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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

| | | | |
|---|--|--|--|
| Name of foundation CRAIG-SCHECKMAN FAMILY FOUNDATION | | A Employer identification number 20-2835678 | |
| Number and street (or P O box number if mail is not delivered to street address) PO BOX 776429 | | B Telephone number (see instructions) (970) 879-0148 | |
| City or town, state or province, country, and ZIP or foreign postal code STEAMBOAT SPRINGS, CO 80477 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> | |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 8,179,150 | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |
| J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | | | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc , received (attach schedule) | 193,154 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 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 | 454,672 | | | |
| | b Gross sales price for all assets on line 6a 840,000 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) . . . | | 454,672 | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| | b Less Cost of goods sold | | | | |
| | c Gross profit or (loss) (attach schedule) | | | | |
| | 11 Other income (attach schedule) | | | | |
| | 12 Total. Add lines 1 through 11 | 647,826 | 454,672 | 0 | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | 0 | 0 | 0 | 0 |
| | 14 Other employee salaries and wages | 193,154 | 0 | 0 | 0 |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | 5,230 | 0 | 0 | 0 |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | | | | |
| | 19 Depreciation (attach schedule) and depletion | 6,976 | 0 | 0 | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 25,571 | 0 | 0 | 0 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 230,931 | 0 | 0 | 0 |
| | 25 Contributions, gifts, grants paid | 425,175 | | | 425,175 |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 656,106 | 0 | 0 | 425,175 |
| | 27 Subtract line 26 from line 12 | | | | |
| | a Excess of revenue over expenses and disbursements | -8,280 | | | |
| | b Net investment income (if negative, enter -0-) | | 454,672 | | |
| | c Adjusted net income (if negative, enter -0-) | | | 0 | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of year | |
|-----------------------------|---|---|-------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 | Cash—non-interest-bearing | 65,671 | 99,695 | 99,695 |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 4 | Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | c | Investments—corporate bonds (attach schedule). | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | 3,800,145 | 3,764,817 | 8,055,485 |
| | 14 | Land, buildings, and equipment basis ▶ _____ 57,558 Less accumulated depreciation (attach schedule) ▶ 33,588 | 30,946 | 23,970 | 23,970 |
| 15 | Other assets (describe ▶ _____) | | | | |
| 16 | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 3,896,762 | 3,888,482 | 8,179,150 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe ▶ _____) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | |
| | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| | 26 | Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31. | | | | |
| | 27 | Capital stock, trust principal, or current funds | 0 | 0 | |
| | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | 0 | 0 | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | 3,896,762 | 3,888,482 | |
| | 30 | Total net assets or fund balances (see instructions) | 3,896,762 | 3,888,482 | |
| 31 | Total liabilities and net assets/fund balances (see instructions) . . | 3,896,762 | 3,888,482 | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|---|--|-------------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) | 1 3,896,762 |
| 2 | Enter amount from Part I, line 27a | 2 -8,280 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | 3 0 |
| 4 | Add lines 1, 2, and 3 | 4 3,888,482 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____ | 5 0 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | 6 3,888,482 |

Part IV

Capital Gains and Losses for Tax on Investment Income

| | | | | |
|---|--|--|--------------------------------------|----------------------------------|
| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1 a | 205 09 SHR - MILLENNIUM INTERNATIONAL, LTD | P | 2006-02-01 | 2014-03-31 |
| b | 195 29 SHR - MILLENNIUM INTERNATIONAL, LTD | P | 2006-02-01 | 2014-12-31 |
| c | 548 32 SHR - SKI TIME SQUARE LIMITED | P | 2010-03-01 | 2014-01-31 |
| d | | | | |
| e | | | | |

| | | | |
|-----------------------|--|---|--|
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
| a 340,000 | | 151,437 | 188,563 |
| b 350,000 | | 144,206 | 205,794 |
| c 150,000 | | 89,685 | 60,315 |
| d | | | |
| e | | | |

| | | | |
|---|--------------------------------------|---|--|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
| (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 | |
| a | | | 188,563 |
| b | | | 205,794 |
| c | | | 60,315 |
| d | | | |
| e | | | |

| | | | | |
|---|--|---|---|---------|
| 2 | Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | 454,672 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | } | 3 | 0 |

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

| | | | |
|--|--|--|---|
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
| 2013 | 349,550 | 5,873,400 | 0 059514 |
| 2012 | 181,000 | 4,131,589 | 0 043809 |
| 2011 | 178,850 | 3,229,917 | 0 055373 |
| 2010 | 178,850 | 3,229,917 | 0 055373 |
| 2009 | 178,000 | 2,612,988 | 0 068121 |

| | | | |
|---|---|---|-----------|
| 2 | Total of line 1, column (d). | 2 | 0 282190 |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0 056438 |
| 4 | Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. | 4 | 7,198,962 |
| 5 | Multiply line 4 by line 3. | 5 | 406,295 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). | 6 | 4,547 |
| 7 | Add lines 5 and 6. | 7 | 410,842 |
| 8 | Enter qualifying distributions from Part XII, line 4. | 8 | 425,175 |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

| | | | | | |
|----|--|--|----|-------|-------|
| 1a | | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 | | | |
| b | | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 4,547 |
| c | | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | |
| 2 | | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | 0 |
| 3 | | Add lines 1 and 2. | | 3 | 4,547 |
| 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 | 4,547 |
| 6 | | Credits/Payments | | | |
| a | | 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | 7,395 | |
| b | | Exempt foreign organizations—tax withheld at source | 6b | | |
| c | | Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d | | Backup withholding erroneously withheld | 6d | | |
| 7 | | Total credits and payments. Add lines 6a through 6d. | | 7 | 7,395 |
| 8 | | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached. | | 8 | |
| 9 | | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 9 | |
| 10 | | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | | 10 | 2,848 |
| 11 | | Enter the amount of line 10 to be Credited to 2015 estimated tax <input checked="" type="checkbox"/> 2,848 Refunded <input type="checkbox"/> | | 11 | 0 |

Part 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 intervene in any political campaign? | | 1a | Yes | No |
| b | | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? | | 1b | | No |
| | | 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. | | | | |
| c | | Did the foundation file Form 1120-POL for this year? | | 1c | | No |
| d | | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ 0 (2) On foundation managers <input checked="" type="checkbox"/> \$ 0 | | | | |
| e | | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0 | | | | |
| 2 | | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | No |
| | | 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 | | No |
| 4a | | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | No |
| b | | If "Yes," has it filed a tax return on Form 990-T for this year? | | 4b | | |
| 5 | | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | No |
| | | 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 | | No |
| 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 | Yes | |
| 8a | | Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> | | 8b | | No |
| 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | No |
| 10 | | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. | | 10 | | No |

Part VII-A

Statements Regarding Activities *(continued)*

| | | | | |
|----------------------------------|--|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). | 11 | | No |
| 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 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| Website address ▶ WWW.YAP4RC.ORG | | | | |
| 14 | The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (970) 879-0148 Located at ▶ PO BOX 776429 STEAMBOAT SPRINGS CO ZIP +4 ▶ 80477 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ | 15 | | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶ | 16 | Yes | No |

Part 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) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/> | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? 1c | | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). 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 ▶ 20____, 20____, 20____, 20____ | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | If "Yes," did it have excess business holdings in 2014 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>). 3b | | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| 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 2014? | 4b | | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | | | |
|----|--|---|----|----|
| 5a | During the year did the foundation pay or incur any amount to | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions). | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? | | 5b | |
| | Organizations relying on a current notice regarding disaster assistance check here. | <input checked="" type="checkbox"/> | | |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If "Yes," attach the statement required by Regulations section 53.4945–5(d). | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 6b | No |
| | If "Yes" to 6b, file Form 8870. | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | 7b | |

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

| | | | | |
|--|---|---|---|---------------------------------------|
| 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| SARA CRAIG-SCHECKMAN PO BOX 776429 STEAMBOAT SPRINGS,CO 80477 | PRESIDENT 35 00 | 0 | 0 | 0 |
| MICHAEL CRAIG-SCHECKMAN PO BOX 776429 STEAMBOAT SPRINGS,CO 80477 | TREASURER 10 00 | 0 | 0 | 0 |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000. | | | | 0 |

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". | | |
|--|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. | | 0 |

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 beneficiaries served, conferences convened, research papers produced, etc | Expenses |
|---|----------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B

Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3. | 0 |

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|--|----|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes | | |
| a | Average monthly fair market value of securities. | 1a | 7,225,908 |
| b | Average of monthly cash balances. | 1b | 82,683 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 7,308,591 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | 0 |
| 3 | Subtract line 2 from line 1d. | 3 | 7,308,591 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 109,629 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 7,198,962 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 359,948 |

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|----|---|----|---------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 359,948 |
| 2a | Tax on investment income for 2014 from Part VI, line 5. | 2a | 4,547 |
| b | Income tax for 2014 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 4,547 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1. | 3 | 355,401 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 355,401 |
| 6 | Deduction from distributable amount (see instructions). | 6 | 0 |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. | 7 | 355,401 |

Part XII

Qualifying Distributions (see instructions)

| | | | |
|---|--|----|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes | | |
| a | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. | 1a | 425,175 |
| b | Program-related investments—total from Part IX-B. | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 425,175 |
| 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 | 4,547 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 420,628 |

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 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7 | | | | 355,401 |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only. | | | 0 | |
| b Total for prior years 20____, 20____, 20____ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | |
| a From 2009. | 52,366 | | | |
| b From 2010. | 47,351 | | | |
| c From 2011. | 17,354 | | | |
| d From 2012. | | | | |
| e From 2013. | 57,985 | | | |
| f Total of lines 3a through e. | 175,056 | | | |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 425,175 | | | | |
| a Applied to 2013, 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 2014 distributable amount. | | | | 355,401 |
| e Remaining amount distributed out of corpus | 69,774 | | | |
| 5 Excess distributions carryover applied to 2014 (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: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 244,830 | | | |
| 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 | | |
| d Subtract line 6c from line 6b Taxable amount—see instructions | | 0 | | |
| e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions | | | 0 | |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | 0 | | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . . | 52,366 | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 192,464 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2010. . . . | 47,351 | | | |
| b Excess from 2011. . . . | 17,354 | | | |
| c Excess from 2012. . . . | | | | |
| d Excess from 2013. . . . | 57,985 | | | |
| e Excess from 2014. . . . | 69,774 | | | |

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | | | | | | |
|----|--|----------|---------------|----------|----------|-----------|
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year | Prior 3 years | | | (e) Total |
| | | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | |
| 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 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 (2) Value of assets qualifying under section 4942(j)(3)(B)(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 (4) Gross investment income | | | | | |
| | | | | | | |

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SARA CRAIG-CHECKMAN
PO BOX 776429
STEAMBOAT SPRINGS,CO 80477
(970) 879-0148

b

The form in which applications should be submitted and information and materials they should include

SEE STATEMENT 7

c

Any submission deadlines

SEE STATEMENT 7

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE STATEMENT 7

Form 990-PF (2014)

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business) | | | | |
| a Paid during the year See Additional Data Table | | | | |
| Total | | | 3a | 425,175 |
| b Approved for future payment | | | | |
| Total | | | 3b | 0 |

Enter gross amounts unless otherwise indicated


Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)


Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

| |
|-------------------------|
| SARA CRAIG-SCHECKMAN |
| MICHAEL CRAIG-SCHECKMAN |


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| BEAR RIVER YOUNG LIFE PO BOX 1345 CRAIG,CO 81626 | | PC | UNRESTRICTED | 4,500 |
| BOYS AND GIRLS CLUB OF NORTHWEST COLORADO PO BOX 776410 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 5,000 |
| CITY OF STEAMBOAT SPRINGS - YOUTH PROGRAMS PO BOX 775088 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 2,000 |
| FAMILY DEVELOPMENT CENTER PO BOX 773982 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 13,000 |
| FIRST IMPRESSIONS OF ROUTT COUNTY PO BOX 772790 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 24,000 |
| GRAND FUTURES PREVENTION COALITION PO BOX 774923 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 13,500 |
| HAYDEN SCHOOLS PO BOX 70 HAYDEN,CO 81639 | | PC | UNRESTRICTED | 16,500 |
| INTEGRATED COMMUNITY PO BOX 880587 STEAMBOAT SPRINGS,CO 80488 | | PC | UNRESTRICTED | 25,000 |
| LIFT-UP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 8,500 |
| MIND SPRINGS HEALTH PO BOX 774706 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 8,500 |
| NORTH ROUTT COMMUNITY CHARTER SCHOOL 26990 EAGLE LANE CLARK,CO 80428 | | PC | UNRESTRICTED | 5,000 |
| NORTH ROUTT PRESCHOOL PO BOX 922 CLARK,CO 80428 | | PC | UNRESTRICTED | 5,000 |
| PARTNERS IN ROUTT COUNTY PO BOX 774325 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 6,500 |
| REACHING EVERYONE PREVENTING SUICIDE PO BOX 773324 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 7,000 |
| ROUTT COUNTY - FATHERHOOD PROGRAM PO BOX 772790 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 8,500 |
| Total  3a | | | | 425,175 |


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| ROUTT COUNTY UNITED WAY - BRIDGES INITIATIVE PO BOX 774005 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 9,500 |
| SOS OUTEACH PO BOX 2020 AVON,CO 81620 | | PC | UNRESTRICTED | 7,500 |
| SOUTH ROUTT SCHOOL DISTRICT PO BOX 158 OAK CREEK,CO 80467 | | PC | UNRESTRICTED | 25,000 |
| STEAMBOAT ADAPTIVE RECREATIONAL SPORTS PO BOX 770208 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 8,500 |
| STEAMBOAT SPRINGS ELEMENTARY SCHOOLS 325 7TH STREET STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 5,000 |
| STEAMBOAT SPRINGS HIGH SCHOOL 45 MAPLE STREET STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 5,400 |
| STEAMBOAT SPRINGS MIDDLE SCHOOL 39610 AMETHYST DRIVE STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 4,000 |
| TOTALLY KIDS INC PO BOX 264 HAYDEN,CO 81639 | | PC | UNRESTRICTED | 13,900 |
| TOWN OF OAK CREEK PO BOX 128 OAK CREEK,CO 80467 | | PC | UNRESTRICTED | 5,500 |
| YAMPA VALLEY AUTISM PROGRAM PO BOX 771824 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 25,000 |
| YAMPA VALLEY HIGH SCHOOL 325 7TH STREET STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 9,000 |
| EMERALD MOUNTAIN SCHOOL PO BOX 770723 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 27,500 |
| HOSPICE OF STEAMBOAT (NW COLO VNA) 940 CENTRAL PARK DR STE 101 STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 5,525 |
| ROCKY MOUNTAIN YOUTH CORPS PO BOX 775504 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 7,000 |
| STRINGS MUSIC FESTIVAL 900 STRINGS ROAD STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 25,000 |
| Total  3a | | | | 425,175 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| STEAMBOAT MOUNTAIN SCHOOL 42605 COUNTY RD 36 STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 25,000 |
| FAMILY DEVELOPMENT CENTER PO BOX 773982 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 1,000 |
| YAMPA VALLEY AUTISM PROGRAM PO BOX 771824 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 2,000 |
| REACHING EVERYONE PREVENTING SUICIDE PO BOX 773324 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 2,000 |
| PARTNERS IN ROUTT COUNTY PO BOX 774325 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 6,500 |
| GIRLS SCOUTS OF COLORADO PO BOX 9407 DENVER,CO 80209 | | PC | UNRESTRICTED | 1,000 |
| STEAMBOAT SPRINGS HIGH SCHOOL 45 E MAPLE STREET STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 2,000 |
| STEAMBOAT SPRINGS SCHOOL DISTRICT 325 7TH STREET STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 950 |
| SOUTH ROUTT SCHOOL DISTRICT PO BOX 158 OAK CREEK,CO 80467 | | PC | UNRESTRICTED | 1,500 |
| YAMPATIKA 925 WEISS DRIVE STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 1,000 |
| INTEGRATED COMMUNITY PO BOX 880587 STEAMBOAT SPRINGS,CO 80488 | | PC | UNRESTRICTED | 2,000 |
| YAMPA VALLEY COMMUNITY FOUNDATION PO BOX 881869 STEAMBOAT SPRINGS,CO 80488 | | PC | UNRESTRICTED | 5,500 |
| STEAMBOAT SPRINGS ELEMENTARY SCHOOLS 325 7TH STREET STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 25,000 |
| SODA CREEK ELEMENTARY SCHOOL 325 7TH STREET STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 1,000 |
| YAMPA VALLEY MEDICAL CENTERREPS PO BOX 773324 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 5,000 |
| Total  3a | | | | 425,175 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|---|---------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| ROUTT COUNTY UNITED WAY PO BOX 774005 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 5,000 |
| STEAMBOAT SPRINGS ARTS COUNCIL PO BOX 774284 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 1,000 |
| YAMPA VALLEY HIGH SCHOOL 325 7TH STREET STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 400 |
| GIL BARBIER EDUCATION FUND 830 THE BOULEVARD STEAMBOAT SPRINGS,CO 80487 | | PC | UNRESTRICTED | 500 |
| GRAND FUTURES PREVENTION COALITION PO BOX 774923 STEAMBOAT SPRINGS,CO 80477 | | PC | UNRESTRICTED | 1,000 |
| Total | | |  3a | 425,175 |

| | | |
|---|--|---|
| <div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div> | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div> | <div>OMB No 1545-0047</div> <div>2014</div> |
|---|--|---|

| | |
|---|---|
| <div>Name of the organization</div> <div>CRAIG-SHECKMAN FAMILY FOUNDATION</div> | <div>Employer identification number</div> <div>20-2835678</div> |
|---|---|

Organization type (check one)

| | |
|--|---|
| <div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div> | <div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div> |
|--|---|

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization CRAIG-SCHECKMAN FAMILY FOUNDATION | Employer identification number 20-2835678 |
|--|---|

| Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed | | | |
|---|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>1</u> | SKI TIME SQUARE MANAGEMENT PO BOX 776429 STEAMBOAT SPRINGS, CO 80487 | \$ 193,154 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

| | |
|--|---|
| Name of organization CRAIG-SCHECKMAN FAMILY FOUNDATION | Employer identification number 20-2835678 |
|--|---|

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

| (a) No. from Part I | (b) Description of noncash property given | (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 |
| _____ | _____ _____ _____ _____ | _____ \$ | _____ |

| | |
|---|--|
| Name of organization CRAIG-SCHECKMAN FAMILY FOUNDATION | Employer identification number 20-2835678 |
|---|--|

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 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 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 | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |

TY 2014 Accounting Fees Schedule

Name: CRAIG-SCHECKMAN FAMILY FOUNDATION

EIN: 20-2835678

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 5,230 | 0 | 0 | 0 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: CRAIG-SCHECKMAN FAMILY FOUNDATION

EIN: 20-2835678

| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|-------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| FURNITURE AND FIXTURES | 2010-02-15 | 51,687 | 13,188 | SL | 7 000000000000 | 5,802 | 0 | 5,802 | |
| COMPUTER | 2012-06-01 | 5,871 | 2,348 | SL | 5 000000000000 | 1,174 | 0 | 1,174 | |

TY 2014 Explanation of Non-Filing with Attorney General Statement

Name: CRAIG-SCHECKMAN FAMILY FOUNDATION

EIN: 20-2835678

Statement: COLORADO DOES NOT REQUIRE FILING OF FORM 990PF

TY 2014 General Explanation Attachment

Name: CRAIG-SCHECKMAN FAMILY FOUNDATION
EIN: 20-2835678

| Identifier | Return Reference | Explanation |
|------------|---------------------------------|---|
| | FORM 990-PF, PART XV, LINE 2A-D | <p>EXPLANATION SUPPLEMENTARY INFORMATION REGARDING CONTRIBUTION, GRANT, GIFT, LOAN, SCHOLARSHIP, ETC. PROGRAMS NAME OF GRANT PROGRAM YOUTH ADVOCACY PROGRAM FOR ROUTT COUNTY ATTN SARA CRAIG-SCHECKMAN STREET ADDRESS PO BOX 776429 CITY, STATE, ZIP CODE STEAMBOAT SPRINGS, CO 80477 TELEPHONE (970) 879-0148</p> <p>FORM AND CONTENT A COVER LETTER INCLUDE THE PURPOSE OF THE GRANT REQUEST AND A BRIEF DESCRIPTION OF HOW THE REQUEST FITS WITH THE CRAIG-SCHECKMAN FAMILY FOUNDATION'S MISSION AND GRANT MAKING PRIORITIES B SUMMARY OF APPLICANT ORGANIZATION PLEASE COMPLETE THE FORM ELECTRONICALLY AND ACCURATELY REMEMBER TO INDICATE THE GRANT CATEGORY THE STANDARD GRANT WILL BE THE MORE COMMON GRANT OF \$1,000 - \$5,000 AND THE HIGH IMPACT GRANT OF \$5,001 - \$10,000 WILL BE RESERVED FOR EXCEPTIONAL PROJECTS REFER TO THE GRANT GUIDELINES FOR MORE INFORMATION IF APPLYING FOR A HIGH IMPACT GRANT, NOTE THE REQUIRED PROGRAM/PROJECT BUDGET C NARRATIVE USE 12-POINT TIMES NEW ROMAN FONT WITH 1-INCH MARGINS AND INCLUDE THE HEADING PROVIDED FOR EACH QUESTION IT IS NOT NECESSARY TO REPEAT THE TEXT OF THE QUESTIONS PLEASE LIMIT THE NARRATIVE SECTION TO FOUR PAGES 1 ORGANIZATION INFORMATION A MISSION STATEMENT, BRIEF STATEMENT OF ORGANIZATION'S GOALS AND OBJECTIVES B DESCRIPTION OF CURRENT PROGRAMS, ACTIVITIES, AND ACCOMPLISHMENTS 2 PURPOSE OF GRANT BRIEF STATEMENT OF THE ISSUES TO BE ADDRESSED, DESCRIPTION OF CONSTITUENCY SERVED, INCLUDING NUMBER SERVED, ADDRESS YAP'S SPECIFIC TARGET POPULATION AND HOW THESE YOUTH WILL BENEFIT A IF APPLICATION IS FOR A SPECIFIC PROGRAM OR PROJECT PLEASE ANSWER QUESTIONS 2B, 2C, AND 2D OTHERWISE PROCEED TO QUESTION 2E B DESCRIPTION OF GOALS AND OBJECTIVES FOR THE PURPOSE OF THE GRANT C DESCRIPTION OF ACTIVITIES PLANNED TO ACCOMPLISH THESE GOALS, IS THIS A NEW OR ONGOING ACTIVITY ON THE PART OF THE ORGANIZATION? D TIMETABLE FOR IMPLEMENTATION E OTHER ORGANIZATIONS, IF ANY, PARTICIPATING IN THE ACTIVITY 3 EVALUATION (PLEASE DISCUSS) A DESCRIBE YOUR EVALUATION METHOD FOR EACH GOAL MENTIONED IN SECTION 2(B) ABOVE [IF APPLICATION IS FOR GENERAL OPERATING SUPPORT, DESCRIBE THE PROCESS USED TO EVALUATE THE PROGRESS TOWARD ORGANIZATIONAL GOALS 1(A)] B RESULTS TO DATE OR, FOR A NEW PROGRAM/PROJECT, EXPECTED RESULTS DURING THE FUNDING PERIOD C HOW THE PROGRAM'S/PROJECT'S RESULTS HAVE BEEN OR WILL BE USED AND/OR DISSEMINATED 4 INCLUSIVENESS A DESCRIBE HOW THE ORGANIZATION STRIVES TO BE INCLUSIVE IN ITS PROGRAMS, STAFF, BOARD, AND VOLUNTEERS, AND DESCRIBE THE PROGRESS TO DATE B DESCRIBE HOW THE ORGANIZATION INVOLVES VOLUNTEERS AND UNPAID PERSONNEL (OTHER THAN THE BOARD OF DIRECTORS) WITHIN A TYPICAL 12-MONTH TIME PERIOD INCLUDE NUMBER OF VOLUNTEERS AND HOURS (IF TRACKED BY THE ORGANIZATION) 5 PLANNING A DESCRIBE THE CHALLENGES AND OPPORTUNITIES FACING THE ORGANIZATION IN THE NEXT THREE TO FIVE YEARS ADDITIONALLY, DESCRIBE HOW THE ORGANIZATION ENGAGES IN PLANNING AND DESCRIBE THE FOCUS OF ANY CURRENT PLANNING EFFORTS D ATTACHMENTS 1 A COPY OF THE MOST RECENT IRS 501(C) (3) DETERMINATION LETTER (IF APPLICABLE) 2 CERTIFICATE OF GOOD STANDING WITH THE STATE OF COLORADO AND YOUR CHARITABLE SOLICITATION NUMBER IF YOU ARE UNFAMILIAR, TO OBTAIN THE CERTIFICATE, VISIT HTTP://WWW.SOS.STATE.CO.US/, CLICK ON "BUSINESS CENTER" THEN "LICENSING CENTER" 3 ANTI DISCRIMINATION STATEMENT ADOPTED BY THE BOARD OF DIRECTORS 4 ANNUAL REPORT, IF AVAILABLE 5 EVALUATION RESULTS (OPTIONAL) PROVIDE THE ORGANIZATION'S MOST RECENT EVALUATION RESULTS, RELEVANT TO THIS REQUEST 6 FINANCIAL INFORMATION A MOST RECENT AUDIT IF AVAILABLE AND YEAR-END FINANCIAL STATEMENTS FOR PREVIOUS FISCAL YEAR (IF THESE ARE ONE-IN-THE-SAME, THE AUDIT IS PREFERRED) B YEAR-TO-DATE FINANCIAL STATEMENTS FOR THE CURRENT FISCAL YEAR INCLUDING A BALANCE SHEET AND AN INCOME AND EXPENSE STATEMENT C ORGANIZATIONAL OR DEPARTMENTAL OPERATING BUDGET CURRENT AND NEXT YEAR'S, IF AVAILABLE D PROGRAM/PROJECT BUDGET IF APPLICATION IS FOR A SPECIFIC PROGRAM AND/OR IF YOUR REQUEST IS FOR A HIGH IMPACT GRANT E LIST OF MAJOR IN-KIND CONTRIBUTORS, AND AMOUNTS, THAT HAVE BEEN AWARDED TO THE ORGANIZATION AND/OR PROGRAM OVER THE PAST 12 MONTHS F THE MEMORANDUM OF UNDERSTANDING OR THE CONTRACT BETWEEN THE ORGANIZATION AND THE FISCAL AGENT/FISCAL SPONSOR, IF APPLICABLE</p> <p>SUBMISSION DEADLINES MAY 1, NOV 1</p> <p>RESTRICTIONS ON AWARDS THE CRAIG-SCHECKMAN FAMILY FOUNDATION (CSFF) MAKES GRANTS TO CHARITABLE TAX-EXEMPT ORGANIZATIONS INCLUDING PRIVATE NON-PROFIT ORGANIZATIONS AND GOVERNMENTAL AGENCIES THAT ARE A PART OF STATE, COUNTY OR CITY GOVERNMENT THAT OPERATE YOUTH ADVOCACY PROGRAMS, COMMUNITY PROJECTS OR EDUCATIONAL PROJECTS THAT PROVIDE SERVICES TO SPECIAL NEEDS, AT-RISK, AND/OR LOW INCOME YOUTH YOUTH SHALL BE DEFINED AS NEWBORN THROUGH EIGHTEEN YEARS OLD THE CSFF REQUIRES ALL PUBLIC CHARITIES APPLYING FOR A GRANT TO SHOW EVIDENCE OF THEIR 501 (C) (3) PUBLIC CHARITY STATUS THROUGH A COPY OF AN IRS DETERMINATION LETTER GOVERNMENT AGENCIES MUST BE A GOVERNMENT RUN EDUCATIONAL OR PUBLIC ADVOCACY ORGANIZATION GRANTS TO PRIVATE FOUNDATIONS ARE PROHIBITED, AS ARE GRANTS TO INDIVIDUALS GRANT APPLICATIONS MUST BE FOR A SPECIFIC PROGRAM OR PROJECT, OR FOR GENERAL OPERATED SUPPORT TO SERVE YAP'S TARGET POPULATION (SPECIAL NEEDS, AT-RISK, AND/OR LOW INCOME YOUTH) THE CSFF WILL GRANT FUNDS, THROUGH THE YOUTH ADVOCACY PROJECT, IN SUPPORT OF CHARITABLE TAX-EXEMPT ORGANIZATIONS BENEFITING SPECIAL NEEDS, AT-RISK, AND/OR LOW INCOME YOUTH THROUGHOUT ROUTT COUNTY</p> |

TY 2014 Investments - Other Schedule**Name:** CRAIG-SCHECKMAN FAMILY FOUNDATION**EIN:** 20-2835678

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|--------------------------------|--------------------------|------------|----------------------------------|
| MILLENIUM INVESTMENTS | AT COST | 804,502 | 1,951,335 |
| SKI TIME SQUARE LTD. | AT COST | 2,610,315 | 5,754,150 |
| DUE FROM INVESTMENT ASSET SALE | AT COST | 350,000 | 350,000 |

TY 2014 Land, Etc. Schedule**Name:** CRAIG-SCHECKMAN FAMILY FOUNDATION**EIN:** 20-2835678

| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|------------------------|--------------------|--------------------------|------------|-------------------------------|
| FURNITURE AND FIXTURES | 51,687 | 30,066 | 21,621 | 21,621 |
| COMPUTER | 5,871 | 3,522 | 2,349 | 2,349 |

TY 2014 Other Expenses Schedule**Name:** CRAIG-SCHECKMAN FAMILY FOUNDATION**EIN:** 20-2835678

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------------------|-----------------------------------|--------------------------|---------------------|--|
| ADVERTISING | 5,942 | 0 | 0 | 0 |
| OFFICE EXPENSE | 5,447 | 0 | 0 | 0 |
| BANK SERVICE CHARGE | 30 | 0 | 0 | 0 |
| DUES AND SUBSCRIPTIONS | 8,923 | 0 | 0 | 0 |
| INSURANCE | 1,725 | 0 | 0 | 0 |
| GENERAL REPAIRS | 129 | 0 | 0 | 0 |
| UTILITIES | 2,864 | 0 | 0 | 0 |
| MISCELLANEOUS | 511 | 0 | 0 | 0 |