULT VICTIM ADVOCAT	E CENTER			- · 		
331 S MELDRUM						
City		State	Zip Code	Foreign Coun	try	
FORT COLLINS		co	80521			
Relationship	Foundation Status					
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Purpose of grant/contribution					Amount	500
Charitable Event		nationisto juni patrialeisi 1900 Alaba Berlina				500
Name						
SIERRAS RACE AGAINST MENINGIT	IS INC		-			
Street						
2979 TELLURIDE PL City		State	Zip Code	Foreign Coun		
LOVELAND		CO	80538	Foreign Coun	uy	
Relationship	Foundation Status		100000	 L	-	
N/A	509(a)(1)					
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					Amount	
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