

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **Q90-PF**Department of the Treasury
Internal Revenue Service

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

I reated as a Private Foundation

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

OMB No 1545-0052 2012

For calendar year 2012 or tax year beginning and ending A Employer identification number Name of foundation LOWRIE FAMILY FOUNDATION 84-1498572 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 6729 BEAR POINT WAY (303)934-2424 City or town, state, and ZIP code C If exemption application is pending, check here GOLDEN, CO 80403 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 736,903. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (b) Net investment (d) Disbursements (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 48,322 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 69,045.STATEMENT 69,045 69,045 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) > 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) RECEIVED Net short-term capital gain Income modifications S-OSC 10a Gross sales less returns and allowances NOV 2 1 8 b Less Cost of goods sold c Gross profit or (loss) 11 Other income OGDEN **₹**12 367 69.045 69,045 Total Add lines 1 throug Compensation of officers, directors, truste Other employee salaries and wages 0 0. 0 0 Compensation of officers, directors, trustees, etc 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest STMT 2 403 403. 0 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 66,690. 23 Other expenses STMT 3 33,345. 33,345 0. 24 Total operating and administrative 67,093 33,748 33,345 expenses Add lines 13 through 23 137.772 137 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 33,748 33,345 204,865 137,772. Add lines 24 and 25 27 Subtract line 26 from line 12: <87,498.b 8 Excess of revenue over expenses and disbursements 35,297 b Net investment income (if negative, enter -0-) 35,700 C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2012)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u> </u>	11	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
,	1 C	ash - non-interest-bearing	6,872.	6,758.	6,758.
	2 S	avings and temporary cash investments			
	3 A	ccounts receivable >			
	Ļ	ess: allowance for doubtful accounts >			
1	4 P	ledges receivable ▶			
	L	ess: allowance for doubtful accounts			
1	5 G	rants receivable			
ŀ	6 R	eceivables due from officers, directors, trustees, and other			
		isqualified persons			
		ther notes and loans receivable $ ightharpoonup 710,000$.			
	L	ess: allowance for doubtful accounts	786,500.	710,000.	710,000.
y,	8 In	enventories for sale or use		/ 0 0 0 0	
Assets		repaid expenses and deferred charges			
۲ J		estments - U.S. and state government obligations			
- 1		envestments - corporate stock			
		evestments - corporate bonds			
١,		vestments - land, buildings, and equipment basis			
'					
Ι,		ss accumulated depreciation vestments - mortgage loans			
4		evestments - other			
		and, buildings, and equipment: basis			
		ss accumulated depreciation		į	
١,			21,029.	20 145	20 145
1	1 5 U	ther assets (describe STATEMENT 4)	21,029.	20,145.	20,145.
		A to the transmitted to all the co	014 401	726 002	5 36 000
$\overline{}$		otal assets (to be completed by all filers)	814,401.	736,903.	736,903.
ľ		ccounts payable and accrued expenses	6,000.	16,000.	
		rants payable			
		eferred revenue			
<u>≅</u> 2		pans from officers, directors, trustees, and other disqualified persons			
		ortgages and other notes payable			
- 2	2 0	ther liabilities (describe 🕨)	-		
- 1					
$+^2$		otal liabilities (add lines 17 through 22)	6,000.	16,000.	
		oundations that follow SFAS 117, check here			
S		nd complete lines 24 through 26 and lines 30 and 31.			
ဥ 2		nrestricted			
		emporarily restricted			
<u>m</u> 2	2 6 Pe	ermanently restricted			
Ĭ	Fo	oundations that do not follow SFAS 117, check here			
느	ar	nd complete lines 27 through 31			
Net Assets or Fund Balances	7 Ca	apital stock, trust principal, or current funds	0.	0.	
평 2	8 Pa	aid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
e 2	9 Re	etained earnings, accumulated income, endowment, or other funds	808,401.	720,903.	
를 3	0 To	otal net assets or fund balances	808,401.	720,903.	
3	1 To	otal liabilities and net assets/fund balances	814,401.	736,903.	
Da	rt III	Analysis of Changes in Net Assets or Fund Ba	ances		
rd					
1 To	otal ne	et assets or fund balances at beginning of year - Part II, column (a), line 30)	1 T	
(n	nust a	gree with end-of-year figure reported on prior year's return)		1	808,401.
2 Er	iter an	nount from Part I, line 27a		2	<87,498.
3 Ot	her in	creases not included in line 2 (itemize)		3	0.
4 Ac	d line	es 1, 2, and 3		4	720,903.
5 De	creas	ses not included in line 2 (itemize)		5	0.
6 To	tal ne	t assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30	6	720,903.
					Form 990-PF (2012)

84-1498572

Page 2

Form 990-PF (2012)

223511 12-05-12 LOWRIE FAMILY FOUNDATION

(a) List and de	escribe the k	osses for Tax on In ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,	. moonie	P	low acquired - Purchase - Donation		ate acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
1a		 			<u> </u>	Donation		-	
b N	ONE								
<u>c</u>					↓	. <u> </u>			
<u>d</u>					<u> </u>				
<u>e</u>	- (4)	Danis and an allianced	4-10-		٦				
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale				n) Gain or (loss) plus (f) minus (
<u>a</u>	_							<u>.</u> .	
<u>b</u>	-								
<u>c</u>	 								
e									
Complete only for assets sho	wing gain in	column (h) and owned by t	he foundation	n on 12/31/69			(I) Gains	s (Col. (h) gain	minus
		(j) Adjusted basis	(k) E>	cess of col. (I)		c	òl. (k), b	out not less than ses (from col. (1 -0-) or
(i) F.M.V. as of 12/31/69		as of 12/31/69	over	col. (j), if any			LUS:	ses (iroin coi. ('' <i>}} </i>
8									
<u>b</u>				·					
<u>c</u>				-					
<u>d</u>									
<u>e</u>		C 14		-	$\overline{}$				
2 Capital gain net income or (net	t capital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	in Part I, line	7	} [2			
3 Net short-term capital gain or ((loss) as def	•							
If gain, also enter in Part I, line			- (-).] [
If (loss), enter -0- in Part I, line	8 	Castian 4040(a) fax	Daduaca	l Tay on Not	1224	3			
Part V Qualification		· · · · · · · · · · · · · · · · · · ·					Come		
(For optional use by domestic priv	ate foundati	ons subject to the section 4	940(a) tax or	net investment ir	ncome.	.)			
If section 4940(d)(2) applies, leav	e this part bl	ank.							
Was the foundation liable for the s	section 4942	tax on the distributable am	ount of any v	ear in the base pei	riod?				Yes X No
If "Yes," the foundation does not g				•					
1 Enter the appropriate amount	ın each colu	mn for each year; see the in	structions be	fore making any e	ntries.				
(a) Base period years		(b)			(c)		.	Distrib	(d) ution ratio
Calendar year (or tax year begin	nning in)	Adjusted qualifying dist		Net value of no	ncnari			(col. (b) dıv	ided by col (c))
2011			1,560.			772,56			.092626
2010			2,719. 2,170.			789,99 741,94			.130025 .110750
2009			7,780.			720,87			.066281
2007		3,	6,736.			633,46			.057992
			<u> </u>	·		000/10			103,332
2 Total of line 1, column (d)							2	<u> </u>	.457674
3 Average distribution ratio for th	ne 5-year ba	se period - divide the total o	n line 2 by 5,	or by the number	of yea	ırs			
the foundation has been in exis	stence if less	than 5 years					3	3	.091535
4 Enter the net value of nonchari	table-use as	sets for 2012 from Part X, I	ine 5				4	·	725,849.
									66 441
5 Multiply line 4 by line 3							5	5	66,441.
O Fate- 40/ af act acceptance to a	/40/ -f	Dart Line 07h)						,	252
6 Enter 1% of net investment inc	OHE (1% 01	ratti, iiile 270)					6	<u> </u>	353.
7 Add lines 5 and 6							7	,	66,794.
- Aud midd y and y							–		00,104.
8 Enter qualifying distributions fr	om Part XII,	line 4					_ 8		137,772.
If line 8 is equal to or greater the	nan line 7, ch	neck the box in Part VI, line	1b, and comp	olete that part usin	ıg a 1%	6 tax rate.			

	n 990-PF (2012) LOWRIE FAMILY FOUNDATION		<u>1498</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	see i	nstru	ctio	ns)
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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			3	53.
	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).	1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				_ 0.
	Add lines 1 and 2	3			3	53.
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-	5			3	53.
6	Credits/Payments:					
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 295	.				
	Exempt foreign organizations - tax withheld at source	7				
	Tax paid with application for extension of time to file (Form 8868) 6c 1,000					
	I Backup withholding erroneously withheld 6d	7				
	Total credits and payments. Add lines 6a through 6d	7 7 1			1.2	95.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		-		
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			9	42.
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	11				0.
	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
-	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
Ī	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If "Yes," attach the statement required by General Instruction T		Ì			
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.	e law				Ì
	remain in the governing instrument?		1	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?		i	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	CO					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
•	of each state as required by General Instruction G? If "No," attach explanation			8ъ	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 cal	endar				
-	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tay year? It then a sebative listing their agree and addresses			10		v

Form **990-PF** (2012)

		<u>498572</u>		Page 5
Pa	irt 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			
٠	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		_	
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► TROY LOWRIE Telephone no. ► (30)	3)934-	242	4
		▶80403		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			•
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	1		
	country			
Pa	art 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.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		<u> </u>	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	.		
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	No.		
	(6) Agree to pay money or property to a government official? (Exception Check "No"	.		
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No.		
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	•		
٠	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>		
^	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_		
Ü	before the first day of the tax year beginning in 2012?	1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 10		
۷	defined in section 4942(j)(3) or 4942(j)(5)):			
d	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?	No.		
		•		
	If "Yes," list the years ▶	1		
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	** /	A 2b		
_	•			
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Jā		No		
		•		
D	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	λ		
	Form 4720, to determine if the foundation had excess business holdings in 2012) N/A			X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			Y
	nan nor neen removed from ennarny enter yn yn roll yn yn an eith en en ennan wat hevar neuninn in 11177	, Ar		

Form 990-PF (2012) LOWRIE FAMILY FOUNDATION			<u>84-14985</u>	72 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Y€	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	or oddoualional parposos, or		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the excentions described i		.5 (22) 100	
section 53.4945 or in a current notice regarding disaster assistance (see instru		iii riegulations	N/A	5b
· · · · · · · · · · · · · · · · · · ·	•			
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		. —		
expenditure responsibility for the grant?		I/A	s No	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Faiu Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	· · ·	T. : 0	- 7=\\a \ \	<u>-</u>
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
TROY H. LOWRIE	DIRECTOR/ PRE	SIDENT/ T	REAS	
6729 BEAR POINT WAY				
GOLDEN, CO 80403	0.00	0.	0.	0.
PAMELA ANN GRIFFIN-LOWRIE	DIRECTOR/ SEC	RETARY		
390 MESA VIEW WAY				
GOLDEN, CO 80403	0.00	0.	0.	0.
VALI L. LOWRIE	DIRECTOR			
418 ROYAL MEADOWS COURT				
SANTA ROSA, CA 95404	0.00	0.	0.	0.
JOHN REED	DIRECTOR			
418 ROYAL MEADOWS COURT				
SANTA ROSA, CA 95404	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(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 account, other allowances
NONE		1		
	. =			
· · · · · · · · · · · · · · · · · · ·				
Total number of other employees paid over \$50,000			▶ 1	0

Form 990-PF (2012) LOWRIE FAMILY FOUNDATION	84-]	<u> 4985/2 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Ma	nagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	1	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) // // / / / / / / / / / / / / / / / /	(0)
NONE		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities	And the state of t	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the	Expenses
1 <u>N/A</u>		
2		
3		
1		
Part IV-B Cummany of Brancom Paleted Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	<u> </u>	Amount
	2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
<u> </u>		
Total. Add lines 1 through 3	•	0.
i Otali, Audi ilileo i tililougil o		

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Form **990-PF** (2012)

6

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				35,939.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 5,118.				
b From 2008 12,976.				
c From 2009 46,271.				
d From 2010 64,729.				
e From 2011 34,030.				
f Total of lines 3a through e	163,124.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 137,772.				
a Applied to 2011, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				-
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				35,939.
e Remaining amount distributed out of corpus	101,833.			
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	264,957.			
b Prior years' undistributed income. Subtract				-
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	į	
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012, Subtract		•	<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	5,118.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	259,839.			
10 Analysis of line 9:				
a Excess from 2008 12,976.				
b Excess from 2009 46, 271.				
c Excess from 2010 64,729.				
d Excess from 2011 34,030.				
e Excess from 2012 101,833.				
				Form QQQ-DE (2012)

Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2012, enter the date of t	he ruling	▶ L		
b Check box to indicate whether the found	dation is a private operatin	ng foundation described i	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
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				-	
d Amounts included in line 2c not					
used directly for active conduct of				ļ	
exempt activities	,				
e 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:]	
a "Assets" alternative test - enter: (1) Value of all assets	1				
` '		· · · ·			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	ļ				i
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		- 			
(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			,		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in accete
at any time during t			ii tile ioulidation	1184 40,000 01 111	ore iii assets
Information Regarding Foundation					
a List any managers of the foundation wh	<u>-</u>	than 2% of the total contr	whitings received by the	foundation before the clo	so of any tay
year (but only if they have contributed n			ibulions received by the	iodiluation before the cio.	Se of any lax
TROY H. LOWRIE	. ,				
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (or an equally large portio	n of the ownership of a pa	artnership or
other entity) of which the foundation ha			ar arragamy range parma		- · · · · · · · · · · · · · · · · · · ·
TROY H. LOWRIE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here X if the foundation of	only makes contributions to	o preselected charitable o	organizations and does n	ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indivi	iduals or organizations u	nder other conditions, co	mplete items 2a, b, c, and	l d
a The name, address, and telephone num	ber or e-mail of the persor	n to whom applications s	hould be addressed:		
·					
b The form in which applications should b	e submitted and informati	ion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields.	kınds of institutions, or o	ther factors:	
_	200,	,	• • •		

LOWRIE FAMILY FOUNDATION

84-1498572 Page 10

Form 990-PF (2012)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year AMERICAN DIABETES ASSOCIATION NOT FOR PROFIT 100. AMERICAN TRANSPLANT FOUNDATION NOT FOR PROFIT 47,500, ANDREW PARSONS N/A 300. ARAPAHOE COMMUNITY COLLEGE EDUCATIONAL INSTITUTION 6,014. ARVADA WEST HIGH SCHOOL HIGH SCHOOL 500. SEE CONTINUATION SHEET(S) **▶** 3a Total 137,772. **b** Approved for future payment NONE Total

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	uded by section 512, 513, or 514	(0)
Enter gross amounts amess outerwise indicated.	(a) Business	(b)	(c) Exclu-		(e) Related or exempt
1 Program service revenue:	Bušiness code	Amount	sion	Amount	function income
_	Code		1000	· · · · · · · · · · · · · · · · · · ·	
	-				
	 		 		
d	1	- 	1		
	1		 		
e			-		
- Food and contracts from advantment accession					
g Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash			 		
investments	900000	69,045.			
4 Dividends and interest from securities	200000	07,043.			
5 Net rental income or (loss) from real estate:					
a Debt-financed property			-		· · · · · · · · · · · · · · · · · · ·
b Not debt-financed property			_		
6 Net rental income or (loss) from personal		·		· · · · · · · ·	
· · ·					
property 7 Other investment income		·	-	-	
8 Gain or (loss) from sales of assets other					
than inventory Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	 		 		
	-				
d				_	
e					
12 Subtotal Add columns (b), (d), and (e)		69,045.		0.	0.
13 Total Add line 12, columns (b), (d), and (e)		00 / 0 200		13	
(See worksheet in line 13 instructions to verify calculations.)					327333
Part XVI-B Relationship of Activities t	to the Accor	nnlishment of Ev	omn	t Purposes	
Telationship of Activities i	to the Accor			<u>-</u>	
Line No. Explain below how each activity for which inco			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fund	s for such purposes).			
		. 			
					
				_ .	
	<u>-</u>				
					
				_	
				- ·	
223621 12-05-12					Form 990-PF (2012)

		Exempt Organ	izations							
ì	Did the or			of the following	ng with any other organizati	on described in secti	on 501(c) of		Yes	No
					27, relating to political orga		(-)			
		from the reporting found								
	(1) Cash			•	-			1a(1)		Х
	(2) Other	assets						1a(2)		Х
b	Other tran	sactions:								
	(1) Sales	of assets to a noncharita	ble exempt organiza	tion				1b(1)		X
	(2) Purch	nases of assets from a no	ncharitable exempt o	organization				1b(2)		Х
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
	(4) Reimi	bursement arrangements						1b(4)		Х
	(5) Loans	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or me	embership or fundrai	sing solicitatio	ons			1b(6)		X
	-	f facilities, equipment, ma	-					1c		X
		-		_	• •		narket value of the goods, ot		ets,	
						ue in any transaction	or sharing arrangement, sh	nı wc		
		the value of the goods,				(4) -				
(a) Lir	ne no	(b) Amount involved	(c) Name of		e exempt organization	(0) Description	of transfers, transactions, and sh	aring arr	angeme	nts
				N/A	·				·	
									_	
				<u>-</u>						
			<u> </u>							
		 								
										
		·								
							•			
										-
					· · · · · · · · · · · · · · · · · · ·					
	ın section	ndation directly or indirect 501(c) of the Code (other amplete the following schi	r than section 501(c)	-	or more tax-exempt organ tion 527?	izations described] Yes	X] No
	,	(a) Name of org			(b) Type of organization		c) Description of relationshi	,		
	-	N/A								
		· · · ·								
		- -								
						l į				
Sig Hei	n and be	elief, it is true, correct, and con	nplete Declaration of pr		ng accompanying schedules and n taxpayer) is based on all inform	PRESIC	has any knowledge return show	with the n below	iscuss to prepare (see inst	er
	Sign	nature of officer or youstee		Danie II	Date	Title	Chook DTIN			
<u>.</u>	_1	Print/Type prepařer's na		Preparer's s		Date	Check if PTIN self- employed			
Pai		HARVEY BOL			BOLSHOUN	11/12/13	P00			
	parer Only	Firm's name ► SMI	TH, BROOK	S, BOL	SHOUN & CO.,	ь.ь.р.	Firm's EIN ► 84-05	/94	U2	
		Firm's address > 26		STREET	, SUITE 200		Phone no 303-4	80-	120	n

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

Employer identification number

L	OWRIE FAMILY FOUNDATION	84-1498572							
Organization type (check one).									
Filers of:	Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Note. Only a section 501(constant of the section 501) General Rule X For an organization	us covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special confiling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II								
Special Rules									
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	_ -							
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III.								
contributions for the lifthis box is checon purpose. Do not contribute the contribute of the contribute of the contribute of the contribute of the contributions of the contributions of the contributions of the contributions for the contribution of the contributions for the contribution of the	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Scheduln Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

LOWRIE FAMILY FOUNDATION

84-1498572

Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VARIOUS VARIOUS, CO 99999	\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
23452 12-2	1-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012

Name of organization

Employer identification number

LOWRIE FAMILY FOUNDATION

84-1498572

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	ıf addıtıonal space ıs 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
		 _ _ _ \$	90 990-F7 or 990-PF1/2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number 84-1498572 LOWRIE FAMILY FOUNDATION 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) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

LOWRIE FAMILY FOUNDATION

Part XV **Supplementary Information Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Foundation status of Purpose of grant or show any relationship to Amount contribution any foundation manager Name and address (home or business) or substantial contributor recipient BROOKLYN TRUST NOT FOR PROFIT 4,000. FOUR MILE HISTORIC HOUSE NOT FOR PROFIT 3,000. GLENARM ASSOCIATES DOWNTOWN NOT FOR PROFIT **BEAUTIFICATION** 5,850. HITSTREAK - LITTLE LEAGUE BASEBALL NOT FOR PROFIT TEAM 500. JACKIE COMACHO N/A 5,000, KAYA MUNN N/A 150. MONROE TOWNSHIP FIRE DEPARTMENT GOVERNMENT AGENCY 2,800, MORRISON POLICE DEPARTMENT GOVERNMENT AGENCY 10,000. RESPONDER RESCUE NOT FOR PROFIT 15,000. N/A SADIE 150, Total from continuation sheets 83 358.

LOWRIE FAMILY FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor SARAH SCARINGE N/A 250, NOT FOR PROFIT SUSAN G. KOMEN FOUNDATION 8,500. THE HEALDSBURG SCHOOL EDUCATIONAL INSTITUTION 9,708. WILDCAT FOOTBALL BOOSTER CLUB NOT FOR PROFIT 10,000. NOT FOR PROFIT YMCA 8,300. NOT FOR PROFIT ZUMA HORSE RESCUE 150. Total from continuation sheets

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CA	ASH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
VCG LOAN RECEIVABLE					69,0	45.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			69,0	45.
FORM 990-PF	TAX	ES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL INCOME TAX	403.	-	403.		0.	0.
TO FORM 990-PF, PG 1, LN 18 =	403.		403.		0.	0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
GOLF TOURNAMENT FUND RAISING EVENT	66,690.	33,	345.	33,34	5.	0.
TO FORM 990-PF, PG 1, LN 23	66,690.	33,	345.	33,34	5.	0.
FORM 990-PF	OTHER .	ASSETS	-		STATEMENT	4
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKE VALUE	— — Т
OTHER ASSETS PREPAID INCOME TAX		20,145.		20,145.	20,1	45. 0.
TO FORM 990-PF, PART II, LINE	15	21,029.		20,145.	20,1	45.

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2013)

	are filing for an Automatic 3-Month Extension, complet are filing for an Additional (Not Automatic) 3-Month Ext			this form		▶\\	
-					n 2262		
	omplete Part II unless you have already been granted a ic filing (e-file). You can electronically file Form 8868 if y		· · · · · · · · · · · · · · · · · · ·			a comoration	
	to file Form 990-T), or an additional (not automatic) 3-mor						
	o file any of the forms listed in Part I or Part II with the exc		•				
	Benefit Contracts, which must be sent to the IRS in paper						
	v.irs.gov/efile and click on e-file for Charities & Nonprofits.		see instructions). For more details (אוו נוזפ פופכנ	rome ming c	n uns tonii,	
Part I			ubmit original (no copies ne	eded).			
A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and	complete			
Part I on	ly						
	corporations (including 1120-C filers), partnerships, REM come tax returns	ICs, and tr	usts must use Form 7004 to reques	st an extens	ion of time		
Type or	e or Name of exempt organization or other filer, see instructions.					n number (EIN) or	
print							
F.I	LOWRIE FAMILY FOUNDATION			84-1498572			
File by the due date fo	Number, street, and room or suite no. If a P.O. box, se	ee instruct	cions	Social security number (SSN)			
filing your return See	6729 BEAR POINT WAY					· · · · · · · · · · · · · · · · · · ·	
instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
	GOLDEN, CO 80403						
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			[0]4	
Applica	tion	Return	Application			Return	
ls For		Code	Is For	Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990-BL		02	Form 1041-A	08			
Form 47	20 (individual)	03	Form 4720	_ 09			
Form 990-PF		04	Form 5227	10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	00-T (trust other than above)	06	Form 8870	12			
Telep	TROY LOWRIE books are in the care of 6729 BEAR POINT bhone No. (303)934-2424 corganization does not have an office or place of busines	s in the Ur	FAX No. ▶		· · · · · · · · · · · · · · · · · · ·	. ▶ □	
	s is for a Group Return, enter the organization's four digit						
box 🕨	. If it is for part of the group, check this box		ich a list with the names and EINs o		ers the exte	nsion is for.	
_			to file Form 990-T) extension of time tion return for the organization nam		The extension	on	
	for the organization's return for:						
	X calendar year 2012 or						
•	tax year beginning	, ar	id ending		_ ·		
2 lf	the tax year entered in line 1 is for less than 12 months, o	check reas	ion: Initial return	Final return	า		
	,,,,,,					1 005	
nonrefundable credits. See instructions					\$	1,295.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-			•	205	
	stimated tax payments made. Include any prior year over			3b	\$	295.	
	alance due. Subtract line 3b from line 3a. Include your pa	=	•		•	1,000.	
	y using EFTPS (Electronic Federal Tax Payment System). If you are going to make an electronic fund withdrawal		· · · · · · · · · · · · · · · · · · ·	3c	O for pare		
vautio	n. n. vou are udinu to make an electronic juliu withdrawal	will ulis F	viiii oogo, see ruiiii o453-EU 200 l	rum 88/9:i	EU IOI DAVIT	ieni instructions	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)				Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check thi	s box	► X		
Note. Only complete Part II if you have already been granted an a						
•. If you are filing for an Automatic 3-Month Extension, comple						
Part II Additional (Not Automatic) 3-Month E			nal (no copies needed)			
7.00.00.00.00.00.00.00.00.00.00.00.00.00			identifying number, see in			
T						
Type or Name of exempt organization or other filer, see instru	Ctions		Employer identification num	Employer identification number (EIN) or		
print			84-1498572			
File by the due date for Number street, and room or suite no. If a P.O. box s						
Number, street, and room or suite no. If a P.O. box, see instructions largyour turn See 6729 BEAR POINT WAY			Social security number (SS			
GOLDEN, CO 80403	oreign add	dress, see instructions				
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)		0 4		
Application	Return	Application		Return		
Is For	1	1		1 _		
Form 990 or Form 990-EZ	Code	Is For		Code		
Form 990-BL	01	Form 1041 A				
Form 4720 (individual)	02	Form 1041-A		08		
Form 990-PF	03	Form 4720		09		
Form 990-T (sec. 401(a) or 408(a) trust)	04	Form 5227		10		
Form 990-T (trust other than above)	05 06	Form 6069		11		
STOP! Do not complete Part II if you were not already granted		Form 8870	· 61. 15 0000	12		
TROY LOWRIE • The books are in the care of ▶ 6729 BEAR POINT Telephone No ▶ (303)934-2424 • If the organization does not have an office or place of business • If this is for a Group Return, enter the organization's four digit	s in the Ur	FAX No. ▶	-	check this		
box ▶ If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs o	f all members the extension	is for		
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2013.				
5 For calendar year 2012 , or other tax year beginning						
6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period						
7 State in detail why you need the extension						
TAXPAYER IS UNABLE TO ACCUMULA	ATE A	LL THE NECESSARY I	NFORMATION NEE	DED		
TO FILE A COMPLETE RETURN AT	THIS '	TIME.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions			8a \$	463.		
b 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 all	lowed as a	a credit and any amount paid				
previously with Form 8868			8b \$	1,295.		
c Balance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using				
Signature and Verificat	ion mus	st be completed for Part II	only.	0.		
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form	ing accomp orm.	panying schedules and statements, and to	•			
Signature > Hawy Say Centrile >		CPA	Date	12/12		

Form 8868 (Rev 1-2013)