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Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

_		endar year 2012 or tax year beginning	.		, 2012	, and ending	T. =	, 20
		of foundation					A Employer identif	
_		CHOTIN FOUNDATION				r <u> </u>	71-095044	· · · · · · · · · · · · · · · · · · ·
N	lumbe	er and street (or P O box number if mail is not deliver	ed to stree	et address)		Room/suite	i	per (see instructions)
_							(30	03) 741-0100
		5 DTC BOULEVARD, SUITE 200						
C	ity or	town, state, and ZIP code						. —
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TANGOOD WILLIAGE GO 00111					C If exemption applic pending, check her	ation is
		ENWOOD VILLAGE, CO 80111		1			_	[
G	Che	ck all that apply Initial return	<u> </u>	Initial return o	•	oublic charity	D 1 Foreign organiza	ations, check here . >
		Final return	<u> </u>	Amended ret			2. Foreign organiza 85% test, check	
		X Address change		Name change				
ᄴ	1	ck type of organization X Section 50					E If private foundation	on status was terminated
		ection 4947(a)(1) nonexempt charitable trust		Other taxable pri				b)(1)(A), check here . D
	-			method X Ca	ash [] Acc	crual	F If the foundation is	s in a 60-month termination
				pecify)			under section 507()	o)(1)(B), check here
_			_	n (d) must be on	cash basis)			I (d) Diekimeente
Ľ	विधि	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(4)	Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	e	xpenses per books	incon	I .	income	purposes
3 —		column (a) (see instructions))	 					(cash basis only)
<i>i</i>		Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to		173,230.				
		Check ▶ ☐ attach Sch B	<u> </u>					
}		Interest on savings and temporary cash investments	<u> </u>					
1		Dividends and interest from securities				 -		
		Gross rents	1					
		Net rental income or (loss)	-					
enne		Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all assets on line 6a						
Re	7	Capital gain net income (from Part IV, line 2)	·					
-	8	Net short-term capital gain	L					
١		Income modifications · · · · · · · · · · · · · · · · · · ·	·					
		and allowances · · · ·						
		Less Cost of goods sold .	-					
		Gross profit or (loss) (attach schedule)						
- 1		Other income (attach schedule)		173,230.				
		Total. Add lines 1 through 11	-	1/3,230.		ECENE		<u> </u>
	13	Compensation of officers, directors, trustees, etc	·		100	ECENE		
Se	14	Other employee salaries and wages			1 1/2		013 0	
eus	15	Pension plans, employee benefits				2	013 /g/	
Š	16 a	Legal fees (attach schedule)			1 10	101 0 4 S		
Administrative Expenses	b	Accounting fees (attach schedule)						
Ę.	с	Other professional fees (attach schedule).	_			OGDEN	00	
str	17	Interest						
<u>:</u>	18	Taxes (attach schedule) (see instructions)	1				 	
듬	19	Depreciation (attach schedule) and depletion						
Ž	20	Occupancy		· · · · · · · · · · · · · · · · · · ·				
and	21	Travel, conferences, and meetings	1					
5		Printing and publications	1	1,913.				
= 1		Other expenses (attach schedule) ATCH 1		1,913.				
96.5	24	Total operating and administrative expenses	1	1 012				
		Add lines 13 through 23		1,913. 173,820.				172 000
		Contributions, gifts, grants paid		175,733.				173,820
	<u> 26</u>	Total expenses and disbursements Add lines 24 and 2		1/3,/33.				173,820
- 1	27	Subtract line 26 from line 12		_2 502				
		Excess of revenue over expenses and disbursements		-2,503.		0		
		Net investment income (if negative, enter -0-)	·	··				
- 1	_	nguerog not income /it decative enter () \				1		i .

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P	art II	Balance Sheets description column should be for end-of-year	Beginning of year	Eng of	year
	art II	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	7,605.	5,102.	5,102.
	2	Savings and temporary cash investments	1,884.	1,884.	1,884.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
1	4	Pledges receivable			
	•	Less allowance for doubtful accounts	į		
	_				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	<u> </u>		
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
ssets	8	Inventories for sale or use			
88	9	Prepaid expenses and deferred charges		<u></u>	
¥	10 a	Investments - U S and state government obligations (attach schedule).			
- 1	b	Investments - corporate stock (attach schedule) [
		Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	40				
	12 13	Investments - mortgage loans			<u>-,</u>
	14	Land, buildings, and			
		Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	į.		
		(attach schedule)			
	15	Offici assets (describe	-		
	16	Total assets (to be completed by all filers - see the		6 006	6 006
_		instructions Also, see page 1, item I)	9,489.	6,986.	6 , 986.
	17	Accounts payable and accrued expenses			
	18	Grants payable	24,750.	7,700.	
S	19	Deferred revenue			
liti	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
Ξ,	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	24,750.	7,700.	
_		Foundations that follow SFAS 117, check here	· · ·		
		and complete lines 24 through 26 and lines 30 and 31.			
Š		•			
aŭ	24	Unrestricted			
찖	25	Temporarily restricted			
ᅙ	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117,			
5		check here and complete lines 27 through 31. $\blacktriangleright X$			
ţ	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds	-15,261.	-714.	
Net	30	Total net assets or fund balances (see instructions)	-15,261.	-714.	
~	31	Total liabilities and net assets/fund balances (see			
		ınstructions)	9,489.	6,986.	
P	art I	Analysis of Changes in Net Assets or Fund I	Balances		
		I net assets or fund balances at beginning of year - Part		nust agree with	
		of-year figure reported on prior year's return)			-15,261
2				1 . 1	-2,503
			• • • • • • • • • • • • • • • • • • • •		2,000
A	VYY	er increases not included in line 2 (itemize) ▶		3 4	-17,764.
4	Doo	lines 1, 2, and 3ATCH_ 2ATCH_ 2			-17,050
					-17,030. -714.
<u>6</u>	rota	I net assets or fund balances at end of year (line 4 minus I	ine 5) - Part II, column (b),	line 30 6	-/14.

Capital Gains and Losses for Tax on Investment Income

Part IV

(a) List and 2-story br	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)		
1a			D - Donation	(- 1	
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
С					
d					
_ e					
Complete only for assets s	showing gain in column (h) and owner	d by the foundation on 12/31/69		Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
a					
b					
С			ļ		
d					
_e					
2 Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
	or (loss) as defined in sections 12				
If gain, also enter in Part	t I, line 8, column (c) (see insti	ructions) If (loss), enter -0- in			
			3		
Part V Qualification U	Inder Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
If "Yes," the foundation does i	not qualify under section 4940(e)		•		Yes X No
1 Enter the appropriate amo		, see the instructions before making	g any entr	les (d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	Ì	Distribution r	
Calendar year (or tax year beginning in)				(col (b) divided by	
2011	201,131.	7,324.	ļ		27.461906
2010	213,700. 159,904.	7,410.	 		28.839406
2009	151,575.	6,209. 48,269.			25.753584
2008	323,778.	145,708.			3.140214
2007	323,778.	145,708.	 		2.222102
					77 417010
2 Total of line 1, column (d)			2		37.417212
	for the 5-year base period - divide dation has been in existence if less		3		7.483442
4 Enter the net value of non	charıtable-use assets for 2012 fro	m Part X, line 5	4		8,114.
5 Multiply line 4 by line 3 .			5		141,861.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		141,861.
8 Enter qualifying distributes	ne from Part VII line 4				173,820.
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions	ns from Part XII, line 4 eater than line 7, check the box i	in Part VI, line 1b, and complete t	that part	using a 1% ta	
JSA 2E1430 1 000 34908E L824				For	m 990-PF (2012) PAGE

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions	<u>)</u>	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ 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				
3	Add lines 1 and 2			0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0	
6	Credits/Payments				
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 211.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld			211.	
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			211.	
10 11	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 ▶ 0 Refunded ▶ 11			211.	
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No	
	or intervene in any political campaign?	1a	103	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the				
	definition)?	1ь		х	
	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				
С	Did the foundation file Form 1120-POL for this year?	1c		Х	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ►\$(2) On foundation managers ►\$				
е	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,			x	
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b			
b E	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х	
5	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
·	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict				
	with the state law remain in the governing instrument?	6	Х	Ì	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X		
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CO,				
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		17	1	
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			х	
	Part XIV	9	<u> </u>	_^	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	ا ء		Х	
	addresses	10		l	

	rt VII-A Statements Regarding Activities (continued)			age y
$\overline{\cdot}$				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			X
4.0	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40		х
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	Х	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	21	L
	Website dudiess P	010	0	
14	The books are in care of ► THE FOUNDATION Telephone no ► 303.741 Located at ►5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO ZIP+4 ► 80111			
				ТТ
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	· L
	and enter the amount of tax-exempt interest received or accrued during the year		V	NI.
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	١	Yes	No X
	over a bank, securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of			
Do	the foreign country			
Fa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	V	Na
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
1 a	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disquamed person.			
	(c, r annot general, an incomment (c) another many a maximum parameter param			
	(4) Tay compensation to, or pay of reimbarse the expenses of, a disqualified person.			,
	(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)?			
	(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)			
	,,,,,,,,,			
ı	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ĺ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		<u> </u>	
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ļ	x
	were not corrected before the first day of the tax year beginning in 2012?	1c	-	Α_
2		ŀ		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		1	İ
•	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e Part XIII) for tax year(s) beginning before 2012?			
	oc, that Anny for tax year of occurring bolded 2012.			
	If "Yes," list the years ,			
. '	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		ļ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26		
	all years listed, answer "No" and attach statement - see instructions)	2b	<u> </u>	
,				
3.	Did the foundation hold more than a 29/ direct or indirect interact in any business enterprise			
٥,	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	at any time during the year? Yes X No b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			
			1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	}		}
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	2.		х
	foundation had excess business holdings in 2012)	3b	 	X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
	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?	4b		х
_	charitable purpose that had not been removed from jeopardy before the hist day of the tax year beginning in 20127	1 410		

Page 6

Par	t VII-B Statements Regarding Activities for	or Which Form 47	720 May Be Requi	red (continued)			
5 а	a During the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	. Yes X No	.	į	
	(2) Influence the outcome of any specific public ele	ction (see section 4	955), or to carry or				
	directly or indirectly, any voter registration drive?			Yes X No	.	ŀ	
	(3) Provide a grant to an individual for travel, study, or other				.		
	(4) Provide a grant to an organization other than a					ŀ	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes X No						
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children of	· · · · · · · · · · · · · · · · · · ·		لبسبا ليسبيا			
_	If any answer is "Yes" to 5a(1)-(5), did any of the				i l		
U	Regulations section 53 4945 or in a current notice regard		•	•	5b	l x	
	-	•	•				
_	Organizations relying on a current notice regarding disast If the answer is "Yes" to question 5a(4), does the				니니		
C			•				
	because it maintained expenditure responsibility for the g			Tes NO	'		
	If "Yes," attach the statement required by Regulations sec Did the foundation, during the year, receive any fund		othe to now promuem	•			
oa		•		Yes X No			
_	on a personal benefit contract?				"" "	- X	
D	Did the foundation, during the year, pay premiums, direct	city or indirectly, on a p	bersonai benenii contrac	а^	· · 6b		
. .	If "Yes" to 6b, file Form 8870	-4 4	- h - là à	Yes X No		;	
	At any time during the tax year, was the foundation a pa If "Yes," did the foundation receive any proceeds or have	•	=		' 7b	x	
	t VIII Information About Officers, Directors						
	and Contractors						
1_	List all officers, directors, trustees, foundation r	nanagers and their (b) Title, and average	compensation (see (c) Compensation	(d) Contributions to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense other allo		
איזייני	 TH 3		^			0	
A1(9			
					> 16		
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line		ons). Ir no	ne, enter	
(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	(e) Expense other allo		
	NONE						
	NONE						
					_ 		
		:		,			
_	I number of other employees paid over \$50,000 .			<u> </u>			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOT APPLICABLE	
	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
	}
2	
3	
	
<u></u>	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	7 11100111
1 1000	
^	
2	
All other program-related investments. See instructions	-
3 NONE	
Total. Add lines 1 through 3	

Page	١.
raye	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	jn foundati	ons,
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	
b	Average of monthly cash balances	1b	8,238.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	8,238.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	8,238.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	124.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,114.
6	Minimum investment return. Enter 5% of line 5	6	406.
Pa	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 p	art)	
1	Minimum investment return from Part X, line 6	1	406.
2 a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI) 2b	. 1	
		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	406.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	406.
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	406.
Pa	art XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	173,820.
b	Program-related investments - total from Part IX-B	1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	173,820.
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	173,820.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years	culating wh	ether the foundation

Form	990-PF (2012)				Page 9
	rt XIII Undistributed Income (see instruc	tions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				406.
2	Undistributed income, if any, as of the end of 2012]		
а	Enter amount for 2011 only				
b	Total for pnor years 20 10 20 09 20 08				
3	Excess distributions carryover, if any, to 2012				
	From 2007 317,335. From 2008 149,162.				:
Ь	From 2008				
C	From 2009 159,594. From 2010 213,329.				
	From 2010 213, 329. From 2011 200, 765.				
	Total of lines 3a through e	1,040,185.			
	Qualifying distributions for 2012 from Part XII,				
•	line 4 ▶ \$173,820.				
а	Applied to 2011, but not more than line 2a				
	Applied to undistributed income of prior years				
•	(Election required - see instructions)				ı
C	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2012 distributable amount				406.
	Remaining amount distributed out of corpus	173,414.			
	Excess distributions carryover applied to 2012				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	1 010 500			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,213,599.			
	Prior years' undistributed income Subtract				
c	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
	Subtract line 6c from line 6b Taxable				
u	amount - see instructions	•			
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount - see instructions			-	
f	Undistributed income for 2012 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2013			 .	
7	Amounts treated as distributions out of corpus	•			
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
_	· · · · F				
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	317,335.			
9	Excess distributions carryover to 2013.				
3	Subtract lines 7 and 8 from line 6a	896,264.			
10	Analysis of line 9				
	Excess from 2008 149, 162.				
b	Excess from 2009 159,594.				
c	Excess from 2010 213, 329.				
	Excess from 2011 200, 765.				
_ <u>e</u>	Excess from 2012 173,414.		<u> </u>		- 000 55
					Form 990-PF (2012)

Pa	rt XIV Private Oper	rating Foundations (see instructions an	<u>d Part VII-A, questio</u>	n 9)	NOT APPLICABL
1 a	If the foundation has				ating	
	foundation, and the ruling	g is effective for 2012, e	nter the date of the ruling)	. ▶	······································
b	Check box to indicate wh		private operating foun		1 4942()(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
	I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part					
	XII, line 4 for each year listed					
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon		,			
а	"Assets" alternative test - enter			ŀ		
	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed				<u></u>	
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on secunties					
	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 sup- port from an exempt organization					
	(4) Gross investment income					
Pa				only if the found	lation had \$5,000	or more in assets
1	Information Regardin	during the year - se		· · · -		
-	List any managers of before the close of any	the foundation who h	ave contributed mo			
	N/A					
b	List any managers of ownership of a partner					y large portion of the
	N/A			=		···
2	Information Regardin	-		• • •		
	Check here ► X if t unsolicited requests for other conditions, comp	or funds If the found	ation makes gifts, gr	to preselected char ants, etc (see instruc	itable organizations a itions) to individuals o	and does not accept or organizations under
а	The name, address, a	and telephone number	or e-mail of the pers	on to whom application	s should be addressed	
b	The form in which app	lications should be su	bmitted and informat	ion and materials they	should include	· · · · · · · · · · · · · · · · · · ·
c	Any submission dead	ines				
d	Any restrictions or li	imitations on awards	, such as by geogi	aphical areas, charit	able fields, kinds of	institutions, or other

Page **11**

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATCH 4				
	•			
Total			▶ 3a	173,820
b Approved for future payment				
		1		
	,			
			1	
				1
Total			▶ 3b	
				

nter gross amounts unless otherwise indicated	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a		-			(OCC INSTRUCTIONS)
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			 		
Net rental income or (loss) from real estate					
a Debt-financed property	·				
b Not debt-financed property					
Net rental income or (loss) from personal property		 			
Other investment income					
Gain or (loss) from sales of assets other than inventory	-				
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a		<u> </u>			
· · · · · · · · · · · · · · · · · · ·			-		
			_		
de					
Subtotal Add columns (b), (d), and (e)					
art XVI-B Relationship of Activities ine No. Explain below how each activit accomplishment of the foundation	ty for whic	h income is reported	l ın column (e) of Part XVI-A contrib	
					
					,
		· · · · · · · · · · · · · · · · · · ·			
			•		
	·	· · · · · ·		<u> </u>	

Part X	VII	Information R Exempt Organ		ansfers To an	d Transacti	ons and	Relationships With No	nchari	itable	9
ın	section				_		other organization describe ction 527, relating to political		Yes	No
	_	rs from the reportir	ig foundation to	a noncharitable	exempt organ	ızatıon of		ĺ		
		•	~					1a(1)		Х
(2) Othe	er assets						1a(2)		Х
		ansactions								
(1) Sale	es of assets to a no	ncharitable exer	mpt organization				. 1b(1)	ļ	X
(2) Puro	chases of assets fro	om a noncharita	ible exempt organ	nization			. 1b(2)		X
(3) Ren	tal of facilities, equ	pment, or other	assets				. 1b(3)		X
(4) Reir	nbursement arrang	ements					. 1b(4)	i i	X
(5) Loa	ns or loan guarantee	28	on or fundroising		• • • • • •		. 1b(5)	i i	X
0) 2.) ren	of facilities equipment	nent mailing lie	te other seeds	or paid employ			. 1b(6)		X
d If va	the a	nswer to any of the f the goods, other any transaction of (b) Amount involved	ne above is "Ye assets, or servi r sharing arrang	s," complete the ces given by the	e following so e reporting for column (d) th	hedule Co undation If ne value of	blumn (b) should always she the foundation received le the goods, other assets, o ption of transfers, transactions, and s	ow the ss than service	fair m	arket eived
		N/A	ļ			N/A				
								_		
· · · · · · · · · · · · · · · · · · ·							_	-4.		
							····			
-										
			<u> </u>	·· ·· ·· ·· ··						
de	escrib	oundation directly ed in section 501(c " complete the follo) of the Code (o				tax-exempt organizations	Y	es X	No
	_	(a) Name of organization	n	(b) Туре	of organization		(c) Description of relat	ionship		
										
	· · ·									
Sign	correct	, and complete Declaration of	are that I have examing preparer (other than t	ined this return, includir axpayer) is based on all ii I	ng accompanying so nformation of which i	preparer has any	tatements and to the best of my know / knowledge			
Here	Sign	ature of officer or trustee	R) /6/	29/13	Title	May the with the (see instru	IRS discus preparer ctions)?		
Delet		Print/Type preparer's	name	Preparer's sign	nature		Date /) Check II	PTIN		
Paid		Robert J.	(DERRH			•	10/28/13 self-employe	' 	5124	13
Prepa				JERRA & COMP	PANY, PC		Firm's EIN ▶ 84	1		
Use C	nly	Firm's address ▶ 63	300 S. SYRA	CUSE WAY, S	SUITE 202					
		CF	ENTENNIAL,	CO		801	11 Phone no 303	.721.7	300	

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

Name of the organization THE CHOTIN FOUNDATION		Employer identification number
THE CHOITN FOUNDATION		71-0950446
Organization type (check one)		
Filers of: S	ection:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
527 political organization		
Form 990-PF X 501(c)(3) exempt private foundation		
Д	4947(a)(1) nonexempt charitable trust treated as a private foundat	uon
	501(c)(3) taxable private foundation	
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor. Complete Parts I and II	or more (in money or
Special Rules		
under sections 509(a)(1)	organization filing Form 990 or 990-EZ that met the 33 1/3 % support to and 170(b)(1)(A)(vi) and received from any one contributor, during the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of
during the year, total cor	(8), or (10) organization filing Form 990 or 990-EZ that received from a htributions of more than \$1,000 for use <i>exclusively</i> for religious, charita , or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, contribu not total to more than \$1 year for an exclusively re applies to this organizati	(8), or (10) organization filing Form 990 or 990-EZ that received from tions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the 1,000. If this box is checked, enter here the total contributions that wer ligious, charitable, etc., purpose. Do not complete any of the parts unless on because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the ss the General Rule
990-EZ, or 990-PF), but it must an	It covered by the General Rule and/or the Special Rules does not file S swer "No" on Part IV, line 2 of its Form 990, or check the box on line H o certify that it does not meet the filing requirements of Schedule B (For	l of its Form 990-EZ or on

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 71-0950446

	A	The state of the s	f 1 1 1 2 1
Part II	Contributors (see instructions)	. Use dublicate cobles of Part I I	i additional space is needed.
	,		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	STEVE CHOTIN 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	\$167,750.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d) Type of contribution
No	Name, address, and ZIP + 4	Total contributions	
2_	HELEN DICKENS 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	MISC CASH CONTRIBUTIONS < \$5,000	\$480.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization THE CHOTIN FOUNDATION

Employer identification number 71-0950446

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization THE CHOTIN FOUNDATION **Employer identification number** 71-0950446 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Relationship of transferor to transferee

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES PER BOOKS

1,913.

<u>DESCRIPTION</u>
MISCELLANEOUS ADMIN EXP

TOTALS

1,913.

ATTACHMENT 2

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

ACCRUAL TO CASH ADJUSTMENTS -17,050.

TOTAL -17,050.

ATTACHMENT 3

D TRUSTEES
ANI
DIRECTORS,
OFFICERS,
T OF (
- LIST
- IIIA
PART
990PE,
FORM

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
HELEN DICKENS 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	DIRECTOR	0	0	0	
JENNIFER LAND 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	EXECUTIVE DIRECTOR	0	0	0	
STEVEN CHOTIN 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	DIRECTOR	0	0	0	
ROBIN CHOTIN 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	DIRECTOR	0	0	0	
NICOLE BROWN 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	SECRETARY	0	0	0	
	GRAND TOTALS	0	0	0	

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 4

FOUNDATION STATUS OF RECIPIENT

173,820.

AMOUNT

SEE DETAIL ATTACHED

RECIPIENT NAME AND ADDRESS

PUBLIC CHARITIES NONE

GENERAL NON-RESTRICTIVE USE

173,820,

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 4
PAGE 21

34908E L824

The Chotin Foundation			
Charitable Donations - Cash Basis			
2012	-		
THE AMERICAN COUNCIL OF THE BLIND			
OF COLORADO	3/21/2012		2,500.00
1536 WYNKOOP ST		Total:	2,500 00
SUITE 201			
DENVER, CO 80202			
AMERICAN DIABETES ASSOCIATION			
PO Box 11454	7/31/2012		50 00
Alexandria, VA 22312		Total:	50.00
ANTI-DEFAMATION LEAGUE	_		
1120 LINCOLN STREET	5/15/2012		250.00
SUITE 1301	10/12/2012	-	1,000 00
DENVER, CO 80203	10/25/2012		100.00
	10/25/2012		100.00
		Total:	1,450.00
			1,11
AISH DENVER			
9550 E BELLEVIEW AVE	8/24/2012		36 00
GREENWOOD VILLAGE, CO 80111		Total:	36 00
ALLIED JEWISH FEDERATION	- 		
300 SOUTH DAHLIA STREET			5,000 00
SUITE 300	-		5,000.00
DENVER, CO 80246	ļ		5,000 00
	1/19/2012		1,000.00
	1/19/2012		1,800 00
	2/7/2012		3,600.00
	3/16/2012		2,500.00
	3/16/2012		5,000.00
	3/21/2012		150.00
	3/27/2012		1,000.00
	4/9/2012		160 00
	4/11/2012		5,000 00
	7/1/2012		1,000 00
	7/1/2012		1,000 00
	7/1/2012		3,380 00
	8/3/2012		1,000.00
	8/24/2012		6,000 00
	10/15/2012		5,000.00
	12/4/2012	-	250 00
	12/4/2012		250.00
	12/4/2012		5,000.00
	12/4/2012		20,000 00
		Total:	78,090.00
			· · · · · · · · · · · · · · · · · · ·

The Chotin Foundation	<u> </u>		
Charitable Donations - Cash Basis			
2012			
ALZHEIMER'S ASSOCIATION			
COLORADO CHAPTER	10/18/2012		100.00
455 SHERMAN ST		Total:	100 00
SUITE 500			Ì
DENVER, CO 80203			
	 		
AMC CANCER RESEARCH CENTER	-		
13001 East 17th Place	11/1/2012		500 00
MS F-500		Total:	500 00
Aurora, CO 80045			000 00
AMERICAN LUNG ASSOCIATION			
1301 Pennsylvania Ave, NW	11/14/2012		100.00
Suite 800		Total:	100.00
Washington, DC 20004	+	Total.	100.00
Tradinington, 20 20004			
AMERICAN RED CROSS	-		
PO Box 4002018	11/7/2012		2 520 00
Des Moines, IA 40340-2018	7/20/2012		2,520.00
Des Molites, IA 40340-2016	- 1/20/2012	Tatal	j
	ļ .	Total:	2,940.00
AMERICAN TRANSPLANT FOUNDATION	-		
410 SEVENTEENTH ST	5/45/0040		40.000.00
TWENTY SECOND FLOOR	5/15/2012	- 4-1	10,000 00
		Total:	10,000 00
DENVER, CO 80202			
DALL DI CONCRECATION			
BMH BJ CONGREGATION	1/04/0010		
560 S MONACO PKWY	1/31/2012		50.00
DENVER, CO 80224	1/31/2012		50.00
	5/29/2012		60.00
	7/2/2012		100 00
	11/27/2012		100 00
		Total:	360.00
	.		
BRASS RING LUNCHEON			
The Guild of Children's Diabetes Foundation	11/1/2012		300.00
4380 S Syracuse Street		Total:	300 00
Suite 430			
Denver, CO 80237			
CONNECT US			
6940 S HOLLY CIRCLE	1/19/2012		1,000.00
#230	7/1/2012		100 00
CENTENNIAL, CO 80112	7/23/2012		260.00
		Total:	1,360 00
			,
CHROHN'S AND COLITIS FOUNDATION			
1777 S. Bellaire St	8/31/2012		250 00
Suite 230		Total:	250.00
Denver, CO 80222			

The Chotin Foundation			
Charitable Donations - Cash Basis			
2012			
		,	
UNIVERSITY OF COLORADO FOUNDATION	N		
4740 Walnut	3/15/2012		10,000 00
Boulder, CO 80301		Total:	10,000 00
71			
UNIVERSITY OF COLORADO DENVER SO	HOOL OF MED	ICINE	
Mail Stop F706	7/31/2012		200 00
1665 Aurora Court		Total:	200 00
Aurora, CO 80045			
			-
DENVER ACADEMY OF TORAH			
6825 E. ALAMEDA AVENUE	5/2/2012		100 00
DENVER, CO 80224		Total:	100.00
THE DENVER HOSPICE			
PO BOX 5206	1/1/2012		20,000.00
DENVER, CO 80217	3/14/2012		150.00
		Total:	20,150 00
DENVER HEALTH FOUNDATION			
655 BROADWAY	6/5/2012		100 00
SUITE 750		Total:	100 00
DENVER, CO 80203			
DENVER JDS			
2450 S WABASH ST	4/10/2012		1,450 00
DENVER, CO 80231-3816	4/10/2012		250 00
		Total:	1,700.00
DENVER'S ROAD HOME			
1200 Federal Blvd	7/31/2012		200.00
Denver, CO 80204		Total:	200.00
UNIVERSITY OF DENVER-CJS-RMJHS			150.00
2000 E ASBURY AVE	4/19/2012		100.00
STE 157	12/13/2012		100 00
DENVER, CO 80210-9917		Total:	350 00
The Denver Foundation			
55 Madison St	3/14/2012		150 00
8th Floor		Total:	150.00
Denver, CO 80206			
UNIOTITUTE COS DEPOSITOR OF THE PROPERTY OF TH			
INSTITUTE FOR DEPRESSION STUDIES		NT	
1600 BROADWAY	11/1/2012		500.00
STE 1030		Total:	500 00
DENVER, CO 80202			

The Chotin Foundation			
Charitable Donations - Cash Basis			
2012			
JEWISH COMMUNITY FOUNDATION			
300 S DAHLIA STREET	12/5/2012		2,457.40
SUITE 300		Total:	2,457.40
DENVER, CO 80246			
THE JEWISH EXPERIENCE			
350 S Dahlia St	2/21/2012		500 00
Denver, CO 80246		Total:	500.00
JEWISH NATIONAL FUND			
950 Seventeenth Street	2/22/2012	 	180 00
Suite 2400	2/19/2012	 	720 00
Denver, CO 80202		Total:	900.00
LE BAL DE BALLET	4/00/0040		100.00
30 Blue Heron Dr	4/30/2012	<u> </u>	100 00
Greenwood Village, CO 80121		Total:	100.00
THE LEUKEMIA & LYMPHOMA SOCIETY		-	
720 S. COLORADO BLVD	4/24/2012		2,500.00
SUITE 500 S	7/6/2012		150.00
DENVER, CO 80246	10/3/2012		150.00
		Total:	2,800 00
RUTH S LEVY FUND			
Central Scholarship Bureau	9/28/2012		250.00
1700 Reisterstown Rd		Total:	250.00
Pikesville, MD 21208			
MIZEL MUSEUM			
400 S Kearney St	8/3/2012		500 00
Denver, CO 80224		Total:	500.00
MOUNT NEBO MEMORIAL PARK		ļ	
560 S MONACO PKWY	1/1/2012	 	150.00
DENVER, CO 80224	1/1/2012	Total:	150.00
NATIONAL JEWISH HEALTH			
1400 JACKSON STREET	5/31/2012	1	250.00
DENVER, CO 80206-2762	7/1/2012	-	1,250 00
	7/12/2012		100.00
	9/5/2012		300.00
		Total:	1,900.00
PARK HILL ELEMENTARY			
5050 East 19th Avenue	9/18/2012	1	150 00
Denver, CO 80220		Total:	150 00

The Chotin Foundation	1		
Charitable Donations - Cash Basis			
2012			
RAMAH IN THE ROCKIES			
300 S. Dahlia St	8/27/2012		1,236 00
Suite 205		Total:	1,236.00
Denver, CO 80246			
ROCKY MOUNTAIN PBS			
1809 Bannock St	3/28/2012		300 00
Denver, CO 80204		Total:	300.00
THE ROSE FOUNDATION			
600 S CHERRY ST #1200	10/22/2012	·	400.00
DENVER, CO 80246-1712	11/29/2012		100.00 2,500.00
DENVER, CO 80240-1712	11/29/2012	Total	
		Total:	2,600.00
Jewish Federations of North America			
Wali Street Station	1/1/2012		85 00
PO Box 157		Total:	85.00
New York, NY 10268			
Mizel Center For Arts			
350 S Dahlia St	2/13/2012		250.00
Denver, CO 80246		Total:	250.00
SHALOM CARES			
C/O DONOR SERVICES	1/1/2012		20,000 00
14800 E BELLEVIEW DRIVE	2/8/2012		100.00
AURORA, CO 80015	3/22/2012		100.00
	5/30/2012		100.00
	6/13/2012		100.00
	7/19/2012		5,000.00
	8/22/2012		100 00
	8/22/2012		100.00
	9/6/2012		100 00
	9/6/2012		100 00
	9/13/2012		100 00
	9/14/2012		100.00
	11/21/2012		100.00
	12/3/2012		100.00
		Total:	26,200 00
Sewall Child Development Center 1360 Vine St	0/0/0040		200.00
Denver, CO 80206	2/2/2012	Total:	200.00
Deriver, CO 80206		Total:	200.00
Fine Arts Foundation		ļ	
6354 S Blackhawk Way	2/17/2012		300.00
Aurora, CO 80016		Total:	300 00
		<u> </u>	
Colorado Aids Project			
2490 W. 26th Avenue	8/17/2012		100.00
Suite 300A		Total:	100.00
Denver, CO 80211			

The Chotin Foundation			
Charitable Donations - Cash Basis			
2012			
THE CELL			
99 West 12th Ave	8/15/2012		500.00
Denver, CO 80204		Total:	500.00
UNIVERSITY OF COLORADO DEPRE	SSION CENTER		
Building 500, MS F546	1/11/2012		100 00
13001 E 17th Place		Total:	100.00
Aurora, CO 80045			
WOMEN'S LEAGUE BMH/BJ			
560 S MONACO PKWY	7/31/2012		36.00
DENVER, CO 80224		Total:	36.00
YESHIVA TORAS CHAIM			
1555 STUART ST	1/6/2012		360.00
PO BOX 40067	10/24/2012		360.00
DENVER, CO 80204-9814		Total:	720.00
		Total:	173,820 40

• • •

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of t Internal Revenu		► File a	separate a	pplication for each return.				
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
Eleotropio fi	ilina (o filo)	You can electronically file Form	9868 if vo	u need a 3 month auto	matic extension of tin	ne to	file /f	s months for
		to file Form 990-T), or an addition						
8868 to rec	nuest an ext	tension of time to file any of the	forms liste	d in Part I or Part II w	ith the exception of F	orm	8870.	Information
Return for	Transfers A	ssociated With Certain Persona	Benefit (Contracts, which must	t be sent to the IRS	in	paper	format (see
instructions)	For more of	details on the electronic filing of th	is form, vis	sit www.irs.gov/efile.an	d click on e-file for Cha	anties	3 & Noi	nprofits
Part I Au	tomatic 3-	-Month Extension of Time. On	ly submit	original (no copies ne	eeded)			
		o file Form 990-T and requesting				mple	ete	
•	•							▶ 🛄
All other coi	rporations (i	including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I	Form 7004 to request a	n ext	ension	of time
to file incom		- · · · · · · · · · · · · · · · · · · ·	• •		Enter filer's identify			
		empt organization or other filer, see in	structions		Employer identification i	numb	er (EIN)	or
Type or	l							
print	THE CHO	OTIN FOUNDATION			71-09504	46		
File by the	Number, st	reet, and room or suite no If a P O box	k, see instruc	ctions	Social security number (SSN)		
due date for filing your	5675 D	TC BLVD., SUITE 200			Ì			
return See		or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
nstructions		OOD VILLAGE, CO 80111						
		or the return that this application i	n for /file s	sonarato application fo	or each return)			0 4
Enter the Re	eturn code t	or the return that this application i	s ior (ine a	separate application ic	n each return)			• ——
Application			Return	Application				Return
s For			Code	Is For				Code
Form 990 or	Form 990	F7	01	Form 990-T (corporat	(IOD)			07
Form 990-BI			02	Form 1041-A				08
Form 4720-			03	Form 4720				09
Form 990-Pf			04	Form 5227				10
		i) or 408(a) trust)	05	Form 6069				11
			06	Form 8870				12
Form 990-T	(trust other	(nan above)		1 01111 0070				<u> </u>
Telephone If the orga If this is for	e No ► anization do or a Group F	THE FOUNDATION 303 741.0100 es not have an office or place of because, enter the organization's foundation.	— ousiness in ir digit Gro	up Exemption Number (ck this box		If t	▶ ☐
for the whole	e group, che	eck this box ▶ 🔲 If	it is for pa	rt of the group, check t	this box		and at	ltach
a list with the	e names an	d EINs of all members the extensi	on is for					
until for the ► X	organization calendar ye	natic 3-month (6 months for a corposition $08/15$, 20_13 , to file the ends return for ear 20_12 or ginning	exempt org	anization return for the	e organization named a			extension is
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return								
	_	counting period						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions					0			
		ı ıs for Form 990-PF, 990-T,						
estima	ted tax payn	nents made Include any prior year	roverpaym	ent allowed as a credit		3b	\$	211.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS								
(Electronic Federal Tax Payment System) See instructions 3c \$ へっしゃ								
Caution. If you	ution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions							
Daires	Privacy Act and Paperwork Reduction Act Notice see Instructions Form 8868 (Rev. 1-2013)							

2F8054 2 000

Note. Only complete Part If If you have afreedy been granted an automatic 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II for you have afreedy been granted an automatic 3-Month Extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions Type or print THE CHOTIN FOUNDATION THE C	Form 8868 (F					Page 2		
Part Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1) Part Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	-	-				• • —		
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Type or print	_	· · · · · · · · · · · · · · · · · · ·			on a previously filed Form 8868	i		
Type or print THE CHOTIN FOUNDATION THE CHO								
Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print	Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original	Jinal (no copies needed).			
Type or print THE CHOTIN FOUNDATION T1-0950446 Number, street, and room or suite no if a P O box, see instructions Social security number (SSN) Social security			- ,- ,	Ε				
THE CHOTIN FOUNDATION File by the due date for the group or long your mistrations. This choice date for the group or long your mistrations. The CHOTIN FOUNDATION Social security number (SSN) 5675 DTC BLVD., SUITE 200 City, town or post office, state, and ZIP code For a foreign address, see instructions GREENWOOD VILLAGE, CO 80111 Enter the Return code for the return that this application is for file a separate application for each return). The CHOTIN FOUNDATION Return Application Form 990 or Form 990-EZ The Code Is For Code Social security number (SSN) Return Social security number (SSN) Return Application Application Return		Name of exempt organization or other filer, see in	nstructions		Employer identification number (E	IN) or		
Number, street, and room or suite no. If a P O box, see instructions Social security number (SSN)					71 0050446			
September Sep	print							
due date for filing your return 36es City, Iown or post office, state, and ZIP code For a foreign address, see instructions GREENROOD VILLAGE, CO 80111 Enter the Return code for the return that this application is for (file a separate application for each return)	File by the	1	ox, see instru	ctions				
Teler the Return code for the return that this application is for (file a separate application for each return).	due date for							
Enter the Return code for the return that this application is for (file a separate application for each return)			r a foreign ac	ldress, see instructions				
Return code Is For Code Sor	instructions	GREENWOOD VILLAGE, CO 80111						
Is For Code Is For Code Is For Code Form 990 or Form 990-EZ 01	Enter the R	Return code for the return that this application	is for (file a	a separate application for ea	nch return)	0 4		
Form \$90 or Form 990-EZ Form 990-BL 02 Form 4720 (individual) 03 Form 4720 (individual) 03 Form 990-PF 04 Form 5927 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 8870 11 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in the care of ▶ THE FOUNDATION Telephone No ▶ 303 741.0100 FAX No ▶ 303 741.6944 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If the part of the group, check this box • If the sorp and ditional 3-month extension of time until 11/15 20 13 • For calendar year 2012, or other tax year beginning 20 • If the tax year entered in line 5 is for less than 12 months, check reason Initial return Change in accounting period FINANCIAL RECORDS TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 • Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Juder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, to true, correct, and complete, and that I am authorized to prepare this form	Application	n	Return	Application	Ì	Return		
Form 990-BL	ls For		Code	Is For		Code		
Form 4720 (individual) Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 6870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ THE FOUNDATION Telephone No ▶ 303 741.0100 FAX No ▶ 303 741.6944 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization of the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization of the group, check this box If the sample of the organization of the unit is for part of the group, check this box If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Final return Change in accounting period If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Final	Form 990 c	or Form 990-EZ	01					
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Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ THE FOUNDATION Telephone No ▶ 303 741.0100 FAX No ▶ 303 741.6944 If the organization does not have an office or place of business in the United States, check this box	Form 4720	(Individual)	03	Form 4720		09		
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of THE FOUNDATION Telephone No 303 741.0100	Form 990-P	PF	04	Form 5227		10		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in the care of ▶ THE FOUNDATION Telephone No ▶ 303 741.0100 FAX No ▶ 303 741.6944 • If the organization does not have an office or place of business in the United States, check this box ▶ ☐ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a lists with the names and ElNs of all members the extension is for 4 I request an additional 3-month extension of time until 11/15 , 20 13 5 For calendar year 2012 , or other tax year beginning 20 and ending 20 a	Form 990-1	T (sec 401(a) or 408(a) trust)	05	Form 6069		11		
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Telephone No ▶ 303 741.0100 FAX No ▶ 303 741.6944 If the organization does not have an office or place of business in the United States, check this box ▶				automatic 3-month exten	sion on a previously filed Form	8868.		
Change in accounting period State in detail why you need the extension ADDL TIME IS NEEDED TO FINALIZE COMPILING OF FINANCIAL RECORDS TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 C Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	 If the org If this is for the who list with the I reques For ca 	ganization does not have an office or place of the for a Group Return, enter the organization's found group, check this box	ur digit Gro f it is for pa n is for ntil ng	tup Exemption Number (GEN int of the group, check this but the group, and group, and group are group.	N) If this pox and atta and atta	ch a		
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estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Title	nonref	fundable credits See instructions			8a \$	0		
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Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Title Date	c Balanc	ce Due. Subtract line 8b from line 8a Include y	your payme	ent with this form, if require	d, by using EFTPS			
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	•	s of perjury, I declare that I have examined this form, ii	ncluding acco	•	•	and belief,		
				T.Alo	Date N			
	signature >			nue 🖊		4.65:51		

Form 8868 (Re	ev. 1-2013)				Page 2	
• If you are	e filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part	Il and check this box	▶ X	
	complete Part II if you have already been gra					
	filing for an Automatic 3-Month Extension,					
Part II	Additional (Not Automatic) 3-Month E			ginal (no copies needed).		
				nter filer's identifying number, se	e instructions	
	Name of exempt organization or other filer, see in	nstructions.		Employer identification number (
Type or						
print	THE CHOTIN FOUNDATION			71-0950446		
-	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)		
File by the due date for	5675 DTC BLVD., SUITE 200					
filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
retum. See instructions.	GREENWOOD VILLAGE, CO 80111					
Enter the Re	eturn code for the return that this application	is for (file a	separate application for e	ach return)	0 4	
Application		Return	Application		Return	
ls For		Code	is For		Code	
	Form 990-EZ	01				
Form 990-BI		02	Form 1041-A		08	
Form 4720 (03	Form 4720		09	
Form 990-PF		04	Form 5227		10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
	ot complete Part II if you were not already	granted an	automatic 3-month exter	nsion on a previously filed For	m 8868.	
	s are in the care of > THE FOUNDATION					
Telephone	No. ▶ 303 741.0100	F	AX No. ▶ 303 741.	6944		
	nization does not have an office or place of I	usiness in	the United States, check the	his box	▶□	
 If this is fo 	or a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (GE	N) If th	nis is	
for the whole	group, check this box	it is for pa	rt of the group, check this l	box ▶ and at	tach a	
	names and EINs of all members the extension					
4 I reque:	st an additional 3-month extension of time ur	rtil	1	1/15 , 20 13 .		
5 For cale	endar year 2012, or other tax year beginni	ng	, 20 , an	d endi <u>ng</u> .	20	
6 If the ta	x year entered in line 5 is for less than 12 m	onths, chec	k reason: Initial re	turn Final return		
☐ CI	hange in accounting period					
	detail why you need the extension ADDL					
FINAN	CIAL RECORDS TO PREPARE A COME	PLETE AN	D ACCURATE RETURN	•		
	- · · · · · · · · · · · · · · · · · · ·					
	application is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tent	ative tax, less any		
	ndable credits. See instructions.			8a \$	0	
	application is for Form 990-PF, 990-T,					
	ed tax payments made. Include any pric	or year o	verpayment allowed as	· —		
	paid previously with Form 8868.	·		8b \$	211.	
	Due. Subtract line 8b from line 8a. Include		ent with this form, if require	ed, by using EFTPS		
(Electro	nic Federal Tax Payment System). See instruc			8c \$	NONE	
	Signature and Verifica	tion mus	it be completed for Pa	art II only.		
•	of perjury, I declare that I have examined this form, in	_	mpanying schedules and statemi	ents, and to the bast of my knowled	ge and belief,	
is true, correct,	and complete, and that I am authorized to prepare this for	m				
				.		
ignature -			Title ▶	Date >	(0 4 000-	
				Form 8888	(Rev. 1-2013)	