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Form 990-PF

C Adjusted net income (if negative, enter -0-) BAA For Paperwork Reduction Act Notice, see instructions.

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

OMB No 1545 0052

2012

Devartment of the Treasury Internat Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2012, or tax year beginning , 2012, and ending Employer identification number CRAIG-SCHECKMAN FAMILY FOUNDATION 20-2835678 PO BOX 776429 Telephone number (see the instructions) STEAMBOAT SPRINGS, CO 80477 (970) 879-0148 If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here X Amended return Final return Address change Name change 2 Foreign organizations meeting the 85% test, check here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Accounting method X Cash Fair market value of all assets at end of year (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶ \$ 4,691,557 (Part T, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (d) Disbursements (c) Adjusted net Expenses (The total of amounts in expenses per books for charitable income income columns (b), (c), and (d) may not necespurposes (cash sarily equal the amounts in column (a) basis only) (see instructions)) Contributions, gifts, grants, etc, received (att sch) 383, 665. J. 45 W. 如此是 正接近年二十四日 2 If the foundn is not req to att Sch B 次治治连髓 中時人知過過少人 Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents b Net rental income Althur. 6 a Net gain/(loss) from sale of assets not on line 10 276,193. **b** Gross sales price for all 600,000. Mil Elizabethan assets on line 6a 276,193. Capital gain net income (from Part IV, line 2) Net short-term capital gain (全) 1257 J. F. 18 Income modifications · \$55 四流: 1000 1 100 1 10 a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) THE PARTY OF THE PRINCE 的是可以**然而是,**他们 Total. Add lines 1 through 11 659,858 276,193 Compensation of officers, directors, trustees, etc Other employee salaries and wages 73,881Pension Daris emptoyee peneta Legal fees (attacir schedule) 15 16 a Legal fees b Accounting fees (attach sch)

c Other Feet fees (attach Schi ADMINISTRATIVE 1,180. fees (attach 2ch) 26 FEE 2,964. 17 5,500. Taxes (attach sched) (X4) in IS NSEE 7 19 sch) and depletion 8,560 NG 20 Occupancy 3,230 Travel, conferences, and meetings 21 22 Printing and publications EXPE 23 Other expenses (attach schedule) SEE STATEMENT 5 79,802 Total operating and administrative expenses. Add lines 13 through 23 24 175,117 Contributions, gifts, grants paid PART XV 181,000 181,000. Total expenses and disbursements. Add lines 24 and 25 356,117 0 181,000. Subtract line 26 from line 12: '. با a Excess of revenue over expenses... 303,741 and disbursements 276,193 b Net investment income (if negative, enter -0-)

Form **990-PF** (2012)

0.

Page 2

Parl	- 11	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o	
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash - non-interest-bearing	478,497.	8,734.	8,734.
	2	Savings and temporary cash investments			
1	3	Accounts receivable	The State of the second	to Carrie a Title	Rose Contract Land
	ŀ	Less allowance for doubtful accounts ▶			
	4	Pledges receivable	و من المن المن المن المن المن المن المن ا	State State of the second	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
_	7	Other notes and loans receivable (attach sch)	A STATE OF THE STA		
Ą		Less allowance for doubtful accounts ▶	7 4.2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	I M 4: 6 HUNDY I DANKENDED .	
Š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – U.S. and state government obligations (attach schedule)			
	t	Investments — corporate stock (attach schedule)			
	(: Investments — corporate bonds (attach schedule) .			
	11	Investments — land, buildings, and equipment basis ►			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments – other (attach schedule) STATEMENT 6	2,038,459.	2,814,652.	4,682,823.
	14	Land, buildings, and equipment basis 57,558.	The state of the s	with the first the first	The second secon
		Less, accumulated depreciation (attach schedule) SEE STMT 7 • 19,636.	40,611.	37,922.	
		Other assets (describe Total assets (to be completed by all filers —	0.557.567		4 601 557
	17	see the instructions. Also, see page 1, item 1).	2,557,567.	2,861,308.	4,691,557.
ī	17	Accounts payable and accrued expenses			Section of the sectio
A B	18	Grants payable Deferred revenue			
Ĭ	20	Loans from officers, directors, trustees, & other disqualified persons			
L	21	Mortgages and other notes payable (attach schedule)			
Ť	22	Other liabilities (describe)		<u> </u>	
i E					
<u> </u>	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	_		
NF	24	Unrestricted .			
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A E A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds]	[建设设置]
SÑ	28	Paid-in or capital surplus, or land, building, and equipment fund			[2000] [2000]
O E	29	Retained earnings, accumulated income, endowment, or other funds	2,557,567.	2,861,308.	[5] 京文學 [5]
RS	30	Total net assets or fund balances (see instructions)	2,557,567.	2,861,308.	医克克曼氏结束
	31	Total liabilities and net assets/fund balances (see instructions)	2,557,567.	2,861,308.	
Par	t III	Analysis of Changes in Net Assets or Fund Balanc	es		
1	Tota end-	I net assets or fund balances at beginning of year – Part II, col of-year figure reported on prior year's return)	umn (a), line 30 (must a	agree with	<u>2,</u> 557,567.
2	Ente	r amount from Part I, line 27a	•	2	303,741.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	2,861,308.
_ ₅ _	Decre	ases not included in line 2 (itemize)		- 5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b),	line 30 6	2,861,308.
BAA		TEEA0302L			Form 990-PF (2012)

(a) List and describe 2-story brick warehous	cal estate, C Company)	b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)	
.1 a 437.3177 MILLENNIUM		P	VARIOUS	3/31/12	
ь					
С					
d					
e				<u> </u>	<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	·	(h) Gain or (e) plus (f) m	
a 600,000.		323	,807.		276,193.
b		323	, 007.		2,0,133.
С		· · · · · · · · · · · · · · · · · · ·		 -	
d					
е					
	ing gain in column (h) and owned by			(I) Gains (Coli	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any	1) / t	gain minus column (k han -0-) or Losses (fr	
a					276,193.
<u>b</u>					
<u>c</u>					
<u>d</u>					
<u>e</u>				1	
2 Capital gain net income or (ne	t capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 ter -0- in Part I, line 7	2		276,193.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	_	\ <u>-</u>		2,0,133.
If gain, also enter in Part I, lin.	e 8, column (c) (see instructions) If	(loss) enter -0-			
in Part I, line 8	e a, column (c) (see instructions) in	(1055), eriter -0-	3]	0.
Part V: Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investme	nt Income		
f 'Yes,' the foundation does not qua	ction 4942 tax on the distributable an lify under section 4940(e) Do not co in each column for each year, see th	mplete this part	·	Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets (co	(d) Distribution lumn (b) divided	n ratio by column (c))
2011	178,850.	3,229	.917.		0.055373
2010	178,850.	3,229			0.055373
2009	178,000.	2,612			0.068121
2008	169,000.	2,341			0.072180
2007	155,570.	2,325	,540.		0.066896
				1	0.015010
2 Total of line 1, column (d)			2	 	0.317943
3 Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the to n has been in existence if less than !	otal on line 2 by 5, or by the 5 years	3		0.063589
4 Enter the net value of nonchar	table-use assets for 2012 from Part	X, line 5	4		<u>4,131,589.</u>
5 Multiply line 4 by line 3			5		262,724.
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		2,762.
7 Add lines 5 and 6			7		265,486.
8 Enter qualifying distributions fi	rom Part XII. line 4		8		181,000.
, , -	than line 7, check the box in Part \overline{VI} ,	line 1b, and complete that p	<u> </u>		

Form	990-PF (2012) CRAIG-SCHECKMAN FAMILY FOUNDATION 21 t, VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - 9	0-2835	678		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here	1 - 1			
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)		٤ ٠.		4. 142 68
, P	Domestic foundations that meet the section 4940(e) requirements in Part V,	1		5	524.
_	check here And enter 1% of Part I, line 27b	17-1			724.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	: 7.4		,	
				A	
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			524.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			524.
	Credits/Payments	1.5	- 1, 3		324.
	2012 estimated tax pmts and 2011 overpayment credited to 2012 . 6a 5,50	استنا م	ind to the contract of the c	ر ۱۳۰۹ مارد ۱۳۰۱ مارد	المرسومين
	Exempt foreign organizations — tax withheld at source 6b	쒸육시	10 Mg . 2 h		"事者"
	Tax paid with application for extension of time to file (Form 8868)		Service .		
	Backup withholding erroneously withheld 6d	$- $ * $ $) 到一
	Total credits and payments Add lines 6a through 6d		46	ئىگىدىدىگىئان =	500.
8		<u> </u>			300.
٥	السا	8 ▶ 9			- 24
10	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed .				24.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded	10			
	Enter the amount of line 10 to be Credited to 2013 estimated tax † VII-A Statements Regarding Activities	P 11			
			15	**: Yes	s No
1 a	i During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<u> </u>	1 a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition) $^{\circ}$			1 b	X
	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			A STATE OF	
С	Did the foundation file Form 1120-POL for this year?		-	1 c	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		3.0	1 1850	المراجعة المقا
	(1) On the foundation >\$ 0. (2) On foundation managers >\$		0.		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers		2		
2				2	
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				(13)
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		26	2	
4	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a	X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			5	N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	 -	3 2+1 / 5	X
c	If 'Yes,' attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1.50	18.0	
6	By language in the governing instrument, or		3		2
	by language in the governing instrument, or		3	劉達	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflic with the state law remain in the governing instrument?	t		6	کتا کے کا X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		<u> </u>	7 X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	>	<u> </u>		
-	CO		''.		
ь	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		- <u>.</u>		
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation SEE STATEME	INT 8	<u> </u>	8ь	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' com) or 4 <u>9</u> 42	()(5)		
	for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' com	olete Part	XIV L	9	<u> </u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name	s			1
DAA	and addresses			0	(2012)
BAA			rorm	990-PF	(2012)

Form	1 990-PF (2012) CRAIG-SCHECKMAN FAMILY FOUNDATION TVII-A Statements Regarding Activities (continued)	20-2	835678		Pa	age 5
Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		1	1		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person advisory privileges? If 'Yes,' attach statement (see instructions)	on had	1	2		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address • WWW.YAP4RC.ORG	applicati	on? 1	3	Х	
14	The books are in care of THE ORGANIZATION Telephone	-		79-0	014	<u>8</u>
15	Located at ► PO BOX 776429 STEAMBOAT SPRINGS CO ZIP + 4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	8047		ī/Ā		Π.
	and enter the amount of tax-exempt interest received or accrued during the year	- 1	5	—т	'es	N/A No
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority of bank, securities, or other financial account in a foreign country?	over a	[1	6	62	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country	ne			' 't,	- / j
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	· · · · · · · · · · · · · · · · · · ·		\	es	No
1 :	a During the year did the foundation (either directly or indirectly)			د يا -	्र	- , ,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	و کرانی		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No E		التين ا	4. [4] 4. [4]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	4.5		1. 63
	(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	1		
	(6) Agree to pay money or property to a government official? (Exception, Check 'No' if the			1 A	4.4	
	(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			
	• •			, ; (i) *.		34
	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 instructions)	?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here .	•		, S	2	-
,	c 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 2012?		غ	1 c	عقف	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)		1			
	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d	—	E			
	and 6e, Part XIII) for tax year(s) beginning before 2012?	Yes	X No	1	10 mg	100 M
	If 'Yes,' list the years ► 20 , 20 , 20		7			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	(a)(2) (a)(2) to	1.1		矮	() ()
	all years listed, answer 'No' and attach statement – see instructions.)		<u> </u>	2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years I 20 , 20 , 20 , 20	nere				
9]-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		30	1
	b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation		- :	: اور		1.4
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	d				5
	(3) the lanse of the 10-15- or 20-year first phase holding period? (Use Schedule C. Form 4720 to		-		أسقد	
	determine if the foundation had excess business holdings in 2012)		-	3 b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could			.	•	
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?			اين	_141	د سيد
BA			Form	4 b	PF (X 2012)
			1 0111	. 230	• • (رداد

Form 990-PF (2012) CRAIG-SCHECKMAN FA	MILY FOUNDATION	N	20-283	35678	Page 6
Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incur		4045() 3			
(1) Carry on propaganda, or otherwise attemp			Yes X	No [
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section	4955), or to carry	☐ Yes X	No 3	
(3) Provide a grant to an individual for travel,		nurnoses?		No -	F1 - 3"
(4) Provide a grant to an organization other th					3.
in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	ictions)	Yes X	No S	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes X	No S	
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to day a current notice regard	qualify under the exceptions disaster assistance	tions	رِدُودِ، مرکب 5 b	N/A
Organizations relying on a current notice regar	rding disaster assistanc	e check here	▶ [: 12.	1
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	he foundation claim exisibility for the grant?	emption from the	N/A Yes	No 🏥	
If 'Yes,' attach the statement required by Regu	ulations section 53 4945	5-5(d)		ار انووستان د المواسية	苏
6 a Did the foundation, during the year, receive an on a personal benefit contract?	ny funds, directly or indi	rectly, to pay premium:	Yes X	No No	
b Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal bene	fit contract ⁷	6 ь	_X
If 'Yes' to 6b, file Form 8870				1579 A	7 · · · · · · · · · · · · · · · · · · ·
7a At any time during the tax year, was the found				No	
b If 'Yes,' did the foundation receive any procee				I/A 7b	
Part VIII Information About Officers, Di	rectors, Trustees,	Foundation Manag	gers, Highly Paid E	mpioyee	s,
1 List all officers, directors, trustees, foundatio	n managers and their	companyation (see inst	ructions)		
List an officers, unectors, trustees, roundatio	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		llowances
SARA CRAIG-SCHECKMAN	PRESIDENT	0.	0.		0
PO_BOX_776429 STEAMBOAT SPRINGS, CO 80477	35.00				
MICHAEL CRAIG-SCHECKMAN	TREASURER	0.	0.		0.
PO_BOX_776429 STEAMBOAT SPRINGS, CO 80477	10.00				
Signature of Arthon, Go Golf,					
			li .	1	
				<u>. </u>	
2 Compensation of five highest-paid employees (of					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	other a	se account, illowances
NONE					
					
				 	
				1	
	<u> </u>	L	l	<u> </u>	
Total number of other employees paid over \$50,000	TEEA0306L 1			Form 990	<u>0</u> J-PF (2012)

2	Fine bishopt acid independent contracts of a superior in the s	
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.' (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		(C) Compensation
NON		
Total	number of others receiving over \$50,000 for professional services	
Parl	IX-A Summary of Direct Charitable Activities	
	TATAL COMMINING OF BRIDGE CHARACTER FOR THE COMMINING OF	· · · · · · · · · · · · · · · · · · ·
ıst the	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
	ations and other beneficiaries served, conferences convened, research papers produced, etc	<u> </u>
1	N/A	
2		
3		
4		
Par	IX-B Summary of Program-Related Investments (see instructions)	
Desc	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
	N/A	
2		
ΛU ~	ther program related investments. See instructions	
3 3	ther program-related investments. See instructions	
J		
	Add lines 1 through 3	0
Total		
Total BAA		Form 990-PF (2012)

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	see instructions)		
`1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	43.	. 161 150
	Average monthly cash balances	1 a	4,161,452.
		1 b	33,055.
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	4,194,507.
,	Reduction claimed for blockage or other factors reported on lines 1a and 1c	35 A 41	
_	(attach detailed explanation) 1e 0.		_
	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,194,507.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	62,918.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,131,589.
6	Minimum investment return. Enter 5% of line 5	6	206,579.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting fou	indations
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	206,579.
2	Tax on investment income for 2012 from Part VI, line 5 2a 5,524.	, (See	
1	Income tax for 2012 (This does not include the tax from Part VI)	4. 50	
	Add lines 2a and 2b	2 c	5,524.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	201,055.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	201,055.
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	201,055.
Pa	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes. Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	181,000.
	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	181,000.
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 instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	181,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	ındatıon	. = ==,
RΔ			Form 990-PF (2012)

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7	4 5 4 7 6 5			201,055.
 Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only 	The state of the s		The state of the s	
b Total for prior years 20 , 20 , 20		0.	<u> </u>	F 57 10 - 1 34 24 24 24
3 Excess distributions carryover, if any, to 2012	- 10 224			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
a From 2007 23, 681	· "一个"	1000 Na 15 Na		antier and a second
b From 2008 40, 033				
c From 2009 52, 366				
d From 2010 47, 351				
e From 2011 17, 354				
f Total of lines 3a through e	180,785.	Fig. 1		September 1
4 Qualifying distributions for 2012 from Part	· 等。研究还是1994			11/10/12/12/12
XII, line 4 \(\)				
a Applied to 2011, but not more than line 2a	The state of the s	Marie Committee	0.	1, 3, 3, 8, 7, 8, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
 Applied to undistributed income of prior year (Election required — see instructions) 	S	0.		
c Treated as distributions out of corpus		· 编、流流流程		
(Election required – see instructions) d Applied to 2012 distributable amount			Cond To the little	
e Remaining amount distributed out of corpus	0.	Ta - They E , they By	TOTAL CONTRACTOR OF THE PARTY.	181,000.
5 Excess distributions carryover applied to 2012	20,055.	2	The state of the s	20,055.
(If an amount appears in column (d), the	17 14 1-1克子就 4 11 12-1			20,033.
same amount must be shown in column (a)		The state of the s		"这些人就是 是 "
6 Enter the net total of each column as		"我们是是 "		
6 Enter the net total of each column as indicated below:		THE WAR THE		
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	160,730.	[新華] [2] [2]		
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency	3.64. 191		节子 医下头	A CONTRACT
has been issued, or on which the section	The state of the s			
4942(a) tax has been previously assessed	"我","我们来"是	0.	· 教教, 智, 作為, 惠教	- 第一章學院演員
d Subtract line 6c from line 6b Taxable			まる まんし から はん か	
amount - see instructions .	A STATE OF THE STA	0.	(は)ない事場	
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions			n	
	3 7 1 3 3 3 3	* (15.5) + (17.5) (15.4)	The second second second	The second of th
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be	·····································			
distributed in 2013	(大) (A) 电流电			0.
7 Amounts treated as distributions out of		12 - 12 TELL		Sale St. Lot St.
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2007 not		140 .		
applied on line 5 or line 7 (see instructions)	3,626.	3.		العِدْرُ فِي اللَّهِ
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	157,104.			20 mm 2 mm 1 mm 2 mm 2 mm 2 mm 2 mm 2 mm
10 Analysis of line 9	1 To 2 00			
a Excess from 2008 40,033				
b Excess from 2009 52, 366				
c Excess from 2010 47, 351				
d Excess from 2011 17, 354	4, 14, 60 6, 5, 5, 5, 6			
e Excess from 2012				Form 990 PE (2012)

Form 9	Form 990-PF (2012) CRAIG-SCHECKMAN FAMILY FOUNDATION 20-283567										
Part)	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)										
. 15	1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)										
b Cl	heck box to indicate whether the foundat	ion is a private ope	rating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)					
2 a E	nter the lesser of the adjusted net come from Part I or the minimum	Tax year		Prior 3 years							
ın	vestment return from Part X for ach year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total					
b 85	5% of line 2a										
c Q lır	ualifying distributions from Part XII, ne 4 for each year listed										
d Ar foi	nounts included in line 2c not used directly r active conduct of exempt activities										
fo	ualifying distributions made directly ir active conduct of exempt activities ubtract line 2d from line 2c										
	omplete 3a, b, or c for the ternative test relied upon										
a 'A	ssets' alternative test — enter										
•) Value of all assets										
·	Yalue of assets qualifying under section 4942(j)(3)(B)(i)										
mı	ndowment' alternative test — enter 2/3 of inimum investment return shown in Part X, le 6 for each year listed										
c 'S	upport' alternative test — enter										
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)										
(2	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)										
(3	 Largest amount of support from an exempt organization 										
) Gross investment income										
Part >		(Complete this	part only if the	foundation had	\$5,000 or more	in					
	assets at any time during th		structions.)								
a Li ci	formation Regarding Foundation Managest any managers of the foundation who have ose of any tax year (but only if they have EE STATEMENT 9	e contributed more th	an 2% of the total co than \$5,000) (See	ontributions received t section 507(d)(2))	by the foundation befo	ore the					
b Li	st any managers of the foundation who own partnership or other entity) of which the	10% or more of the foundation has a 1	stock of a corporation 0% or greater intere	n (or an equally large est.	portion of the owner	ship of					
N	IONE										
C: re	formation Regarding Contribution, Gran heck here if the foundation only ma equests for funds. If the foundation make	kes contributions to	preselected charitable	e organizations and c							
	omplete items 2a, b, c, and d ne name, address, and telephone number of	r e-mail of the nerson	to whom application	s should be address	-d						
4 11	to name, address, and telephone number of	o man of the persor	. to whom application	is should be addless!	Ju						
S	SEE STATEMENT 10										
b Ti	he form in which applications should be	submitted and infor	mation and materia	ls they should inclu	de:						
S	SEE STATEMENT FOR LINE 2A										
	ny submission deadlines			<u></u>							
s	SEE STATEMENT FOR LINE 2A										
	ny restrictions or limitations on awards, s	such as by geograp	hical areas, charita	ble fields, kinds of i	nstitutions, or other	factors					
s	SEE STATEMENT FOR LINE 2A										

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 or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	substantial contributor	recipient	Contribution							
a Paid during the year										
SEE STATEMENT 11										
		1								
		!								
		;								
		,								
		;								
				į						
		ĺ								
Total	<u> </u>	L,	► 3a	181,000.						
b Approved for future payment		1		101,000.						
or personal contents payment										
		1								
		l		<u> </u>						
Total			► 3b							

Part XVI-A Analysis of Income-Producing Activities

nter gross amoun	its unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
1 Program serv	uce revenue	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
a				code		
		- 		 		
c		+		 -		
d		 		 		
е		 		 		 -
f				 		
g Fees and cor	ntracts from government agencies					
2 Membership	dues and assessments					
3 Interest on savir	ngs and temporary cash investments					
	d interest from securities					
	come or (loss) from real estate	11 3 1	- 4	· ()		1 21 3 3
a Debt-finance				<u> </u>		
b Not debt-fina						
	e or (loss) from personal property			ļ		
7 Other investr				 _		
- • •	om sales of assets other than inventory	<u> </u>		18	276,193.	···
	or (loss) from special events			 		
·	or (loss) from sales of inventory	- 1 1 T				Sale Sale Sale Sale Sale Sale Sale Sale
	le .	7	7	ر _{م و} ټ '	11 Sept 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
a				 		
c		 		+		
d		+		 -		
<u> </u>		1				
e		1 i			l I	
e	d columns (b), (d), and (e)		<u> </u>	1.7	276.193	
	d columns (b), (d), and (e) ne 12, columns (b), (d), and (e)	- ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		,	276,193.	276.193.
13 Total. Add li	d columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat	<u></u>		1.77	276,193. 13	276,193.
13 Total. Add li See worksheet in	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate	tions)	shment of Exemp	·	13	276,193.
Total. Add li See worksheet in Part_XVI-B R	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Total. Add li See worksheet in Part_XVI-B R	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate	tions)		ot Purp	oses 13	
Total. Add li See worksheet in Part_XVI-B R	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Total. Add II See worksheet in Part_XVI-B Re Line No. Explai accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Total. Add In See worksheet in Part XVI-B RoLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	
Total. Add In See worksheet in Part XVI-B RoLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	y to the instructions)
Part_XVI-B ReLine No. Explain accom	ne 12, columns (b), (d), and (e) line 13 instructions to verify calculat elationship of Activities to th	tions)		ot Purp	oses 13	

"

Form 990-PF (2012) CRAIG-SCHECKMAN FAMILY FOUNDATION 20-2835678 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Iran	isters from the reportion	ng foundation to a n	oncharitable exempt	organization of				<i>;</i> .	
(1)	Cash				_		1 a (1)		X
(2)	Other assets						1 a (2)		\overline{x}
b Othe	er transactions						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 1
(1)	Sales of assets to a ne	oncharitable exempt	t organization				1 b (1)		X
(2) F	Purchases of assets fr	rom a noncharitable	exempt organization				1 b (2)	$\neg \neg$	<u>X</u>
	Rental of facilities, eq		, 5			·	1 b (3)		<u>x</u>
• •	Reimbursement arrang	•					1 b (4)	-	$\frac{x}{x}$
• •	Loans or loan guarant	•					 +	-	
	Performance of servic		r formalisacione extracta				1 b (5)		<u>X</u>
			_		•	•	1 b (6)		_ <u>X</u> _
Conai	ring of facilities, equip	ment, maning lists,	other assets, or paid	employees			1 c		<u> X</u>
d If the the gany	e answer to any of the goods, other assets, or s transaction or sharing	e above is 'Yes,' com services given by the arrangement, show	nplete the following s reporting foundation, li in column (d) the va	chedule Column f the foundation rec lue of the goods,	(b) should alw ceived less than other assets,	vays show the fair n fair market value in or services receive	narket valu d	e of	
(a) Line no	(b) Amount involved	(c) Name of no	ncharitable exempt organiz	ation (d)	Description of tran	sfers, transactions, and	haring arrang	gement	<u>s</u>
N/A									
									
			·····						
·									
					···································				
									
						····			
						·			
			<u> </u>		·		·		
								-	
						•			
desc	e foundation directly or cribed in section 501(c es,' complete the follo	c) of the Code (other	th, or related to, one o than section 501(c)(r more tax-exempt (3)) or in section !	organizations 527?		Yes	X	No
	(a) Name of organiz	ation	(b) Type of orga	nızatıon	(c) Description of rela	tionship		
N/A									
	_				-				
Sign Here	der penalties of perjury. I dec rrect and complete Declarat	clare that I have examined ion of preparer (other than	this return, including accomtaxpayer) is based on all in	formation of which prep	statements, and to parer has any know REASURER	the best of my knowledge ledge	May the IF this return preparer s	RS disci	uss ie
1 4	Signature of officer or trustee	<u> </u>	Date	Titl			. (see ι <u>ρετ</u> ει	ictions)	'
	Print/Type preparer's		Preparer's signature		Date	Total III.	PTIN	Yes	No
			1 ' -	MICA		Check if			
Paid	ALLISON A.	KUSY	ALLISON A.	KUSY	5/12/14	self-employed	P00653	531	
Prepare		THPK		 		Firm s EIN - 84-0	773720		
Use Onl	y Firm's address	PO BOX 77302		.,]			
		STEAMBOAT SP	RINGS, CO 804	77-3027		Phone no (970	879-1	<u>.787</u>	
BAA							_Form 990	PF (2	012)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Manie Or the organization		Employer identification number						
CRAIG-SCHECKMAN FAMILY	! FOUNDATION	20-2835678						
Organization type (check one)								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) orga	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	4947(a)(1) nonexempt charitable tr							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation	on						
	4947(a)(1) nonexempt charitable tr	rust treated as a private foundation						
	501(c)(3) taxable private foundation	n.						
Check if your organization is cover-	ed 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 C	General Rule and a Special Rule. See instructions						
General Rule X For an organization filing Form 99 contributor. (Complete Parts I a	90, 990-EZ, or 990-PF that received, during the year, 5 , and 11)	,000 or more (in money or property) from any one						
Special Rules								
509(a)(1) and $170(b)(1)(A)(vi)$	ation filing Form 990 or 990-EZ that met the 33-1/39 and received from any one contributor, during the ye rm 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	ear, a contribution of the greater of (1) \$5,000 or						
total contributions of more than	0) organization filing Form 990 or 990-EZ that received f i \$1,000 for use <i>exclusively</i> for religious, charitable, idren or animals Complete Parts I, II, and III	from any one contributor, during the year, scientific, literary, or educational purposes, or						
If this box is checked, enter here purpose. Do not complete any of	O) organization filing Form 990 or 990-EZ that received to religious, charitable, etc, purposes, but these contributhe total contributions that were received during the year the parts unless the General Rule applies to this organizabutions of \$5,000 or more during the year	ar for an <i>exclusively</i> religious, charitable, etc,						
answer 'No' on Part IV, line 2, of its Form	by the General Rule and/or the Special Rules does not file Schedule 990, or check the box on line H of its Form 990-EZ or on Part nedule B (Form 990, 990-EZ, or 990-PF)	e B (Form 990, 990-EZ, or 990-PF) but it must 1, line 2, of its Form 990-PF, to certify that it does not						
BAA For Paperwork Reduction Acor 990-PF.	ct Notice, see the Instructions for Form 990, 990EZ,	, Schedule B (Form 990, 990-EZ, or 990-PF) (2012						

Schedule	D	(Earm	000	000 57	~-	gon per	. ,	2012
Schedule	•	(LOIHI	770,	990.64.	OI	שלי-חבר) ((2012)

1 of Part 1

Name of organization CRAIG-SCHECKMAN FAMILY FOUNDATION Page 1 of Employer identification number

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_	11	_	_	×	-<	~	h	•	×

STEMBOAT SPRINGS, and ZIP + 4 Total Contributions Type of contribution	Parti	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
Po_Box_776429	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Complete Part II if there is a noncash contribution	1	PO_BOX_776429	\$272 <u>,</u> 949.	Payroll Noncash (Complete Part II if there is
PO_BOX_776429 \$ 110_715 Noncash	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Complete Part II if there is a noncash contribution	2	PO_BOX_776429	\$110,715.	Payroll Noncash (Complete Part II if there is
S	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Contributions Person Payroll Noncash Complete Part II if there a noncash contribution			\$	Payroll
Payroll Noncash	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
\$ Person Payroll Noncash Complete Part II if there a noncash contribution (a) Number Name, address, and ZIP + 4 Contributions Person Payroll Payroll Noncash Nonc			- \$	Payroll Noncash (Complete Part II if there is
Payroll Noncash	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Contributions Person Payroll Noncash (Complete Part II if there			\$	Payroll Noncash Complete Part II if there is
Payroll Noncash (Complete Part II if there	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
à noncash contribution)			\$	Payroll Noncash Complete Part II if there is

1 of Part II

Name of organization

CRAIG-SCHECKMAN FAMILY FOUNDATION

Employer identification number 20-2835678

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) N/A (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (b) from Description of noncash property given Part I (a) No. from (d) Date received (b) (c) FMV (or estimate) Description of noncash property given Part I (see instructions) (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given Part I (a) No. from (d) Date received (c) FMV (or estimate) (see instructions) (b) Description of noncash property given Part I (b)
Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Part I BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

	3 (Form 990, 990-EZ, or 990-PF) (2012)			Page	1 to	1 of Part III
Name of organ	SCHECKMAN FAMILY FOUNDATION				Employer iden 20-2835	tification number
Part III	Exclusively religious, charitable, et organizations that total more than \$5 for organizations completing Part III, enter the contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional states and the copies of the year.	\$1,000 for the year. Completed of exclusively religious, character this information once. S	te columns (a)	through (e) a	7), (8) or (1	0)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desc	(d) ription of hov	v gift ıs held
	N/A					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of	transferor to	transferee
					· · - · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Purpose of gift	<u></u>	Desc	(d) ription of hov	v gift is held	
	Transferee's name, addres	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
						
	Transferee's name, addres	Rela	ationship of	transferor to	transferee	
(a) No. from Part I	(b) Purpose of gift		Desc	(d) ription of hov	v gift is held	
	Transferee's name, addres	Relationship of transferor to transferee				
BAA		0-1	dula B /F	000 000 57	or 990-PE) (2012)	

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CRAIG-SCHECKMAN FAMILY FOUNDATION

20-2835678

STATEMENT 1 FORM 990-PF EXPLANATION OF AMENDED RETURN

ATTACH ADDITIONAL DISCLOSURES

STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

EXPÈ	A) ENSES BOOKS	 NET STMENT COME	ADJ NET	(C) USTED INCOME	 (D) RITABLE RPOSES
TOTAL \$	1,180. 1,180.	\$ 0.	\$	0.	\$ Ó.

STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES

	(A)	(B) NET	(C)	(D)
	EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
	PER BOOKS	<u>INCOME</u>	NET INCOME	PURPOSES
TOTAL	\$ 2,964. \$ 2,964.	\$ 0.	\$ 0.	\$ 0.

STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES

	(A) EXPEN PER BO	SES OOKS	(B) NET INVESTMEN INCOME	JT	C) STED NCOME	(D) RITABLE RPOSES
TOTAL	\$ 5 \$ 5	,500. ,500.	\$	0.	\$ 0.	\$ 0.

STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	 (A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING BANK SERVICE CHARGES DUES AND SUBSCRIPTIONS EMPLOYEE BENEFITS —INSURANCE————————————————————————————————————	\$ 9,720. 45. 5,690. 36,834. 3,839. 245. 14,759.			

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CRAIG-SCHECKMAN FAMILY FOUNDATION

20-2835678

STATEMENT 5 (CONTINUED) FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

REPAIRS

TELEPHONE

(B) NET (C) (D) (A) EXPENSES INVESTMENT ADJUSTED CHARITABLE PER BOOKS INCOME NET INCOME **PURPOSES** Ś 804. 7,8<u>66.</u> 79,802. TOTAL \$ 0. \$ Ō.

STATEMENT 6 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

VALUATION BOOK FAIR MARKET VALUE METHOD VALUE OTHER SECURITIES MILLENNIUM INVESTEMENTS COST 1,314,652. \$ 2,522,183. SKI TIME SQUARE LIMITED COST 1,500,000. 2,160,640. TOTAL \$ 2,814,652. \$ 4,682,823.

STATEMENT 7 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY			BASIS	 ACCUM. DEPREC.		BOOK VALUE		MARKET ALUE
MISCELLANEOUS	TOTAL	<u>\$</u> \$	57,558. 57,558.	\$ 19,636. 19,636.	\$ \$	37,922. 37,922.	\$ \$	0.

STATEMENT 8 FORM 990-PF, PART VII-A, LINE 8B COPIES OF FORM 990-PF TO STATE OFFICIALS

COLORADO DOES NOT REQUIRE THE FILING OF 990PF

STATEMENT 9 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

SARA CRAIG-SCHECKMAN MICHAEL CRAIG-SCHECKMAN

STATEMENT 10 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

SARA CRAIG-SCHECKMAN

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT: PO BOX 776429

STEAMBOAT SPRINGS, CO 80477

(970) 879-0148

A.COVER LETTER. INCLUDE THE PURPOSE OF THE GRANT REQUEST AND A BRIEF DESCRIPTION OF HOW THE REQUEST FITS WITH THE CRAIG-SCHECKMAN FAMILY FOUNDATION'S MISSION AND GRANT MAKING PRIORITIES.

B.SUMMARY OF APPLICANT ORGANIZATION. PLEASE COMPLETE THE FORM ELECTRONICALLY AND ACCURATELY. TO INDICATE THE GRANT CATEGORY. THE STANDARD GRANT WILL BE THE MORE COMMON GRANT OF \$1,000 - \$5,000 AND THE HIGH IMPACT GRANT OF \$5,001 - \$10,000 WILL BE RESERVED FOR EXCEPTIONAL PROJECTS. REFER TO THE GRANT GUIDELINES FOR MORE INFORMATION. IF APPLYING FOR A HIGH IMPACT GRANT, NOTE THE REQUIRED PROGRAM/PROJECT BUDGET.

C.NARRATIVE. USF 12-POINT TIMES NEW ROMAN FONT WITH 1-INCH MARGINS AND INCLUDE THE HEADING PROVIDED FOR EACH OUESTION. IT IS NOT NECESSARY TO REPEAT THE TEXT OF THE QUESTIONS. PLEASE LIMIT THE NARRATIVE SECTION TO FOUR PAGES.

1.ORGANIZATION INFORMATION: A.MISSION STATEMENT, BRIEF STATEMENT OF ORGANIZATION'S GOALS AND OBJECTIVES. B.DESCRIPTION OF CURRENT PROGRAMS, ACTIVITIES, AND ACCOMPLISHMENTS.

2.PURPOSE OF GRANT:

BRIEF STATEMENT OF THE ISSUES TO BE ADDRESSED; DESCRIPTION OF CONSTITUENCY SERVED, INCLUDING NUMBER SERVED; ADDRESS YAP'S SPECIFIC TARGET POPULATION AND HOW THESE YOUTH WILL BENEFIT

A. IF APPLICATION IS FOR A SPECIFIC PROGRAM OR PROJECT PLEASE ANSWER QUESTIONS 2B, 2C, AND 2D, OTHERWISE PROCEED TO QUESTION 2E.

B. DESCRIPTION OF GOALS AND OBJECTIVES FOR THE PURPOSE OF THE GRANT

C.DESCRIPTION OF ACTIVITIES PLANNED TO ACCOMPLISH THESE GOALS; IS THIS A NEW OR ONGOING ACTIVITY ON THE PART OF THE ORGANIZATION?

D.TIMETABLE FOR IMPLEMENTATION.

E.OTHER ORGANIZATIONS, IF ANY, PARTICIPATING IN THE ACTIVITY.

3.EVALUATION (PLEASE DISCUSS):

A.DESCRIBE YOUR EVALUATION METHOD FOR EACH GOAL MENTIONED IN SECTION 2(B) ABOVE [IF APPLICATION IS FOR GENERAL OPERATING SUPPORT, DESCRIBE THE PROCESS USED TO EVALUATE THE PROGRESS TOWARD ORGANIZATIONAL GOALS 1(A)]. B.RESULTS TO DATE OR, FOR A NEW PROGRAM/PROJECT, EXPECTED RESULTS DURING THE FUNDING PERIOD.

STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

C.HOW THE PROGRAM'S/PROJECT'S RESULTS HAVE BEEN OR WILL BE USED AND/OR DISSEMINATED.

4. INCLUSIVENESS:

A. DESCRIBE HOW THE ORGANIZATION STRIVES TO BE INCLUSIVE IN ITS PROGRAMS, STAFF, BOARD, AND VOLUNTEERS, AND DESCRIBE THE PROGRESS TO DATE.

VOLUNTEERS:

A. DESCRIBE HOW THE ORGANIZATION INVOLVES VOLUNTEERS AND UNPAID PERSONNEL (OTHER THAT THE BOARD OF DIRECTORS) WITHIN A TYPICAL 12-MONTH TIME PERIOD. INCLUDE NUMBER OF VOLUNTEERS AND HOURS (IF TRACKED BY THE ORGANIZATION).

5.PLANNING:

A. DESCRIBE THE CHALLENGES AND OPPORTUNITIES FACING THE ORGANIZATION IN THE NEXT THREE TO FIVE YEARS. ADDITIONALLY, DESCRIBE HOW THE ORGANIZATION ENGAGES IN PLANNING AND DESCRIBE THE FOCUS OF ANY CURRENT PLANNING EFFORTS.

D. ATTACHMENTS:

- 1. A COPY OF THE MOST RECENT IRS 501(C) (3) DETERMINATION LETTER (IF APPLICABLE).
- 2. CERTIFICATE OF GOOD STANDING WITH THE STATE OF COLORADO AND YOUR CHARITABLE SOLICITATION NUMBER. IF YOU ARE UNFAMILIAR, TO OBTAIN THE CERTIFICATE, VISIT HTTP://WWW.SOS.STATE.CO.US/, CLICK ON "BUSINESS CENTER" THEN "LICENSING CENTER."
- 3. ANTI DISCRIMINATION STATEMENT ADOPTED BY THE BOARD OF DIRECTORS.
- 4. ANNUAL REPORT, IF AVAILABLE.

BETWEEN THE ORGANI

- 5. EVALUATION RESULTS (OPTIONAL): PROVIDE THE ORGANIZATION'S MOST RECENT EVALUATION RESULTS, RELEVANT TO THIS REQUEST.
- 6. FINANCIAL INFORMATION:
 A.MOST RECENT AUDIT IF AVAILABLE AND YEAR-END
 FINANCIAL STATEMENTS FOR PREVIOUS FISCAL YEAR (IF THESE
 ARE ONE-IN-THE-SAME, THE AUDIT IS PREFERRED).
 B.YEAR-TO-DATE FINANCIAL STATEMENTS FOR THE
 CURRENT FISCAL YEAR INCLUDING A BALANCE SHEET AND AN
 INCOME AND EXPENSE STATEMENT.
 C.ORGANIZATIONAL OR DEPARTMENTAL OPERATING BUDGET:
 CURRENT AND NEXT YEAR'S, IF AVAILABLE.
 D.PROGRAM/PROJECT BUDGET IF APPLICATION IS FOR A
 SPECIFIC PROGRAM AND/OR IF YOUR REQUEST IS FOR A HIGH
 IMPACT GRANT.
 E.LIST OF MAJOR IN-KIND CONTRIBUTORS, AND AMOUNTS,
 THAT HAVE BEEN AWARDED TO THE ORGANIZATION AND/OR PROGRAM
 OVER THE PAST 12 MONTHS.
 F.THE MEMORANDUM OF UNDERSTANDING OR THE CONTRACT

STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

MAY 1, NOV 1
THE CRAIG-SCHECKMAN FAMILY FOUNDATION (CSFF) MAKES GRANTS
TO CHARITABLE TAX-EXEMPT ORGANIZATIONS INCLUDING PRIVATE
NON-PROFIT ORGANIZATIONS AND GOVERNMENTAL AGENCIES THAT
ARE A PART OF STATE, COUNTY OR CITY GOVERNMENT THAT
OPERATE YOUTH ADVOCACY PROGRAMS, COMMUNITY PROJECTS OR
EDUCATIONAL PROJECTS THAT PROVIDE SERVICES TO SPECIAL
NEEDS, AT-RISK, AND/OR LOW INCOME YOUTH. YOUTH SHALL BE
DEFINED AS NEWBORN THROUGH EIGHTEEN YEARS OLD. THE CSFF
REQUIRES ALL PUBLIC CHARITIES APPLYING FOR A GRANT TO SHOW
EVIDENCE OF THEIR 501 (C) (3) PUBLIC CHARITY STATUS
THROUGH A COPY OF AN IRS DETERMINATION LETTER. GOVERNMENT
AGENCIES MUST BE A GOVERNMENT RUN EDUCATIONAL OR PUBLIC
ADVOCACY ORGANIZATION AND MUST BE A POLITICAL SUBDIVISION
OF THE STATE OF COLORADO. GRANTS TO PRIVATE FOUNDATIONS
ARE PROHIBITED, AS ARE GRANTS TO INDIVIDUALS. GRANT
APPLICATIONS MUST BE FOR A SPECIFIC PROGRAM OR PROJECT, OR
FOR GENERAL OPERATED SUPPORT TO SERVE YAP'S TARGET
POPULATION (SPECIAL NEEDS, AT-RISK, AND/OR LOW INCOME
YOUTH. THE CSFF WILL GRANT FUNDS, THROUGH THE YOUTH
ADVOCACY PROJECT, IN SUPPORT OF CHARITABLE TAX-EXEMPT
ORGANIZATIONS BENEFITING SPECIAL NEEDS, AT-RISK, AND/OR
LOW INCOME YOUTH THROUGHOUT ROUTT COUNTY.

STATEMENT 11 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
BOYS AND GIRLS CLUB PO BOX 1251 CRAIG, CO 81626	NONE	PUBLIC CH	UNRESTRICTED	\$ 2,500.
ADVOCATES BUILDING PEACEFUL COMMUNITIES PO BOX 771424 STEAMBOAT SPRINGS, CO 80488	NONE	PUBLIC CH	UNRESTRICTED	4,200.
DEPARTMENT OF HUMAN SERVICES PO BOX 772790 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	2,000.
FIRST IMPRESSIONS OF ROUTT COUNTY PO BOX 772790 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	25,000.

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CRAIG-SCHECKMAN FAMILY FOUNDATION

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STATEMENT 11 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
GRAND FUTURES PREVENTION COALITION PO BOX 774923 STEAMBOAT SPRINGS, CO 80477			UNRESTRICTED	\$ 2,000
HUMBLE RANCH EDUCATION AND THERAPY PO BOX 776290 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	2,000
NORTH ROUTT PRESCHOOL PO BOX 922 CLARK, CO 80428	NONE	PUBLIC CH	UNRESTRICTED	4,000
NW ROCKY MOUNTAIN CASA PO BOX 776292 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	2,000
PARTNERS IN ROUTT COUNTY 1289 LINCOLN AVE STEAMBOAT SPRINGS, CO 80487	NONE	PUBLIC CH	UNRESTRICTED	25,000
ROCKY MOUNTAIN YOUTH CORP PO BOX 775504 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	25,000
HAYDEN SCHOOL DISTRICT PO BOX 70 HAYDEN, CO 81639	NONE	PUBLIC CH	UNRESTRICTED	7,000
SOUTH ROUTT SCHOOL DISTRICT PO BOX 158 OAK CREEK, CO 80467	NONE	PUBLIC CH	UNRESTRICTED	9,000
STEAMBOAT ADAPTIVE RECREATIONAL SPORTS PO BOX 770208 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	10,000
INTEGRATED COMMUNITY, COMUNIDAD INTERGRA PO BOX 880587 STEAMBOAT SPRINGS, CO 80488	NONE	PUBLIC CH	UNRESTRICTED	7,000
TOTALLY KIDS PO BOX 264 HAYDEN, CO 81639	NONE	PUBLIC CH	UNRESTRICTED	7,500
YAMPA VALLEY SCHOOL COUNCELING PROGRAM PO BOX 774368 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	5,500

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STATEMENT 11 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEERELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
YAMPATIKA PO BOX 773342 STEAMBOAT SPRINGS, CO 80477	NONE		UNRESTRICTED	\$ 1,000.
LIFT UP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	NONE	PUBLIC CH	UNRESTRICTED	10,000.
STEAMBOAT SPRINGS MIDDLE SCHOOL PO BOX 774368 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	4,250.
YVCF/IMPACT 100 PO BOX 881869 STEAMBOAT SPRINGS, CO 80488	NONE	PUBLIC CH	UNRESTRICTED	600.
BEAR RIVER YOUNG LIFE PO BOX 1345 CRAIG, CO 81626	NONE	PUBLIC CH	UNRESTRICTED	2,000.
COMMUNITY CULTIVATION PO BOX 770393 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	1,000.
HAYDEN ACTIVITY CENTER PO BOX 70 HAYDEN, CO 81639	NONE	PUBLIC CH	UNRESTRICTED	1,750.
HOSPICE OF STEAMBOAT 940 CENTRAL PARK DRIVE SUITE 101 STEAMBOAT SPRINGS, CO 80487	NONE	PUBLIC CH	UNRESTRICTED	200.
NORTHWEST COLORADO DENTAL COALITION 485 YAMPA AVE CRAIG, CO 81625	NONE	PUBLIC CH	UNRESTRICTED	5,000.
REACHING EVERYONE PREVENTING SUICIDE PO BOX 773324 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	4,000.
STEAMBOAT SPRINGS PREGNANCY RESOURCE CEN PO BOX 774844 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	1,500.

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STATEMENT 11 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT		AMOUNT
STEAMBOAT SPRINGS SCHOOL DISTRICT PO BOX 774368 STEAMBOAT SPRINGS, CO 80477	NONE	PUBLIC CH	UNRESTRICTED	\$	5,000.
YAMPA VALLEY MEDICAL CENTER 1024 CENTRAL PARK DRIVE STEAMBOAT SPRINGS, CO 80487	NONE	PUBLIC CH	UNRESTRICTED		5,000.
			TOTAT	Ś	181,000