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### Form 99,0-PF

**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.

OMB No 1545-0052

Department of the Treasury

Int	emal I	Revenue Service	► Information ab	out Form	990-P	F and its separa	te Instructions	is at www.	irs.gov	/form990pf. O	en to Pub	ic Inspection
_		lendar year 2014	or tax year begi	nning			, 2014,	, and end				, 20
		of foundation	DAMION						^	Employer identifi		ber
_		CHOTIN FOUN		<del></del>						71-095044		<del></del>
	Numb	er and street (or P O. b	ox number if mail is no	ot delivered	ed to street address) Room/suite			te   E	Telephone numb	•	•	
	E 67	E DEC DOUTEST	ADD CUITME	200					(30	3) 741	0100	
_		5 DTC BOULEV. r town, state or province			tal aada			<u> </u>				
	City o	r town, state or provinc	e, country, and 21P or	toreign pos	tai code				ء ا	If exemption applica	ation is	
	CDF	ENWOOD VILLA	CE CO 9011	1						pending, check here		▶∟
_		ck all that apply	Initial retui			Initial return	of a former n		ritie			
G	CHE	ck all that apply	Final retur			Initial return Amended re	-	oublic cha	ם   נייי	1. Foreign organizat		
			Address cl		-	Name chang				<ol><li>Foreign organiza</li><li>85% test, check h</li></ol>		
н	Che	ck type of organiz			-)(3) <u>-</u>				$\dashv$	computation .		▶∟
H Check type of organization X Section 501 Section 4947(a)(1) nonexempt charitable trust					ther taxable pr		tion	E	If private foundation		<b>►</b>	
+		market value of				method X C		rual	┨_	under section 507(b		
•		of year (from Part		_	-	pecify)		, uai	F	If the foundation is under section 507(b)		1 1
			284,981.			d) must be on cas					χι·χο,, ασα.	
E	art	Analysis of Rev	enue and Expens	es (The		<del></del>	,					bursements
_		total of amounts in a	columns (b), (c), an	d (d)		Revenue and penses per	(b) Net inve		(c)	Adjusted net		charitable
		may not necessanl column (a) (see insi		s in		books	incom	ie		income		irposes basis only)
	1	Contributions, gifts, grants	, etc., received (attach sci	nedule) .		2,441,600.						
	2		foundation is <b>not</b> required in Sch. B.									
	3	Interest on savings and				7.	•	7.			ATCH	1
	4	Dividends and inter-	est from securities	[		21,218.	2	1,218.			ATCH	2
	5a	Gross rents		[								
	ь	Net rental income or (le	oss)									
ne		Net gain or (loss) from				3.						
Revenue	b	Gross sales price for all assets on line 6a	80	,954.								
ev.	7	Capital gain net inc	ome (from Part IV, I	ine 2) .				3.				
œ	8	Net short-term capit	tal gaın	]								
	9	Income modification										
	10 a	Gross sales less returns and allowances									<u> </u>	
	1	Less Cost of goods sol	-									
		Gross profit or (loss)		1			·				ļ	
	11	Other income (attac				2,462,828.		1,228.			<u> </u> 	<del></del>
_	12	Total. Add lines 1 th				2,402,020.		1,220.			<u> </u>	
S	13	Compensation of office										
nse	14	Other employee sale Pension plans, emp						#	RE	CEIVED		
pei	15 16a	Legal fees (attach so			_				0 0 0	- OCHALL	<b>-</b>	<del></del>
Ex	10a	Accounting fees (at						-707	Al		181	<del></del>
Ve.	b	Other professional f						181	— MU	IG 17 2015	S-08	
ati	17	Interest						- 1-4	66			<del></del>
istr	18	Taxes (attach sched		1					(O)(G)	DEM. 117		
ij	19	Depreciation (attack		· .						TO THE		<del></del>
Ē	20		•			-			•			
٧F	14 Other employee salaries and wages											
and	22	Printing and publica	-									
Ē	23	Other expenses (att		F F		8,722.		3,252.				
atir	24	Total operating and		Г								
Operating		Add lines 13 throug		- 1		8,722.		3,252.				
Ö	25	Contributions, gifts,				183,512.						183,512
	26	Total expenses and disbu				192,234.		3,252.				183,512
	27	Subtract line 26 fro										
	а	Excess of revenue over e	xpenses and disburseme	ents		2,270,594.						
		Net investment inc		· 1-			1	7,976.				
	С	Adjusted net incom	e (if negative, enter	r -0-)								

P	art (I	Nalanda Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End,of	year
	1		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	3,052.	255,881.	255,881
			cash investments		43,806.	43,806
	3	Accounts receivable			"	
		Less allowance for dou	btful accounts ▶			
-			btful accounts ▶			
-			<del></del>			
İ			officers, directors, trustees, and other			
-			tach schedule) (see instructions)			
-			receivable (attach schedule)			
-			btful accounts ►			<del></del>
ø			se			<del> </del>
Assets	9	Prenaid eveneses and d	eferred charges			
AS			e government obligations (attach schedule)			
-	h	Investments - 0.5 and stat	e stock (attach schedule) ATCH 4		1,985,294.	1,985,294
-					2,300,2311	
	11	Investments - land, building:				
		Less accumulated deprecia (attach schedule)	ation •			
	12	Investments - mortgage	loans			
1	13	Investments - other (atta	ach schedule)			_
	14	Land, buildings, and				
		Less accumulated deprecia (attach schedule)	ation			
-	15	Other assets (describe	<b>-</b> )			
-			completed by all filers - see the			-
		instructions Also, see p	age 1, item l)	3,052.	2,284,981.	2,284,981
	17	Accounts payable and a	accrued expenses			· ,
				55,350.	200.	
စ္တ	19					
≝	20		ors, trustees, and other disqualified persons		-	ı
Liabilities	21		otes payable (attach schedule)			
	22	Other liabilities (describe	<b>ATCH</b> 5 )		11,124.	
-						
	23	Total liabilities (add line	es 17 through 22)	55,350.	11,324.	
T			low SFAS 117, check here . ▶			
<u>"</u>			24 through 26 and lines 30 and 31.			
3	24	Unrestricted				
티	25					
ä	26					
밁			not follow SFAS 117, ▶ X			
띠		check here and com	plete lines 27 through 31.			
0			cipal, or current funds			
18	28		r land, bldg , and equipment fund			
188	29		ulated income, endowment, or other funds	-52,298.	2,273,657.	
<u></u>	30		balances (see instructions)	-52,298.	2,273,657.	
Net	31		net assets/fund balances (see			
1				3,052.	2,284,981.	
Б			nges in Net Assets or Fund Balan		2,20.,301.	<del></del>
			palances at beginning of year - Part II		ist agree with	<del></del>
•			ed on prior year's return)			-52,298
2	Ento	or year ligure reporte	line 27a	• • • • • • • • • • • • • • • • • • • •		2,270,594
3	Othe	ar incresses not inclin	line 27a		2	55,361
		lines 4 2 42				2,273,657
		lines 1, 2, and 3	n lino 2 (domizo) N			2,213,651.
		reases not included in			5	2 272 653
0	rota	i net assets of fund b	alances at end of year (line 4 minus l	ine 5) - Part II, column (b),	line 30   6	2,273,657.

Form 990-PF (2014)	and I accorded Toward Inc.			, ,	Page 3
	s and Losses for Tax on Inve		(b) How	(c) Date	
	d describe the kind(s) of property sold ( orick warehouse, or common stock, 200	•	acquired P - Purchase	acquired	(d) Date sold (mo , day, yr )
			D - Donation	(mo , day, yr )	(, ()
	SDOTE	· · ·			<del> </del>
<u>b</u>			-		<del></del>
<u>C</u>			-		
<u>d</u>	<del></del>				<del>                                     </del>
<u>e</u>	(8 Daniel de la lace de lace de la e de la lace de lace de lace de lace de la lace de la lace de la lace de la lace de lace d	(a) Cost or other besin		410 #	<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
	(6. 2.10.122.6)	process or care		(c) plus (i) iiiiii	<del></del>
_a					<del></del>
<u>b</u>	-				
<u>c</u>				<del></del>	
<u>d</u>					
Complete only for accets	showing gain in column (h) and owns	d by the ferradation on 12/21/60			<del></del>
Complete only for assets	showing gain in column (h) and owner	· · · · · · · · · · · · · · · · · · ·		Gains (Col. (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less to Losses (from co	
	25 01 12/01/05	Over cor (j), ii arry			
<u>a</u>					
<u>b</u>			<u></u>		<del> </del>
<u>c</u>			<u> </u>	<del>-</del>	
<u>d</u>					
<u>e</u>	1		<u> </u>		<del></del>
2 Capital gain net income	or (net capital loss)	gain, also enter in Part I, line 7			3
-	l li	(loss), enter -0- in Part I, line 7	2		
	ain or (loss) as defined in sections				
	art I, line 8, column (c) (see inst				_
Part I, line 8			3		3.
	Under Section 4940(e) for Red				
(For optional use by domesti	c private foundations subject to the	e section 4940(a) tax on net investr	ment inco	me)	
If section 4940(d)(2) applies,	, leave this part blank.				
					_
	the section 4942 tax on the distrib		ase period	42	Yes X No
	not qualify under section 4940(e)				
1 Enter the appropriate ar	nount in each column for each yea	r; see the instructions before makin	g any ent	nes.	
(a) Base penod years	(b)	(c)		(d) Distribution ra	
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col (c))
2013	190,850.	4,944.		3	8.602346
2012	173,820.	8,114.		2	1.422233
2011	201,131.	7,324.		2	7.461906
2010	213,700.	7,410.			8.839406
2009	159,904.	6,209.			5.753584
2 Total of line 1, column (	d)		2	14	2.079475
3 Average distribution ratio	ין	o the total on line 2 has 5 as heater		7.7	
_	· ·			2	8.415895
number of years the fou	ndation has been in existence if les	s than 5 years	3		0.413093
					E 4 E 4 1 C
4 Enter the net value of no	oncharitable-use assets for 2014 fro	om Part X, line 5	4		545,416.
5 Multiply line 4 by line 3	• • • • • • • • • • • • • • • • • • • •		5	15,	498,484.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	6		180.
7 Add lines 5 and 6	• • • • • • • • • • • • • • • • • • • •		7	15,	498,664.
8 Enter qualifying distribut	ions from Part XII, line 4		8		183,512.
If line 8 is equal to or o	reater than line 7, check the box	in Part VI, line 1b, and complete t			
Part VI instructions.					

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

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Enter the states to which the foundation reports or with which it is registered (see instructions)

10 X Form 990-PF (2014)

X

X

Х

7

8b

10

X

71-0950446

Pai	VIDA Statements Regarding Activities (continued)	1		
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		Х
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	- 1	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A			
14	The books are in care of ► THE FOUNDATION  Telephone no ► 303.741	.010	0	
	Located at ▶5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO ZIP+4 ▶ 80111			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	$\prod$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	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 foreign country ▶			
Pai	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
1 a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?			
	(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 ) Yes X No			
t	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		-	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ł	
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	1		
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years ▶,,,,			
t	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.			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
t	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? (Use Schedule C, Form 4720, to determine if the	<u>,</u>		v
	foundation had excess business holdings in 2014)	3b		$\frac{x}{x}$
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4-		х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u> </u>	

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Total number of other employees paid over \$50,000. . . . . . . . .

Form 990-PF (2014) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 NOT APPLICABLE 0 Total number of others receiving over \$50,000 for professional services **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc 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 NONE All other program-related investments. See instructions 3 NONE

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Total. Add lines 1 through 3

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01111	2011 (2011)		r age U
Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a _	413,603.
b	Average of monthly cash balances	1b	140,119.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	553,722.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	553,722.
4	Subtract line 2 from line 1d		
	instructions)	4	8,306.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	545,416.
6	Minimum investment return. Enter 5% of line 5	6	27,271.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
	and certain foreign organizations check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	27,271.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI).		
С	Add lines 2a and 2b	2c	360.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	26,911.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	26,911.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	26,911.
Dari	name		
all	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	183,512.
b	Program-related investments - total from Part IX-B	1b	
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		
а	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	183,512.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	183,512.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c	alculating	whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years	-	

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Page 9

	irt XIII Undistributed Income (see instru	uctions)	-		Page 3
Fa	TEXIII Offdistributed income (see institu		T		<del></del>
	_	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,	Corpus	rears prior to 2013	2013	
	line 7		_		26,911.
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only				
b	Total for pnor years 20_12_,20_11_,20_10_				
3	Excess distributions carryover, if any, to 2014				
а	From 2009   159,594.				
h	From 2009 159, 594. From 2010 213, 329.				
	From 2011 200, 765.				
	• • • • • • • • • • • • • • • • • • • •				
	110 2012				
		937,705.			
f	Total of lines 3a through e	937,703.			
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$183,512.				
а	Applied to 2013, but not more than line 2a			-	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election				
_	required - see instructions)				26,911.
	Applied to 2014 distributable amount	150 001			20,911.
	Remaining amount distributed out of corpus	156,601.			<del> </del>
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,094,306.			
ь	Prior years' undistributed income Subtract				-11 -11
_	line 4b from line 2b				
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				
đ	Subtract line 6c from line 6b Taxable		İ		
	amount - see instructions Undistributed income for 2013 Subtract line				
-	4a from line 2a Taxable amount - see				
	instructions			<del>.</del>	
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2015				
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)				
R	Excess distributions carryover from 2009 not				
·	applied on line 5 or line 7 (see instructions)	159,594.			
Ω	Excess distributions carryover to 2015.				
9	Subtract lines 7 and 8 from line 6a	934,712.			
40				<del></del>	<del>                                     </del>
	Analysis of line 9.  Excess from 2010 213, 329.				
	200 765	ļ			}
	172 414				
	100 603				
	Excess from 2013 190, 603.				
<u>e</u>	Excess from 2014 156, 601.				<u> </u>
					Form 990-PF (2014)

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9) ·	NOT APPLICABL
1 a	If the foundation has foundation, and the ruling				ating	
b	Check box to indicate v				section 4942(j)	(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
h	85% of line 2a					
	Qualifying distributions from Part					
•	XII, line 4 for each year listed .					
đ	Amounts included in line 2c not used directly for active conduct of exempt activities		-			
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2d.					
3	2d from line 2c Complete 3a, b, or c for the alternative test relied upon					
а	"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 invest- ment return shown in Part X,					
_	line 6 for each year listed					·
٠	"Support" alternative test - enter  (1) Total support other than gross investment income (interest, dwdends, 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					
	(3) Largest amount of support from an exempt organization.					
	(4) Gross investment income					
Рa		ntary Information ( e during the year - s		only if the found	ation had \$5,000	or more in assets
1	Information Regardin	g Foundation Manager	rs:			
а	List any managers of before the close of any	the foundation who has tax year (but only if the	nave contributed more ey have contributed n	e than 2% of the tota nore than \$5,000) (Se	I contributions receive section 507(d)(2))	ed by the foundation
	NONE	the foundation who	100/	the start of a second		1
D	List any managers of ownership of a partner					riarge portion of the
	NONE					
2	Information Regarding		•	• •		
	Check here ► X if t unsolicited requests for other conditions, comp	or funds. If the found:	ation makes gifts, gra	to preselected charifints, etc (see instruction	table organizations a ions) to individuals o	ind does not accept r organizations under
а	The name, address, a	nd telephone number	or e-mail address of t	he person to whom app	olications should be add	dressed
b	The form in which app	lications should be sub	omitted and information	n and materials they s	should include	
С	Any submission deadli	nes	<del> </del>			
d	Any restrictions or lifactors	mitations on awards,	such as by geogra	phical areas, charitat	ole fields, kinds of ii	nstitutions, or other

Form 990-PP (2014)

Page 11

Grants and Contributions Paid Dur Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	•	
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
. did dailing the year				
CH 10				
		1		
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		<b>†</b>		
		1		
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		<u> </u>		
Total		<del></del>	▶ 3a	183,
Approved for future payment		1		
		1 1		
		1		
		1		
		L		

	alysis of Income-Produ		ated business income	Evaluated by	v cochon 512 513 or 514	(e)
er gross amounts	unless otherwise indicated.	(a)	(b)	(c)	y section 512, 513, or 514 (d)	Related or exempt function income
Program service re		Business code	Amount	Exclusion code	Amount	(See instructions)
a b				<del>                                     </del>		<del></del>
				_		
					-	
f						
-	cts from government agencies			ļ		
	and assessments			<del> </del>		
-	and temporary cash investments erest from securities			<del>                                     </del>		21,22
	or (loss) from real estate:		, ,,,	<del> </del>		
	property					-
	ced property					
	r (loss) from personal property					
	income			ļ		
• •	ales of assets other than inventory					
	ss) from special events			<del> </del>		
	ss) from sales of inventory			ļ		
			-			
d						
_		1				
e				<del></del>		
Subtotal Add colu	imns (b), (d), and (e)				12	
Subtotal Add colu Total. Add line 12 ee worksheet in line	imns (b), (d), and (e) , columns (b), (d), and (e) e 13 instructions to verify calcelationship of Activities	ulations)				21,228
Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calc	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,228
Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calce lationship of Activities in below how each activity.	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,22
Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calce lationship of Activities in below how each activity.	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,229
Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calce lationship of Activities in below how each activity.	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,22
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Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calce lationship of Activities in below how each activity.	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,22
Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calce lationship of Activities in below how each activity.	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,22
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Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calce lationship of Activities in below how each activity.	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,22
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Subtotal Add colu Total. Add line 12 ee worksheet in line art XVI-B Re ine No. Explai	, columns (b), (d), and (e) e 13 instructions to verify calce lationship of Activities in below how each activity.	ulations) to the Ac	complishment of Ex	<b>cempt Purp</b> in column (e	oses e) of Part XVI-A contribu	21,22

Part .	XV	Information R Exempt Organ		ansfers To and Tra	ansactions	and Relation	ships With Non	chari	itable	<b>;</b>
1 D	id the			engage in any of the	following wit	h any other orga	nization described	T	Yes	No
		•	-	section 501(c)(3) orga	_				103	.,,,
		ations?	(0	000000000000000000000000000000000000000		00000011 027, 1	ciating to pointed.			
	-		n foundation to	a noncharitable exem	nt organizatio	on of				
			=					1a(1)		х
								1a(2)		X
		ransactions								
			ncharitable eve	mpt organization				15/1		X
,	i) Dur	shace of accete fro	m a nanchart	able exempt organization		• • • • • • • • •		1b(1) 1b(2)		X
									_	X
				r assets						X
										X
(3	) Lua	is or loan guarantee				• • • • • • • • •		10(5)		X
				hip or fundraising solicit						X
				sts, other assets, or pai					<u> </u>	
				es," complete the follo						
				nces given by the repo gement, show in colur						
	ı			•			· · · · · · · · · · · · · · · · · · ·			
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt organiz		Description of transf     A	ers, transactions, and sha	nng arra	ingeme	nts
					- N	/ A				
	_									
	_			<del>-</del> .						
		<u> </u>								
2a Is	the f	oundation directly	or indirectly at	ffiliated with, or related	d to, one or	more tax-exempt	organizations			
đ	escrib	ed in section 501(c)	of the Code (c	ther than section 501(	c)(3)) or in se	ection 527?		$\prod_{Y_i}$	es X	No
		" complete the follo		•						-
		(a) Name of organization	n	(b) Type of orga	nızatıon	(	c) Description of relations	ship		
		-								
									-	
				ined this return, including accor			o the best of my knowledg	e and t	elief, it	ıs true
0:	correct	and complete Declaration of	Lpreparer (other than	taxpayer) is based on all information	on of which prepan	er has any knowledge				
Sign		Ada	/ _	1 8/1/1	<i>&lt;</i>	Director	May the IRS			
Here	Sign	ature of officer or trustee	$\sim$	Date	Title		with the pr	eparer	Yes	below No
					,,,,,		(See Historia	-/· L1	٦٠٠٠ _	
	1	Print/Type preparer's na	me	Preparer's signature		Date /		PTIN		
Paid		$\mathbf{O}$	SUERRA	7	<u> </u>	7/6/		P007	5124	3
Prepa	rer			JERRA & COMPANY,	PC	1 - 141				
-						<del></del> .	Firm's EIN ▶84-1	1038	4/	
Use C	July			ACUSE WAY, SUITE	430	00111	202 7	01 7	200	
		CE	NTENNIAL,	CO		80111	Phone no 303.7	41./	300	

Phone no

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ 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

Name of the organization		Employer identification number
THE CHOTIN FOUNDATION		71-0950446
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 fou	ındatıon
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion
	501(c)(3) taxable private foundation	
· -	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
X For an organization fil	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction tributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 hat received from any one contributor, during the year, total contributions ne amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line s of the greater of (1)
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respect to the preventions of more than \$1,000 exclusively for religious, child purposes, or the prevention of cruelty to children or animals. Complete P	naritable, scientific,
contributor, during the contributions totaled reducing the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received, contributions exclusively for religious, charitable, etc., purposes, but nore than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Do not complete any of the to this organization because it received nonexclusively religious, charitable are during the year.	out no such so that were received so parts unless the so, etc., contributions
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line heartify that it does not meet the filing requirements of Schedule B (Form 99)	H of its Form 990-EZ or on its

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 THE CHOTIN FOUNDATION

Employer Identification number 71-0950446

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
1_	STEVE CHOTIN  5675 DTC BOULEVARD, SUITE 200  GREENWOOD VILLAGE, CO 80111	\$172,600.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
2_	HELEN DICKENS  5675 DTC BOULEVARD, SUITE 200  GREENWOOD VILLAGE, CO 80111	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	MISC CASH CONTRIBUTIONS < \$5,000	\$1,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  KATHY LOVEBERRY  4672 E VASSAR AVE	Total contributions	Person X Payroll Noncash (Complete Part II for
No4 (a)	Name, address, and ZIP + 4  KATHY LOVEBERRY  4672 E VASSAR AVE  DENVER, CO 80222  (b)	\$394,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
No. 4 4	Name, address, and ZIP + 4  KATHY LOVEBERRY  4672 E VASSAR AVE  DENVER, CO 80222  (b) Name, address, and ZIP + 4  PHYLLIS CHOTIN  3361 SCADLOCK LANE	\$394,000.  (c) Total contributions	Person   X

Name of organization THE CHOTIN FOUNDATION

Employer identification number 71-0950446

			71-0950446
Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del>7</del> -	RUDY RAMIREZ  10667 APISHAMORE CT.  PARKER, CO 80134	- \$470,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8-	SYLIVA ATENCIO  272 SOUTH GARFIELD  DENVER, CO 80202	- - \$487,000.	Person X Payroll 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)
(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
		-   \$	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 Payroll Noncash

(Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE CHOTIN FOUNDATION

Employer identification number 71-0950446

Part II	Noncash Property	(see instructions)	Lise dunlicate co	nies of Part II if a	dditional space is needed.
arum	Noncasii Froperty	(See manuchons).	Use duplicate co	pies oi raitii ii a	Jullional 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
		\$	
JSA	1	Schedule B (Form	 990, 990-EZ, or 990-PF) (2014

Name of o	rganization THE CHOTIN FOUNDATION			Employer identification number			
				71-0950446			
Part III	Exclusively religious, charitable, etc that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	year from any one s completing Part III, ne year. (Enter this in	contributor. Comp enter the total of e formation once. Se	lete columns (a) through (e) and the exclusively religious, charitable, etc.,			
(a) No. from Part i	(b) Purpose of gift	(c) Use		(d) Description of how gift is held			
		<b></b>					
	Transferee's name, address, a	(e) Transi	-	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	1	(e) Transf	er of gift				
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee			
				<b></b>			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		<b></b>					
		(e) Trans	er of gift				
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
			· <b></b>				
		(e) Transi	er of gift	-			
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee			
	1		I				

### - INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	6.	7.
REVENUE AND EXPENSES PER BOOKS	6.	7.
		TOTAL
DESCRIPTION	MERRILL LYNCH INTERNAL REVENUE SERVICE	

# FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	NET	INVESTMENT	INCOME	21,218.
REVENUE	AND	EXPENSES	PER BOOKS	21,218.
			DESCRIPTION	MERRILL LYNCH

21,218.

21,218.

TOTAL

### FORM 990PF, PART I - OTHER EXPENSES

• •					3,252.
EXPENSES	PER BOOKS	5,470.	3,252.	**	8,722.
					TOTALS
	DESCRIPTION	MISCELLANEOUS ADMIN EXP	INVESTMENT FEES		
	EXPENSES	EXPENSES INVI PER BOOKS IN	EXPENSES INVES PER BOOKS INVES 5,470.	EXPENSES  PER BOOKS  DMIN EXP  3,252.	EXPENSES  PER BOOKS  5,470.  3,252.

ATTACHMENT 3 PAGE 23

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ATTACHMENT 4 PAGE 24

STOCK
CORPORATE
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ART II
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DESCRIPTION

MERRILL LYNCH SECURITIES

ENDING BOOK VALUE

ENDING

1,985,294. 1,985,294.

1,985,294.

1,985,294.

ATTACHMENT 4

TOTALS

### THE CHOTIN FOUNDATION

71-0950446

ATTACHMENT 5

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

UNREALIZED GAIN/LOSS

11,124.

TOTALS

11,124.

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

<u>DESCRIPTION</u> AMOUNT

FEDERAL TAX REFUND ACCRUAL TO CASH ADJUSMENT 211.

55,150.

TOTAL

55,361.

### FORM 990PF - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR  DATE RETURN IS DUE IF ON EXTENSION  DATE RETURN WILL BE RECEIVED BY THE IRS  NUMBER OF DAYS RETURN IS LATE  NUMBER OF MONTHS RETURN IS LATE  LATE FILING PENALTY  LATE PAYMENT PENALTY  INTEREST	08/15/2015 08/15/2015 92 4
TOTAL PENALTIES AND INTEREST	

# FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

ROBIN D CHOTIN 5675 DTC BLVD., SUITE 200 GREENWOOD VILLAGE, CO 80111

PHYLLIS CHOTIN 3361 SCADLOCK LANE SHERMAN OAKS, CA 91403

MELISSA CYTRON 2595 S BIRCH STREET DENVER, CO 80222 RUDY RAMIREZ 10667 APISHAMORE CT. PARKER, CO 80134

SYLIVA ATENCIO 272 SOUTH GARFIELD DENVER, CO 80202 ATTACHMENT 8

п
TRUSTEES
AND
DIRECTORS,
OFFICERS,
LIST (
1
VIII
PART VIII
990PF,
FORM

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

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS

SEE DETAIL ATTACHED

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

GENERAL NON-RESTRICTIVE USE

AMOUNT

ATTACHMENT 10

183,512.

NONE PUBLIC CHARITIES

183, 512.

TOTAL CONTRIBUTIONS PAID

PAGE 30 ATTACHMENT 10

34908E 1824

### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

### Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b. 2. 3. 8b. 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number Name of estate or trust THE CHOTIN FOUNDATION 71-0950446 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments Subtract column (e) the lines below from column (d) and Proceeds Cost to gain or loss from Form(s) 8949, Part I, combine the result with This form may be easier to complete if you round off cents (sales pnce) (or other basis) line 2, column (g) column (g) to whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 80,926. 80,951. -25.Totals for all transactions reported on Form(s) 8949 28 28. Totals for all transactions reported on Form(s) 8949 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . . . . . . 5 6 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on 3. Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments (h) Gain or (loss) Subtract column (e) the lines below to gain or loss from from column (d) and Proceeds Cost This form may be easier to complete if you round off cents (sales pnce) (or other basis) Form(s) 8949, Part II, combine the result with line 2, column (g) column (g) to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . . . . . . . . . . . . . . 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. . . . . . . . 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on 

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

Sched	ule D (Form 1041) 2014				• Page
Par			(1) Beneficiaries'	(2) Estate's	
	Caution: Read the instructions before completing this pa	art.	(see instr.)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			3.
	Net long-term gain or (loss):				
	Total for year	18a			
ь	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			3.
Note:	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Fo	m 990-T, Part I, line	4a) If lines 18a an	d 19, column (2), are ne
gains, neces:	go to Part V, and <b>do no</b> t complete Part IV. If line 19, column (3), is a n sarv	et loss	, complete Part IV ar	nd the Capital Loss	Carryover worksneet, a
Par				<del></del>	
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I. II	ne 4c. if a trust), the s	maller of	<del></del>
а	The loss on line 19, column (3) or b \$3,000			20	(
Note:	this if the loss on line 19, column (3), is more than \$3,000, or if Form 1041, carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 99	0-T, line 34), is a l	oss, complete the Capita
Pan		<u> </u>			
	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains or an	amount in ontoro	t in Port Lor Port II on
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			amount is entered	in Fait For Fait II an
Cauti	ion: Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the i	instruc	tions if		
	her line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
<ul> <li>Bo</li> </ul>	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	990-T trusts. Complete this part only if both lines 18a and 19 a				
	rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the Sched	ule D Tax Works	heet in the instruction
if eith	er line 18b, col (2) or line 18c, col (2) is more than zero				
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero		_		
	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified			<u> </u>	
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24 If zero or less, enter -0		. 26		
27	Subtract line 26 from line 21 If zero or less, enter -0		. 27		
28	Enter the smaller of the amount on line 21 or \$2,500		. 28		
29	Enter the <b>smaller</b> of the amount on line 27 or line 28		. 29		
30	Subtract line 29 from line 28 If zero or less, enter -0 This amount is	taxed	at 0%	▶ 30	
31	Enter the smaller of line 21 or line 26		<del></del>		
32	Subtract line 30 from line 26		·		
33	Enter the smaller of line 21 or \$12,150				
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0		•		
36	Enter the smaller of line 32 or line 35				
	Multiply line 36 by 15%		1 1	▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38 If zero or less, enter -0		•		
41	Multiply line 40 by 20%			▶ 41	
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for		1 1		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		•		
43	Add lines 37, 41, and 42		<del></del>		
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for		l h		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 l				
	G, line 1a (or Form 990-T, line 36)			▶ 45	

The Chotin Foundation Charitable Donations - Cash Basis 2014

Vendor	Check Date	Transaction Amount
THE AMERICAN COUNCIL OF THE BLIND		
1536 Wynkoop St		
Suite 201		
Denver, CO 80202		
	2/19/2014	3000 00
	_	3000 00
AMERICAN CANCER SOCIETY		
2255 S ONEIDA STREET	8/19/2014	50 00
DENVER, CO 80224	0/10/2014	30 00
DENVEN, 33 00224	_	50 00
		30 00
AISH DENVER		
9550 E BELLEVIEW AVE	8/19/2014	36 00
GREENWOOD VILLAGE, CO 80111		
		36 00
JEWISH COLORADO		
300 SOUTH DAHLIA STREET	1/10/2014	45250 00
SUITE 300	2/19/2014	30000 00
DENVER, CO 80246	4/14/2014	11000 00
	4/29/2014	5000 00
	5/21/2014	4558 28
	9/11/2014	24180 00
	_	119988 28
ALZHEIMER'S ASSOCIATION		
COLORADO CHAPTER	11/4/2014	200 00
455 SHERMAN ST		
SUITE 500	_	200 00
DENVER, CO 80203		
BEAR CANYON PTA		
9660 S Salford Lane	10/3/2014	300 00
Littleton, CO 80126	_	300 00
		-
BMH BJ CONGREGATION		
Billi I BE GOTTOTTE OF THOSE	1/10/2014	100 00
560 S MONACO PKWY	7/15/2014	200 00
560 S MONACO PKWY DENVER, CO 80224		200 00 1288 00

BRASS RING LUNCHEON The Guild of Children's Diabetes Foundation 4380 S Syracuse Street Suite 430 Denver, CO 80237	11/4/2014	300 00
BRENT'S PLACE 11980 EAST 16TH AVE AURORA, CO 80010	11/17/2014	186 00
CANCER LEAGUE OF COLORADO PO BOX 5373 ENGLEWOOD, CO 80155	7/17/2014	500 00
COLORADO AGENCY FOR JEWISH EDUCA 300 S Dahlia St #101 Denver, CO 80222	ATION 5/21/2014	100 00
CARINGBRIDGE DONATION PROCESSING PO BOX 6032 ALBERTA LEA, MN 56007	CENTER 12/18/2014	100 00
COLORADO "I HAVE A DREAM" FOUNDAT 1836 GRANT STREET DENVER, CO 80203	ION 11/4/2014	1500 00
COLORADO SAFE HAVEN FOR NEWBORN 7112 S Fillmore Circle Centennial, CO 80122	NS 4/29/2014	250 00
CONNECT US 6940 S HOLLY CIRCLE #230 CENTENNIAL, CO 80112	9/11/2014	1000 00
DAY OF CARING 8100 EAST UNION AVE #803 DENVER, CO 80237	2/19/2014	1500 00

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1101 13TH ST	4/14/2014	14320 00	
DENVER, CO 80204	_	14320 00	
DENVER HEALTH FOUNDATION			
655 BROADWAY	2/19/2014	100 00	
SUITE 750	_		
DENVER, CO 80203		100 00	
DENVER JDS			
2450 S WABASH ST	5/21/2014	250 00	
DENVER, CO 80231-3816		250 00	
DENVER RESCUE MISSION			
3501 E 46th Ave	12/18/2014	1000 00	
Denver, CO 80216	_	1000 00	
		1000 00	
FIRST DECENTS	44/4/0044	500.00	
3001 BRIGHTON BLVD SUITE 523	11/4/2014	500 00	
DENVER, CO 80216		500 00	
HEBREW EDUCATIONAL ALLIANCE			
3600 S IVANHOE ST	8/19/2014	250 00	
DENVER, CO 80237	_	250 00	
HEIFER INTERNATIONAL 1 WORLD AVENUE	11/4/2014	50 00	
LITTLE ROCK, AR 72202	_	50.00	
		50 00	
INTERMOUNTAIN JEWISH NEWS			
1177 Grant Street Suite 200	11/4/2014	623 70	
Denver, CO 80203		623 70	
JEWISH COMMUNITY CENTER			
300 S DAHLIA STREET SUITE 300	2/19/2014	100 00	
DENVER, CO 80246	_	100 00	
THE JEWISH EXPERIENCE			
350 S Dahlia St	4/14/2014	1150 00	

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Denver, CO 80246	12/18/2014	500 00						
		1650 00						
THE JEWISH FEDERATIONS OF NORTH AMERICA								
WALL STREET STATION PO BOX 157	5/21/2014 6/11/2014	2643 46 899 00						
NEW YORK, NY 10268		3542 46						
JEWISH FAMILY SERVICES								
3201 S Tamarac Drive Denver, CO 80231	1/23/2014 5/21/2014	5000 00 100 00						
Denver, CO 60251	5/2 1/20 14	100 00						
		5100 00						
JEWISH WOMEN INTERNATIONAL 3722 S ROSEMARY WAY	12/18/2014	50 00						
DENVER, CO 80237		50 00						
		30 00						
JOHN HOPKINS								
JOHN L CAMERON PANCREATIC CANC	ER RESEARCH	FUND						
720 RUTLAND AVENUE ROOM 759	6/17/2014	500 00						
BALTIMORE, MD 21205-3500								
		500 00						
LE BAL DE BALLET								
30 Blue Heron Dr Greenwood Village, CO 80121	4/29/2014	150 00						
Greenwood Village, CO 00121		150 00						
LEUKEMIA & LYMPHOMA SOCIETY								
1311 MAMARONECK AVENUE SUITE 310	6/11/2014	3000 00						
WHITE PLAINS, NY 10605		3000 00						
THE MACC								
350 S DAHLIA STREET DENVER, CO 80246	1/10/2014	5000 00						
DERVER, 00 002-0		5000 00						
MENDING FACES								
11811 UPHAM ST UNIT 6	11/4/2014	2000 00						
BROOMFIELD, CO 80020		2000 00						

400 S Kearney St Denver, CO 80224	4/29/2014	5000 00
		5000 00
NAMI 3803 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	5/21/2014	100 00
		100 00
NANCY NEUSTETER MEMORIAL FUND PO BOX 24041 DENVER, CO 80224	9/11/2014	100 00
		100 00
NATIONAL JEWISH HEALTH		
1400 JACKSON STREET	12/18/2014	100 00
DENVER, CO 80206-2762	7/17/2014	1000 00
		1100 00
NATIONAL MS SOCIETY		
PO BOX 4527	5/21/2014	270 00
NEW YORK, NY 10163	6/11/2014	500 00
·	8/17/2014	100 00
		870 00
		870 00
PCD FOUNDATION	44/4/0044	400.00
10137 PORTLAND AVE SOUTH MINNEAPOLIS, MN 55432	11/4/2014	100 00
		100 00
SONGS FOR SOUND		
900 DIVISION ST NASHVILLE, TN 37203	12/18/2014	150 00
THE THE ELECTRICAL PROPERTY OF THE PROPERTY OF		150 00
CAROLE AND JEFFREY SCHWARTZ BBA	SCHOLARSHII	P FUND
EMORY UNIVERSITY 1762 CLIFTON ROAD	12/18/2014	250 00
SUITE 240 ATLANTA, GA 30322		250 00
SHALOM CARES		
C/O DONOR SERVICES 14800 E BELLEVIEW DRIVE	2/19/2014	500 00
AURORA, CO 80015		500 00

TEMPLE EMANUEL 51 GRAPE ST DENVER, CO 80220	1/10/2014	50 00
ST JONH'S HEALTH CENTER FOUND/ 1328 TWENTY SECOND STREET SANTA MONICA, CA 90404	ATION 6/11/2014	100 00
UJA-FEDERATION OF NEW YORK 130 E 59th St New York, NY 10022	6/11/2014	6000 00
WOMEN'S LEAGUE BMH/BJ 560 S MONACO PKWY DENVER, CO 80224	8/19/2014	40 00
YESHIVA TORAS CHAIM 1555 STUART ST PO BOX 40067 DENVER, CO 80204-9814	7/15/2014 11/4/2014	118 00 250 00 368 00
		183,512 44

### Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

e If you are	filing for an Automatic 3-Month Extension,	omplete c	nly Part I and check th	us boy			► X	Γ
	filing for an Additional (Not Automatic) 3-Me							i
•	plete Part II unless you have already been gra							
a corporation 8868 to require Return for instructions)	iling (e-file). You can electronically file Form n required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona. For more details on the electronic filing of the tomatic 3-Month Extension of Time. Or	nal (not au forms liste al Benefit ( nis form, vis	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus sit www.irs.gov/efile.an	ision of time. You can eath the exception of Fort the line in the	in t	tronically 8870, Ir paper fo	/ file Form nformation nrmat (see	n n
	n required to file Form 990-T and requesting				mole	to.		-
	· · · · · · · · · · · · · · · · · · ·							1
All other one								j
	porations (including 1120-C filers), partnersh	iips, Reiviic	s, and trusts must use					
to file ıncom	Name of exempt organization or other filer, see in		<del></del>	Enter filer's identifyi				3
Type or	Name of exempt organization of other tiler, see in	ISTRUCTIONS		Employer identification n	number (EIN) or			
print	MUR GUORTY FOUNDAMION			7				
File by the	THE CHOTIN FOUNDATION		<del> </del>	71-095044	16			_
due date for	Number, street, and room or suite no If a P O bo	-	ctions	Social security number (S	SN)			
filing your	5675 DTC BOULEVARD, SUITE 200			<u> </u>				_
return See instructions	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions					
	GREENWOOD VILLAGE, CO 80111							_
Enter the Re	eturn code for the return that this application	is for (file a	a separate application fo	or each return)			0 4	J
Application		Return	Application				Return	-
ls For		Code	ls For				Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07	-
Form 990-BL		02	Form 1041-A				08	-
Form 4720 (individual)		03		Form 4720 (other than individual)			09	-
Form 990-PF		04		Form 5227			10	-
	(sec 401(a) or 408(a) trust)	05	Form 6069					-
	(trust other than above)	06	Form 8870				11	-
						12	-	
Telephone  If the orga	s are in the care of ►THE FOUNDATION,  No ► 303 741.0100  Inization does not have an office or place of the	 ousiness in	FAX No ► 303 741	. 6944 ck this box			. ▶ 🔲	80
for the whole	group, check this box	it is for pa	rt of the group, check t	his hox	$\neg$	and atta		
	names and EINs of all members the extensi			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ano atta	D11	
	st an automatic 3-month (6 months for a cor			LT) extension of time				•
	08/15_, 20_15_, to file the				hovo	The over	lancian is	
	organization's return for	exempt org	jumzation return for the	organization named a	DOVE	i ilie exi	ension is	
	calendar year 20 14 or							
	tax year beginning	, 20	, and ending	'	20_			
2 If the ta	x year entered in line 1 is for less than 12 m	onths chec	k reason Initial re	eturn	_			
	hange in accounting period			- Linarietun	1			
	application is for Form 990-BL, 990-PF, 99	O.T. 4720	or 6060, onter the	lontatura tau lana anu	1			
nonrefu	ndable credits. See instructions.			•	За	\$	0	!
	application is for Form 990-PF, 990-T,							
estimate	ed tax payments made. Include any prior year	overpaym	ent allowed as a credit	<del></del>	3b	\$	0	
	e due. Subtract line 3b from line 3a. Include y		ent with this form, if re	quired, by using EFTPS	] ]		_	
(Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO						0		
	are going to make an electronic funds withdrawal	(direct debi	t) with this Form 8868, se	e Form 8453-EO and Form	1887	9-EO for	payment	
instructions.			<del> </del>	·				
For Privacy Ad	ct and Paperwork Reduction Act Notice, see Instru	uctions.			Form	8868 (F	Rev 1-2014)	,