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#### Form 990-PF

## Extended to August 17, 2015 Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

rui	Calbi	iuai yeai 2014 di lax yea	r beginning			<u>, anu e</u>	nung				
Na	me o	foundation						A	Employer identification	number	
ç	stu	rm Zachary H	Family Found	latio	n n				52-2098180		
		and street (or P O box number	<del></del>			<del></del> -	Room/suite	+			
		Box 410	ir mair is not delivered to street	auuress)			Hoonvalle	В	Telephone number 970-925-31	41	
Ci	v or t	own, state or province, coi	untry and 7IP or foreign o	nstal co	de			c	If exemption application is p	anding chack ham	
	-	en, CO 8161	• • • • • • • • • • • • • • • • • • • •			_			in exemption application is p	enumy, check here	
G	Check	all that apply	Initial return		Initial return of a f	ormer public (	charity	D	1. Foreign organizations	s, check here	ightharpoons
			Final return		Amended return	·	·	l	_	•	
			Address change	X	Name change				<ol><li>Foreign organizations me check here and attach co</li></ol>	eting the 85% test,	ightharpoons
H	Check	type of organization	X Section 501(c)(3) ex					7			
Ϊ	_	ction 4947(a)(1) nonexem			xable private found	ation			If private foundation statunder section 507(b)(1)		*a
		arket value of all assets at				X Acci	rual	7			
		Part II, col. (c), line 16)	· · —	her (spe		( <u></u> ) 7001	uui		If the foundation is in a (		ation
	• \$		35772 . (Part I, colu			hacie l		-	under section 507(b)(1)	(b), check here	
errin.			<u></u>					╀		(d) a .	
-	art l	The total of amounts in colu	imns (b) (c) and (d) may not		) Revenue and enses per books		ivestment ome		(c) Adjusted net income	( <b>d</b> ) Disburse for chantable p	urposes
	Τ.	necessanly equal the amoun		GVF		······	·····	Į.		(cash basis	only)
	1				89880.			┈	N/A		
	2		n is not required to attach Sch. B			<u> </u>		₽.			
	3	Interest on savings and tempo cash investments	orary		2.		2.	_		Statemen	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	4	Dividends and interest fro	om securities		430.		430.	퇶		Statemen	at 2
	5a	Gross rents			***************************************		•••••	_			·····
	b	Net rental income or (loss)						L	/		
Revenue	6a	Net gain or (loss) from sale of	assets not on line 10								
	b	Gross sales price for all assets on line 6a									
eve	7	Capital gain net income (from	Part IV, line 2)				0.	Π			
عَ الله	8	Net short-term capital gai	ın		***************************************						***********
2665	g	Income modifications		<del>                                     </del>	- ' <del>' ''haraa</del> a	*****************	· · · · · · · · · · · · · · · · · · ·	$\top$			*************
	102	Gross sales less returns and allowances		<u> </u>	······				······································		<del></del>
(O)	Ι.	Less Cost of goods sold	<del></del>		1 trierrania	······································		┢	da i'llin Hamila a 'Yele		!*!!!!*! <del>!!!!!!</del>
60	1	Gross profit or (loss)	<u> </u>	······	***************************************		•••••	1	••		***************************************
<u> </u>	j	Other income				<u>.</u>		t		·······················	***************************************
=	1	Total. Add lines 1 throug	h 11		90312.		432.	╁	<del></del>		
(3)	13				0.		0.	╁╴	<del></del>		0.
Ų,	1	Compensation of officers, dire	•					⊢			
틠		Other employee salaries a	•					$\vdash$			
<u>`</u> 8	15	Pension plans, employee	Denents	ļ		<del></del>		-		<del>-</del>	
R.A. Penses	108	Legal fees			- 66/	5011/C		<u> </u>	<del></del>		
S.C./	D	Accounting fees			RE			┝			<del></del>
	ı	Other professional fees					00 00 00	$\vdash$		<del>-</del>	
Administrative	l	Interest		ļ	<u></u> }}	. 2720		┝			
tra	18	Taxes			2 30	. [] ( 50	וגעוו	<u> </u>			
<u>=</u>	19	Depreciation and depletio	n					ļ			·····
Ē	20	Occupancy			06	DENLL		L			
ĕ	21	Travel, conferences, and i	meetings				- <del> </del>				
and	22	Printing and publications									
Ē	23	Other expenses									
Operating and	24	Total operating and adm	inistrative								
<u>s</u>		expenses. Add lines 13 th	hrough 23		0.		0.				0.
0	25	Contributions, gifts, grant	ts paid		88055.					88	3055.
	26	Total expenses and disb	ursements.								
		Add lines 24 and 25			88055.		0.			88	3055.
	27	Subtract line 26 from line	12								
	l	Excess of revenue over expens			2257.						
	(	Net investment income (			· · · · · · · · · · · · · · · · · · ·	*** ***********************************	432.	<b>!</b> "	***************************************	11111111111	***************************************
		Adjusted net income (if ne						<del> </del>	N/A		
4225	71	The state of the s						Ь			

			undation		2098180 Page 2
Part II Balance Sheets Attached schedules and amounts in the desc column should be for end-of-year amounts or		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	<del></del>
_	T .	<del></del>	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		3516.	5774.	<u> </u>
	2	Savings and temporary cash investments		<del></del>	
	3	Accounts receivable		į	
		Less allowance for doubtful accounts			r - 1 - 11 - 12 - 12 - 12 - 12 - 12 - 12
	4	Pledges receivable			
	1	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	g	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock Stmt 3	21461.	29998.	29998.
	ſ	Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation	Ī		
	12	Investments - mortgage loans			
	13	Investments - other		<del></del>	
	14	Land, buildings, and equipment basis		<del></del>	
	'-	Less accumulated depreciation	•		
	15	Other assets (describe	<del></del>		
	1	·	-	<del>-</del>	
	16	Total assets (to be completed by all filers - see the	24077	25772	25772
	-	instructions Also, see page 1, item I)	24977.	35772.	35772.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			
Ē	I	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
			_ [		
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
Ö	24	Unrestricted	24977.	35772.	
ā	25	Temporarily restricted			
8	26	Permanently restricted			
or Fund Balances	ĺ	Foundations that do not follow SFAS 117, check here			
ī		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds		1	
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ş	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances	24977.	35772.	
_					
	31	Total liabilities and net assets/fund balances	24977.	35772.	
	art				
		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		t agree with end-of-year figure reported on prior year's return)		1	24977.
		amount from Part I, line 27a		2	2257.
		increases not included in line 2 (itemize) $ ightharpoonup$ Unrealized (	Gain on Investr	ments 3	8538.
		ines 1, 2, and 3		4	35772.
5	Decre	pases not included in line 2 (itemize)		5	0.
)	<u>Total</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	35772.

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		sses for Tax on In									
		nd(s) of property sold (e g or common stock, 200 shs				How a - Purc - Don	cquired chase ation	(c) Date acquired (mo , day, yr )		( <b>d)</b> Da (mo , d	te sold ay, yr )
b NO	NE								_		
C											
<u>d</u>											
<u> </u>					<u> </u>						·
(e) Gross sales price	(f) I	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (		
<u>a</u>									<del></del>		
<u>b</u>											
<u>C</u>					_	_					
<u>d</u>	<del> </del>								<del></del>		
Complete only for assets showing	00.0010.10	nolume (h) and award by t	ho foundation	on 12/21/60				0 15	\al_ (b) assa		
Complete only for assets showing									Col (h) gain not less than		
(i) F M V as of 12/31/69		j) Adjusted basis as of 12/31/69		cess of col. (I)					(from col (I		
<u>a</u>											_
<u>b</u>				<del></del>	$\dashv$			_			
<u>C</u>	-						<del></del>				-
e e	_						<del></del>				
	L				$\overline{}$		<u> </u>				
2 Capital gain net income or (net ca	apital loss)	If gain, also enter     If (loss), enter -0-	in Part I, line in Part I, line	7	<b>)</b>	2					- <u></u>
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	column (d		1 (6)		}						
If (loss), enter -0- in Part I, line 8		.: 40.40/ \ /	<del></del>			3	<u> </u>				
Part V Qualification U				· · · · · ·	_		nent inc	ome			
(For optional use by domestic private	e foundation	ons subject to the section 4	940(a) tax on	net investment in	come	)					
If section 4940(d)(2) applies, leave t	his part bla	ank									
			4.4								X No
Was the foundation liable for the sec				· · · · · · · · · · · · · · · · · · ·	1007					L Yes	LA_ NO
If "Yes," the foundation does not qua 1 Enter the appropriate amount in					ntries						
	Cach cold	(b)	3(100(10113 00	Torc making any c	(c)	-	_	T		(d) ution ratio	
(a)  Base period years  Calendar year (or tax year beginni	na in)	Adjusted qualifying dist	ributions	Net value of no	رد) nchai	ritable-	use assets		Distrib (col (b) divi	ution ratio ided by col	(c))
2013			86660.				20403		(55. (2) 5		<del>47415</del>
2012			11503.				31840				01979
2011		1.	70394.				25157				73224
2010			76846.				18791	•		4.0	89511
2009		1.	13046.				16821	•		6.7	20528
2 Total of line 1, column (d)								2		25.3	<u> 32657</u>
3 Average distribution ratio for the	5-year bas	e period - divide the total o	n line 2 by 5,	or by the number	of ye	ars					
the foundation has been in existe	nce if less	than 5 years						3		5.0	<u>66531</u>
4 Enter the net value of noncharitat	ole-use ass	ets for 2014 from Part X, Ii	ne 5					4		3	3957.
5 Multiply line 4 by line 3								5		17	2044.
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6			4.
7 Add lines 5 and 6								7		17	2048.
8 Enter qualifying distributions from								8		8	8055.
If line 8 is equal to or greater than See the Part VI instructions	ı lıne 7, ch	eck the box in Part VI, line	lb, and comp	lete that part using	g a 19	% tax ı	rate				

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_	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	instru	ictio	ns)		
18	Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				^		
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<del> </del>			9.		
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				^		
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<del> </del>			0.		
3	Add lines 1 and 2	<del> </del>			9.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<del></del>			0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<del> </del>			9.		
6	Credits/Payments						
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a						
	Exempt foreign organizations - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)  6c 10.						
	Backup withholding erroneously withheld				1.0		
7	Total credits and payments Add lines 6a through 6d	┷			10.		
8	Enter any penalty for underpayment of estimated tax. Check here 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	<del>↓</del> _					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del> </del>			1.		
	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 1 - Refunded ▶ 11	ᆚ			0.		
	rt 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			Yes	No X		
	any political campaign?						
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		16	ļ	X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		-				
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?		10		X		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .						
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
	managers > \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X		
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or						
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_3_		<u>X</u>		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X		
	·	A\N	4b		<u></u>		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X		
	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		1 1				
	remain in the governing instrument?		_6	_X_			
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	Χ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				ı 		
	of each state as required by General Instruction G? If "No," attach explanation		8b	X			
	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		<u>X</u>		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		Х		
		Fo	rm <b>990</b>	-PF (	2014)		

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	art 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		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?			
	If "Yes," attach statement (see instructions)	ľ	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	ļ	13	_X	
	Website address ► N/A				
14	The books are in care of ► Melanie L. Sturm  Telephone no			141	
	Located at ▶P.O. Box 410, Aspen, CO	ZIP+4 ▶ <u>81</u>	612		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<b>,</b> ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	15		/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1		Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name	of the		1	
Ps	foreign country ►  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>		<u> </u>
تستسا	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)			.03	-110
		s X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	s X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	s X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	s X 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)?	s 🗶 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			1	
	termination of government service, if terminating within 90 days )	s X No		1	
þ	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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)?	N/A	1b		**********
	Organizations relying on a current notice regarding disaster assistance check here	▶∟ ∣			
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			1	
_	before the first day of the tax year beginning in 2014?		1c		<u>X</u>
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))				
а	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		l		
		s X No			
	If "Yes," list the years ▶,,,			1	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		ļ	1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	37/3	- [	1	
	statement - see instructions )	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here		[	1	
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	l			
-		s X 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 dis				
	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,			1	
	Form 4720, to determine if the foundation had excess business holdings in 2014.)	N/A	3b	_ ]	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
þ	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		X
		Forn	9 <b>90</b>	-PF(	2014)

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Part VII-B Statements Regarding Activities for Which I		Required (contin				
5a Quring the year did the foundation pay or incur any amount to				$\overline{}$		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y <sub>1</sub>	es X No			
(2) Influence the outcome of any specific public election (see section 4955), or						
any voter registration drive?	Y <sub>1</sub>	es 🔀 No				
(3) Provide a grant to an individual for travel, study, or other similar purposes	Y <sub>1</sub>	es 🗓 No 📗				
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section					
4945(d)(4)(A)? (see instructions)		Y	es 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?		Ye	es X No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und		in Regulations	27./2			
section 53 4945 or in a current notice regarding disaster assistance (see instru			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 for		- /-	,			
expenditure responsibility for the grant?		I/AY	es 🔛 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?		T6	es X No	ر ا	v	
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.	h - Wa - A O		🔽			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	T6	es X No	7b			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly						
Paid Employees, and Contractors	ees, roundation Ma	iilagers, nigilij	,			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e	) Expense	
(a) Name and address	(If not paid, enter -0-)	and deferred compensation	account, other allowances			
Melanie L. Sturm	to position President	, , , , , , , , , , , , , , , , , , ,		1		
P.O. Box 410		]				
Aspen, CO 81612	10.00	0.	0.		0.	
Marc G. Zachary	Vice Presiden	t				
P.O. Box 410						
Aspen, CO 81612	10.00	0.	0.	.	0.	
				1	_	
			! 	<u> </u>		
2 Compensation of five highest-paid employees (other than those inc	<del></del>	enter "NONE."	(4)	т.		
(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	acc al	) Expense ount, other lowances	
NONE						
				1_		
	<del>_</del>				<del></del>	
					<del></del>	
				<u> </u>		
		1				
		<u> </u>	1	<u> </u>		
Total number of other employees paid over \$50,000		<del></del> -	<b>_</b>		0	

	2-2098180 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. 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 N/A	
2	
3	
4	
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 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.
	Form <b>990-PF</b> (2014)

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

Form **990-PF** (2014)

Adjusted qualifying distributions. Subtract line 5 from line 4

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		······································	·	····· ' · '············· ' · · · · · ·	1689.
2 Undistributed income, if any,	F	***		_	
a Enter amount for 2013 or	nly <u>[</u>			0.	
<b>b</b> Total for prior years	Į.		0		
C Freeze distributions asset			0.	PHHHHH!!!!	
3 Excess distributions carry					
a From 2009	112213. 75914.				
<b>b</b> From 2010	169148.				
c From 2011	109923.				
d From 2012	85649.				
e From 2013		552847.			
f Total of lines 3a through	, , , , , , , , , , , , , , , , , , ,	332047.			
4 Qualifying distributions for	· · · · · · · · · · · · · · · · · · ·				
Part XII, line 4 ► \$	88055.			0	
a Applied to 2013, but not	<del>                                      </del>			0.	
b Applied to undistributed i			0.		
years (Election required -	· F	······	<u></u>	······································	
c Treated as distributions o	·	0.			
(Election required - see in	·		·······························	' //// <del>////// ' · · · · · · · · · · · · · · · · ·</del>	1689.
d Applied to 2014 distributa	F**	86366.			1009.
e Remaining amount distrib	´ F	0.	·	',;' <del>  **                                 </del>	0.
(If an amount appears in column (a))	nn (d), the same amount	0.			0.
6 Enter the net total of eac indicated below:	h column as	TOTOTOTOTOTOTO			
2 Corpus Add lines 3f, 4c, and	4e Subtract line 5	639213.			
<b>b</b> Prior years' undistributed	income Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior undistributed income for deficiency has been issue	which a notice of d, or on which				
the section 4942(a) tax hassessed	as been previously		0.		
d Subtract line 6c from line	6b Taxable				<u></u>
amount - see instructions	E .		0.		
e Undistributed income for	<b>[</b>				
4a from line 2a Taxable a	mount - see instr			0.	
f Undistributed income for		······			
lines 4d and 5 from line 1	This amount must				
be distributed in 2015					0.
7 Amounts treated as distrit	outions out of		· ,  ,' '' <del>''    , ,,,</del> ,		<del></del>
corpus to satisfy requirem	nents imposed by				
section 170(b)(1)(F) or 49	- (				
may be required - see inst		0.			
8 Excess distributions carry	· -		' · · · · · · · · · · · · · · · · · · ·	'	
not applied on line 5 or lin	I .	112213.			
9 Excess distributions carry	F-		· · · · · · · · · · · · · · · · · · ·	······································	<del></del>
Subtract lines 7 and 8 from		527000.	1		
O Analysis of line 9	<del></del>		111111111111111111111111111111111111111	······································	# ''
a Excess from 2010	75914.				
b Excess from 2011	169148.				
c Excess from 2012	109923.			***	
d Excess from 2013	85649.				
e Excess from 2014	86366.				
23581				<u></u>	<del></del>

	achary Fami				198180 Page 10
Part XIV Private Operating F	<b>oundations</b> (see ins	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	<b>▶</b>		
b Check box to indicate whether the found	lation is a private operatin	g foundation described	ın section	4942(j)(3) or4	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) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for	_				]
each year listed					
<b>b</b> 85% of line 2a					
© 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			<del>-</del>		
alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
, ,			<del> </del>		<del>                                     </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return	Ì				
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		<u> </u>			
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Complet	te this part only	if the foundation	on had \$5,000 or m	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			tributions received by t	he foundation before the clo	ose of any tax
Melanie L. Sturm					
b List any managers of the foundation who			(or an equally large po	rtion of the ownership of a p	partnership or
other entity) of which the foundation has	s a 10% or greater interes	t			•
None					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ► X if the foundation o	nly makes contributions to	o preselected charitable	organizations and does	s not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc. (	(see instructions) to indivi	duals or organizations	under other conditions,	complete items 2a, b, c, an	d d
a The name, address, and telephone number	ber or e-mail address of th	e person to whom app	lications should be add	ressed	
b The form in which applications should b	e submitted and informati	on and materials they s	hould include		
t Any submission deadlines		-			
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields	, kınds of ınstıtutıons, o	r other factors	
	•				

Part XV Supplementary Informati		<del></del>		<u>-</u>
3 Grants and Contributions Paid During th		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient		_
a Paid during the year				
		İ		
Aspen Counterpoint	None	501(C)(3)	To Further Tax Exempt	
435 W. Main Street		}	Purpose	
Aspen, CO 81611	<del></del>	<del></del>	<del>-</del>	375
		Ì		
Aspen Jewish Congregation	None	501(C)(3)	To Further Tax Exempt	
77 Meadowood Drive			Purpose	
Aspen, CO 81611				180
Aspen Strong Foundation	None	501(C)(3)	To Further Tax Exempt	
135 W. Main Street, Suite I			Purpose	100
Aspen, CO 81611		<u> </u>		100
		}		
Centennial Institute	None	501(C)(3)	To Further Tax Exempt	
8787 W. Alameda Ave.			Purpose	
Lakewood, CO 80226				12000
Jewish Institute for National	None	501(C)(3)	To Further Tax Exempt	
Security Affairs			Purpose	
1307 New York Ave. NW #200				1000
Washington, DC 20005  Total See C	ontinuation shee	et(s)	<b>▶</b> 3a	1000 88055
b Approved for future payment	ANTANIA HILL			
Mana				
None				
		<u> </u>		
Total			<u>▶</u> 3b	0

Part XVI-A Analysis of Income-Prod			<u> </u>		
Enter gross amounts unless otherwise indicated		Unrelated business income (a) (b)		ed by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	(a) Business code	Amount	(C) Exclu- sion code	Amount	function income
a				-	
b					
c			1		
d		· · · · · · · · · · · · · · · · · · ·			
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2.	
4 Dividends and interest from securities			14	430.	_
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property					. <u> </u>
6 Net rental income or (loss) from personal	•				
property					
7 Other investment income					· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other					
than inventory			_		
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue	j				
a	_				
b	_				
c					
d					
8	_			422	
2 Subtotal Add columns (b), (d), and (e)			).	432.	0
3 Total. Add line 12, columns (b), (d), and (e)				13	432
See worksheet in line 13 instructions to verify calculations )	<u> </u>				
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt	Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other that			I-A CONTRIBU	ited importantly to the accomp	DIISTIMENT OF
the foundation's exempt purposes (other that	in by providing lands	tor such purposes)	<del></del>		
		_ <del>_</del> _		<del></del>	
					<u> </u>
			· <u> </u>	<del>_</del>	·- <u>-</u> .
	<del></del>			·· <del>····</del> ····	·
	<del></del> -			<del></del>	·
					<del></del> <del>-</del> -
		-			<del></del>
				<del></del>	<u></u> -
	·				-
		<u> </u>		<del></del>	

T SHI S AND A	Exempt Organ		121612 10	and transactions a	and Neiations	nips with Noncha	IIIabit	9	
1 Did the o			of the following	ng with any other organizati	on described in sect	ion 501(c) of	T	Yes	No
				27, relating to political organ		, ,			
a Transfer	s from the reporting founda	ation to a noncharita	ble exempt or	ganization of					1
(1) Casi	1						1a(1)		_ X
(2) Othe	or assets						1a(2)		X
<b>b</b> Other tra	nsactions								
(1) Sale	s of assets to a noncharital	ble exempt organizat	tion				1b(1)		X
(2) Puro	chases of assets from a noi	ncharitable exempt o	organization				1b(2)		X
(3) Rent	tal of facilities, equipment,	or other assets					1b(3)		_X
<b>(4)</b> Rein	nbursement arrangements						1b(4)		_X
( <b>5</b> ) Loai	ns or loan guarantees						1b(5)		_X
(6) Perf	ormance of services or me	mbership or fundrai	sing solicitatio	ons			1b(6)		X
c Sharing	of facilities, equipment, ma	iling lists, other asse	its, or paid em	ployees			10		_X
<b>d</b> If the ans	swer to any of the above is	"Yes," complete the	following sche	edule Column (b) should al	ways show the fair r	narket value of the goods,	other ass	ets,	
				ed less than fair market valu	ue in any transactior	or sharing arrangement, s	how in		
	d) the value of the goods,				<del></del>				
a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and	shanng an	rangeme	nts
			N/A						
		ļ							
					<del></del>				
					<del></del>	<del></del>			
				<del></del>					
					<del></del>			_	
		<del></del> _							
		<del>-</del>		<u>.                                    </u>					
				<del> </del>					
				<del></del>	<del> </del>				
		<u> </u>							
	<del>-</del>	•		or more tax-exempt organi	zations described	Г	¬ ,,,	v	] No.
	n 501(c) of the Code (other	· ·	)(3)) or in seci	(10N 52/7		L	Yes	Δ	סאונ
b it Yes, c	omplete the following sche (a) Name of org			(b) Type of organization	<del></del>	(c) Description of relations		_	
		allization		(b) Type of organization		(c) Description of relations	пр		
	N/A								
						<del>-</del>			—
							——		
Unde	r penatties of penury. I declare t	that I have examined thu	s return, includin	lg accompanying schedules and	statements, and to the	hest of my knowledge			
Sign and b	elief it is true, correct, and com	polete Declaration of pro	eparer (other tha	n taxpayer) is based on all inform	nation of which prepare	has any knowledge retu	y the IRS o	e prepare	er
Here	Milhouse	1 ( Nolly	200	17/7/16		sho	wn below Yes		י - י
S10	nature of officer or trustee	1 X Y WV	m	Date	Title		res		No
	Print/Type preparer's na	me	Preparer's si		Date	Check If PTIN			
	,	•	· · · · · · · · · · · · · · · · · · ·	9		self- employed			
Paid						, ,			
Preparer	Firm's name		<u> </u>		<del></del>	Firm's EIN			
Use Only									
•	Firm's address			<del></del>					
						Phone no			
	· <del></del>				<del></del>	<del></del>	rm <b>990</b>	)-PF (	2014\
								1	' ' /

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

**Employer identification number** 

Sturm Zachary Family Foundation 52-2098180 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33 1/3% 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 990-PF, Part I, line 2, to certify that it does not meet 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) (2014)

Name of organization

Employer identification number

Sturm	Zachary Family Foundation	52	<u>2-2098180</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	<del>-</del> -
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Melanie L. Sturm P.O. Box 410 Aspen, CO 81612	\$89880.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### Sturm Zachary Family Foundation

52-2098180

art II	Noncash Property (see instructions). Use duplicate copies of F	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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	14	<b>\$</b>	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) **Employer identification number** Name of organization 52-2098180 Sturm Zachary Family Foundation 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, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

29998.

Form 990-PF Intere	st on Saving	s and Tempor	ary	Cash In	vestments	Statement	1
Source		(a) Revenue Per Books		(b) vestment come	(c) Adjusted Net Income		
ANB Bank			2.		2.		
Total to Part I, li		2.		2.			
Form 990-PF	Dividends	and Interest	fro	om Secur	ities	Statement	2
Source	Gross Amount	Capital Gains Dividends	Revenue Net		(b) Net Inves ment Inco		
Century Link	430.	0.	430.		43	30.	
To Part I, line 4 430.		0.	0. 430.		43	30.	
Form 990-PF		Corporate S	tock	ζ		Statement	3
Description				Воо	k Value	Fair Marke Value	t
Level 3 Communicati Centurylink				22122. 7876.	221 78	22. 76.	

19

29998.

Total to Form 990-PF, Part II, line 10b

Part XV Supplementary Informati 3 Grants and Contributions Paid During the					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Continuation	Aillouill	
Leadership Program of the Rockies	None	501(C)(3)	To Further Tax Exempt Purpose.		
Denver, CO 80210				3900	
•					
Theatre Asepen 10 E. Hallam St. # 103	None	501(C)(3)	To Further Tax Exempt Purpose.		
Aspen, CO 81611				62000	
Tribad Tavich Juneal James		501(C)(3)	To Further Tax Exempt		
United Jewish Appeal Aspen P.O. Box 8590	None	B01(C)(3)	Purpose.		
Aspen, CO 81611				8500	
		-			
<del></del>					
Total from continuation sheets				74400	

#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

LHA 423841 05-01-14

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X	
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electror	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	me to file (	6 months for a cor	poration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	file Form 8	868 to request an	extension	
	o file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in pap						
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		,				
Part I	I)		submit original (no copies ne	eded).			
	ation required to file Form 990-T and requesting an autor				<del></del>		
Part I on	, , , , , , , , , , , , , , , , , , , ,			•	J	<b>▶</b> □	
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reque	st an exter	ision of time		
to file ind	come tax returns.			Enter file	er's identifying nu	ımber	
Type or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) of			
print					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Sturm Zachary Family Founda	ation		52-2098180			
File by the due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS	N)	
filing your	P.O. Box 410				·	,	
return See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.				
	Aspen, CO 81612	<b>3</b>					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
			.,				
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
	O or Form 990-EZ	01	Form 990-T (corporation)				
Form 99		02	Form 1041-A				
	20 (individual)	03	Form 4720 (other than individual)	than individual) 09			
Form 99		04	Form 522710				
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	O-T (trust other than above)	06	Form 8870				
10111199	Melanie L. Stu		1 01111 0070			12	
■ Thob	ooks are in the care of P.O. Box 410 -		n. CO 81612				
	hone No. ► 970-925-3141	110pc	Fax No. >				
		4b 1 lm					
	organization does not have an office or place of business			مة مد منطة كا	r the whole group,	ahaak ibia	
	is for a Group Return, enter the organization's four digit	-					
	. If it is for part of the group, check this box	-		_	ers the extension	IS TOT.	
1 Ire	equest an automatic 3-month (6 months for a corporation				<b>7</b> 1		
	August 15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension		
	or the organization's return for: $oldsymbol{X}$ calendar year $2014$ or						
			La calca a				
	tax year beginning	, an	d ending		<b>-</b> ·		
0 16.	hadaaaaa daabaa haadaa daabaa			<b>-</b>	_		
2 if t	he tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Final retur	n		
	Change in accounting period		<del></del>				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					_	1.0	
					\$	10.	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refu						^	
	imated tax payments made. Include any prior year overp			3ъ	\$	<u> </u>	
	lance due. Subtract line 3b from line 3a. Include your pa	•	·			1.0	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	10.	
Caution. Instruction	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879-EO	for payment	

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