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DLN: 93491133029526

OMB No 1545-0052

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

Department of the Treasury ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection Internal Revenue Service ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>. For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015 Name of foundation A Employer identification number

| 0/ | F | Carres | 45-2122969 | 45-2122969 | | | | | | | |
|--------------------|-------------------------------|--|--|--|---|--|--|--|--|--|--|
| Num | ber and | ion Source street (or P O box number if mail is not delivered to street address) Source 501 Silverside Rd | Room/suite | | BTelephone number (see instructions) (800) 839-1754 | | | | | | |
| | | state or province, country, and ZIP or foreign postal code DE 198091377 | | C If exemption | application is pendin | g, check here 🕨 🦵 | | | | | |
| H Ch | eck typection 4 markeyear (fr | that apply Initial return Initial return of a form Address change Name change pe of organization Section 501(c)(3) exempt private 1947(a)(1) nonexempt charitable trust Other taxable 1st value of all assets at end Other (specify) 1st value of all assets at end Other (specify) 2st value of all assets Oth | e foundation e private foundation Cash Accrual | 2. Foreign o test, chec E If private for under sectio F If the foundary | D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here | | | | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | Revenue and expenses per (a) books | Net investment (b) income | Adjusted net (c) income | Disbursements for charitable purposes (d) (cash basis only) | | | | | |
| | 1 | Contributions, gifts, grants, etc , received (attach | | | | | | | | | |
| | | schedule) | 259,922 | | | | | | | | |
| | 2 | Check ► ☐ If the foundation is not required to attach Sch B | | | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 138 | 138 | | | | | | | |
| | 4 | Dividends and interest from securities | | | | | | | | | |
| | 5a | Gross rents | | | | | | | | | |
| | ь | Net rental income or (loss) | | | | | | | | | |
| <u>4</u> | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | | | | | |
| Revenue | ь | Gross sales price for all assets on line 6a | | | | | | | | | |
| ď | 7 | Capital gain net income (from Part IV, line 2) | | 0 | | | | | | | |
| | 8 | Net short-term capital gain | | | | | | | | | |
| | 9 | Income modifications | | | | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | | | | |
| | b | Less Cost of goods sold | | | | | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | | | | |
| | 12 | Total.Add lines 1 through 11 | 260,060 | 138 | | | | | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | | | | | | | | |
| | 14 | Other employee salaries and wages | | | | | | | | | |
| Š. | 15 16a | Legal fees (attach schedule) | | | | | | | | | |
| Expenses | | Accounting fees (attach schedule) | | | | | | | | | |
| Ë | Ь | | | | | | | | | | |
| | C | Other professional fees (attach schedule) | | | | | | | | | |
| ist. | 17 | Interest | % 1 | | | | | | | | |
| Ξ | 18 | Taxes (attach schedule) (see instructions) | 1 1 | | | | | | | | |
| 뒫 | 19 | Depreciation (attach schedule) and depletion | | | | | | | | | |
| and Administrative | 20 21 | Occupancy | | | | | | | | | |
| пd | 21 | Printing and publications | | | | | | | | | |
| | 23 | Other expenses (attach schedule) | % 7,790 | 80 | | 7,710 | | | | | |
| Operating | 24 | Total operating and administrative expenses. | ., | | | .,.20 | | | | | |
| Ψ | 27 | Add lines 13 through 23 | 7,791 | 80 | | 7,710 | | | | | |
| g | 25 | Contributions, gifts, grants paid | 162,433 | | | 162,433 | | | | | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 170,224 | 80 | | 170,143 | | | | | |
| | 27 | Subtract line 26 from line 12 | | | | | | | | | |
| | a | Excess of revenue over expenses and disbursements | 89,836 | | | | | | | | |
| | ь | Net investment income (If negative, enter -0-) | | 58 | | | | | | | |
| | С | Adjusted net income(If negative, enter -0 -) | | | | | | | | | |
| For I | Panenu | ork Reduction Act Notice, see instructions. | | Cat No. 11289Y | Form | 990-DE (2015) | | | | | |

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
|---------------|--------|---|-----------------------|------------------|------------------------|
| | 1 | Cash—non-interest-bearing | (a) Book Value | (B) Book Value | (c) Fair Flanket Value |
| | 2 | Savings and temporary cash investments | 278,201 | 368,037 | 368,037 |
| | 3 | Accounts receivable - | , | , | , |
| | • | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable - | | | |
| | • | Less allowance for doubtful accounts - | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | O | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | , | Less allowance for doubtful accounts | | | |
| | • | Inventories for sale or use | | | |
| <u>پ</u> | 8 | F | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ă | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | C | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis 🟲 | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis 🟲 | | | |
| | | Less accumulated depreciation (attach schedule) 🟲 | | | |
| | 15 | O ther assets (describe 🟲) | | | |
| | 16 | Total assets(to be completed by all filers—see the | | | |
| | | ınstructions Also, see page 1, item I) | 278,201 | 368,037 | 368,037 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| <u> </u> | 19 | Deferred revenue | | | |
| bilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 으ㅣ | 21 | Mortgages and other notes payable (attach schedule) | | | |
| - | 22 | O ther liabilities (describe 🟲) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | | 0 | |
| | | Foundations that follow SFAS 117, check here 🕨 🦵 | | | |
| Fund Balances | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 핅 | 24 | Unrestricted | | | |
| 훘 | 25 | Temporarily restricted | | | |
| 필 | 26 | Permanently restricted | | | |
| .51 | | Foundations that do not follow SFAS 117, check here | | | |
| 9 | | and complete lines 27 through 31. | | | |
| | 27 | Capital stock, trust principal, or current funds | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | 278,201 | 368,037 | |
| ₹ | 30 | Total net assets or fund balances(see instructions) | 278,201 | 368,037 | |
| | 31 | Total liabilities and net assets/fund balances(see instructions) | 278,201 | 368,037 | |
| Pa | rt III | | | | |
| 1 | | Total net assets or fund balances at beginning of year—Part II, column (| (a), line 30 (must ag | ree T | |
| - | | with end-of-year figure reported on prior year's return) | | | 278,201 |
| 2 | | Enter amount from Part I, line 27a | | | 89,836 |
| 3 | | Other increases not included in line 2 (itemize) | | 3 | 37,030 |
| 4 | | Add lines 1, 2, and 3 | | - + - | 368,037 |
| 5 | | Decreases not included in line 2 (itemize) | | | 200,037 |
| 6 | | Total net assets or fund balances at end of year (line 4 minus line 5)—Pa | | | 368,037 |

the Part VI instructions

| | the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | | How acquired P—Purchase (b) D—Donation | (6) | Date acquired mo , day, yr) | Date sold (d) (mo , day, yr) | | |
|--|--|----------------------------|--|---|--|-------------------------------|--|--|
| 1a | | | | | | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| <u>е</u> | | | | | | | | |
| (e) Gross sales price | Depreciation allowe (f) (or allowable) | | t or other basıs expense of sale | Gain or (loss) (h) (e) plus (f) minus (g) | | | | |
| a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| Complete only for assets | showing gain in column (h) and owne | ed by the foundation | n on 12/31/69 | | Gains (Col | (h) gaın mınus | | |
| (i) F M V as of 12/31/69 | A djusted basis (j) as of 12/31/69 | | cess of col (ı) r col (j), ıf any | (1) | col (k), but not less than -0-) o i | | | |
| а | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| 3 Net short-term capit | me or (net capital loss) { al gain or (loss) as defined in sectio Part I, line 8, column (c) (see instru | | - in Part I, line 7 | . 3 | | | | |
| Part V Qualification | Under Section 4940(e) for R | Reduced Tax on | Net Investme | nt Ir | ncome | | | |
| (For optional use by domestic If section 4940(d)(2) applies, | private foundations subject to the se leave this part blank | ection 4940(a) tax | on net investment | ıncom | ne) | | | |
| | ne section 4942 tax on the distribut ot qualify under section 4940(e) | | | erıod? | | │ Yes No | | |
| $oldsymbol{1}$ Enter the appropriate amo | ount in each column for each year, s | ee instructions befo | ore making any en | ries | | | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncha | rıtable-use assets | | (d) Distributio (col (b) divided | n ratio | | |
| 2014 | 186,802 | | 279,962 | | | 0 667241 | | |
| 2013 | 90,725 | | 204,804 | | | 0 442985 | | |
| 2012 | 62,503 | | 58,373 | | | 1 070752 | | |
| 2011 | 0 | | 3,831 | | | 0 0 | | |
| 2010 | 0 | | 0 | | | 0 0 | | |
| 3 Average distribution | n (d) | vide the total on lin | | 2 | | 2 180978 | | |
| | the foundation has been in existence of noncharitable-use assets for 2015 | | _ | 3 | | 0 545245 | | |
| | | • | — | 4 | | 199,521 | | |
| · · · · · · | e 3 | | <u> </u> | 5 | | 108,788 | | |
| | stment income (1% of Part I, line 2 | • | | 6 | | 1 1 2 2 7 2 2 | | |
| | | | | 7 | | 108,789 | | |
| 8 Enter qualifying disti | ributions from Part XII, line 4 | | [| 8 | | 170,143 | | |

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

| | 990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), | 940(e). | . or 4948—s | ee pag | e 18 of | the inst | ructio | | age 4 |
|---------|--|-----------|----------------|--------------------------|----------|----------|--------|------------------------|--------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here | | , | د. با د. ۱ | | | | | |
| Id | and enter "N/A" on line 1 | 1 | | | | | | | |
| | Date of ruling or determination letter | | | } | | | | | |
| | (attach copy of letter if necessary-see instructions) | chock | | | 4 | | | | |
| Ь | Domestic foundations that meet the section 4940(e) requirements in Part V, here ► and enter 1% of Part I, line 27b | , check | | , | 1 | | | | 1 |
| c | , | | | • | | | | | |
| Ī | All other domestic foundations enter 2% of line 27b Exempt foreign organization Part I, line 12, col (b) | ations 6 | enter 4% of | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four | ndation | s only Othe | ers | _ | | | , | |
| _ | enter -0-) | | | | 2 | | | | |
| 3 | Add lines 1 and 2 | ndation | · · · · | • orc | 3 | | | | 1 |
| 4 | enter -0-) | iluatioi | is only Oth | E15 | 4 | | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, e | enter - 0 |) | • | 5 | | | | 1 |
| 6 | C redits/P ayments | | • | | | | | | |
| а | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | | | | | | | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | | | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) | 6c | | | | | | | |
| d | Backup withholding erroneously withheld | 6d | | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | | 7 | | | | 0 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. | | | | 9 | | | | |
| 9 10 | Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount | | | | 10 | | | | 1 |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax | | Refunded | • | 11 | | | | |
| | t VII-A Statements Regarding Activities | | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state | e, or loc | al legislation | n or d | d | | | Yes | No |
| | it participate or intervene in any political campaign? | | | | | | 1a | | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for p | politica | l purposes | (see Ir | structi | ons | | | |
| | for definition)? | | | | | • | 1b | | No |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities | and co | pries of any i | materia | ls | | | | |
| | published or distributed by the foundation in connection with the activities. | | | | | | | | |
| _ | Did the foundation file Form 1120-POL for this year? | | | • • | | • | 1c | | No |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) import | | | | | | | | |
| e | (1) On the foundation \$ (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for pole | | | | oced | | | | |
| | on foundation managers > \$ | iticare | xpenditure | .47 11114 | ,03Eu | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been rep | ported | to the IRS? | | | | 2 | | No |
| | If "Yes," attach a detailed description of the activities. | • | | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in it | ts gove | erning instru | ıment, | articles | 5 | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf | formed o | copy of the c | hanges | | | 3 | | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more d | during t | he year?. | | | | 4a | | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction du | iring the | e year? | | | | 5 | Yes | |
| | If "Yes," attach the statement required by General Instruction T. 🕏 | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 49 | 45)sa | tisfied eithe | r | | | | | |
| | By language in the governing instrument, or By state legislation that effectively amends the governing instrument so th | nat no n | nandatory d | irectio | ne | | | | |
| | that conflict with the state law remain in the governing instrument? | | | | | | 6 | Yes | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year | | | | | | Ť | 103 | |
| • | and Part XV. | | | | | <i>"</i> | 7 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (| see ins | structions) | | | | | | |
| | ▶ co | | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99 | 90-PF | to the Attor | ney | | | | | |
| | General (or designate) of each state as required by General Instruction G? $\it If$ | | | | | | 8b | Yes | |
| 9 | Is the foundation claiming status as a private operating foundation within the r | | _ | | | | | | |
| | or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s | see inst | tructions for | Part > | (IV)? | | _ | | |
| 10 | If "Yes," complete Part XIV | " attack | a schodul- | lictine | | | 9 | $\vdash \vdash \vdash$ | No |
| 10 | and addresses. | | , a scriedule | nsung | | umcs | 10 | | No |
| | | | | | - | | | | |

| Pai | Statements Regarding Activities (continued) | | | |
|------------|---|-------|--|-------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| | advisory privileges? If "Yes," attach statement (see instructions) | 12 | <u> </u> | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| | Website address ▶ | | | |
| 14 | The books are in care of ▶ Foundation Source Telephone no ▶ (800 |) 839 | -1754 | |
| | Located at >501 Silverside Road Suite 123 Wilmington DE ZIP+4 >1980913 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | ▶ □ | - |
| 13 | and enter the amount of tax-exempt interest received or accrued during the year | • | - , | |
| | | | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over | مما | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country | | | |
| | | | | |
| Pai | t 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 V No | | | |
| | (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 V No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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) A gree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes No | | | |
| Ь | 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 | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | |
| · | that were not corrected before the first day of the tax year beginning in 2015? | 1c | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| _ | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2015? | | | |
| | If "Yes," list the years > 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | | | |
| | to all years listed, answer "No" and attach statement—see instructions) | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20, 20, 20 | | | |
| За | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| | any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2015 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 | | ككم | |
| | if the foundation had excess business holdings in 2015.) | 3b | | <u> </u> |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | ككم | الكمر |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | 1 | No |

| | rt VII-B Statements Rega | rdi | a Activities for | · \A/F | sich Form 4720 | Mai | y Be Required <i>(Cont</i> | inuo | d) | Page 6 |
|-------|---|------------------------|--|--------|-------------------------|--------------|---|--------------|-------------------------|---------------|
| | | | | | iicii Foriii 4720 | Ma | y be kequiled (Will | iiiue | <i>u)</i> | |
| 5a | During the year did the foundatio | | | | valation (agation 40 | 4 E (4 | e))? | 7 Na | | |
| | (1) Carry on propaganda, or othe | | | | | | • | NO | | |
| | (2) Influence the outcome of any | | | | | | | 7 N. | | |
| | on, directly or indirectly, any | | | | | • | | | | |
| | (3) Provide a grant to an individu | | | | | | Γ Yes Γ | NO | | |
| | (4) Provide a grant to an organiza | | | | | | | . | | |
| | | | e instructions) | | | | | | | |
| | | | than religious, charitable, scientific, literary, or | | | | | | | |
| _ | educational purposes, or for t | | | | | | | / No | | |
| Ь | b If any answer is "Yes" to 5a(1)- | | | | | | | | | |
| | Regulations section 53 4945 or | | | | | | <u>_</u> | _ | 5b | |
| | Organizations relying on a currer | it not | ice regarding disast | eras | ssistance check her | e. | | _ | | |
| C | ' | | | | | | | _ | | |
| | tax because it maintained expend | diture | responsibility for th | ne gr | ant? | • | T Yes 「 | No | | |
| | If "Yes," attach the statement requ | ired i | by Regulations section | n 53. | .4945–5(d). | | | | | |
| 6a | Did the foundation, during the yea | ar, re | ceive any funds, dire | ectly | or indirectly, to pay | pre | | | | |
| | a personal benefit contract? | | | | | | ☐ Yes Ϝ | No | | |
| b | Did the foundation, during the yea | ar, pa | y premiums, directly | y or i | indirectly, on a perso | onal | benefit contract? | | 6b | No |
| | If "Yes" to 6b, file Form 8870. | | | | | | | | | |
| 7a | At any time during the tax year, w | vas t | he foundation a party | y to a | a prohibited tax shel | ter t | ransaction? TYes F | √ No | | |
| b | If yes, did the foundation receive | any | proceeds or have an | y ne | t income attributable | e to | the transaction? | | 7b | |
| | Information Abou | t Of | ficers, Directors | s, Tı | rustees, Founda | itio | n Managers, Highly | Paid | Emplo | yees, |
| | rt VIII and Contractors | | | | | | | | | |
| _1_ | List all officers, directors, trustee | s, fo | undation managers a | nd t | heir compensation (| see | | | | |
| | | | Title, and average | (c) | Compensation(If | | (d) | ١. | | |
| | (a) Name and address | 1 | hours per week | | not paid, enter | e | Contributions to employee benefit plans | | Expense a other allo | , |
| | | (b) | devoted to position | | -0-) | | d deferred compensation | | | |
| Aıme | e S Kınnıng | VΡ | / Dır | | 0 | | 0 | | | 0 |
| | ndation Source 501 Silverside Rd | 1 0 | 1 0 | | | | | | | |
| Wiln | nington, DE 198091377 | | | | | | | | | |
| Jon L | _ Kınnıng | VP / Dir / Sec / Treas | | | 0 | | 0 | | | 0 |
| | ndation Source 501 Silverside Rd | 1 0 | 1 0 | | | | | | | |
| | nington, DE 198091377 | - | | | | | | | | |
| | ee Kinning | Dır 1 0 | | 0 | | 0 | |) | | 0 |
| | ndation Source 501 Silverside Rd nington, DE 198091377 | 1 0 | | | | | | | | |
| | L Kinning | D :== | | 0 | | | | | | |
| | ndation Source 501 Silverside Rd | 1 0 | s / Dır | | | | 0 | | | 0 |
| | nington, DE 198091377 | " | | | | | | | | |
| | Compensation of five highest-paid | l emi | olovees (other than | t hos | e included on line 1– | -see | instructions). If none, e | nter " | NONE." | |
| | | | | | 1 | | Contributions to | | | |
| Na | (a) me and address of each employee | naid | Title, and aver hours per we | | (c) Compensation | 'n | employee benefit | | Expense | • |
| IVG | more than \$50,000 | puiu | (b) devoted to pos | | | ,,, | plans and deferred | (e) | other allo | wances |
| | · · · | | | | | | (d) compensation | | | |
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| | | | 1 | | | | | | | |
| | al number of other area larger | | <u> </u> | | 1 | | <u> </u> | | | |
| IOT | al number of other employees paid (| ver | pου,υυυ | | | | | I | | |

| Form 990-PF (2015) | | Page 7 |
|---|---|--------------------|
| Part VIII Information About Officers, Directors, Trusto and Contractors (continued) | ees, Foundation Managers, High | ly Paid Employees, |
| 3 Five highest-paid independent contractors for professional services (| see instructions). If none, enter "NONE". | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | | |
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| | | |
| Total number of others receiving over \$50,000 for professional services. | | |
| | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced. | | Expenses |
| 1 | uccu, cic | |
| 2 | | + |
| 3 | | + |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (| see instructions) | |
| Describe the two largest program-related investments made by the foundation during | • | A mount |
| 1 | , | |
| | | \dashv |
| | | \dashv |
| 2 | | |
| - | | - |
| | | \dashv |
| All other program-related investments See instructions | | |
| 3 | | |
| 3 | | \dashv |
| | | \dashv |
| Total. Add lines 1 through 3 | | <u> </u> |
| iotai. Add illies I tillough 5 | | 7 |

Part X Minimum Investment Return

| Pa | (All domestic foundations must complete this part. Foreign foundations, see instruction | s.) | |
|--------|---|--|---------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , | | |
| | purposes | | |
| а | A verage monthly fair market value of securities | 1a | o |
| b | A verage of monthly cash balances | 1b | 202,559 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 202,559 |
| 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 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 202,559 |
| 4 | Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ 0 of line 3 (for greater amount, see | | |
| | ınstructions) | 4 | 3,038 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 199,521 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 9,976 |
| Pai | t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.) | taın f | oreign organizations |
| 1 | Mınımum ınvestment return from Part X, line 6 | 1 | 9,976 |
| 2a | Tax on investment income for 2015 from Part VI, line 5 2a 1 | | |
| b | Income tax for 2015 (This does not include the tax from Part VI) 2b | | |
| c | Add lines 2a and 2b | 2c | 1 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 9,975 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 9,975 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 9,975 |
| | Qualifying Distributions (see instructions) | | |
| 1 | A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes | 1. | 170 142 |
| a L | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 170,143 |
| | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | | 2 | 0 |
| 3 | A mounts set aside for specific charitable projects that satisfy the | | 0 |
| | Suitability test (prior IRS approval required) | 20 | 0 |
| a L | | 3a | 0 |
| b 1 | Cash distribution test (attach the required schedule) | 3b 4 | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | | 170,143 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | 5 | 4 |
| 6 | Income Enter 1% of Part I, line 27b (see instructions) | 6 | 170,142 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | |
| | the section 4940(e) reduction of tax in those years | CI CIIC | Touridation qualifies 101 |

| P | art XIIII Undistributed | d Income (see ınstr | uctions) | | | | |
|----------|---|----------------------------|----------------------|----------------------------|--------------------|----------------------|-------|
| <u> </u> | | | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 | |
| 1 | Distributable amount for 201 | 5 from Part XI, line 7 | | | | | 9,975 |
| 2 | Undistributed income, if any, | | | | | | |
| а | Enter amount for 2014 only. | | | | | | |
| b | Total for prior years 2013 | 3, 2012, 2011 | | | | | |
| 3 | Excess distributions carryove | | | | | | |
| а | From 2010 | | | | | | |
| b | From 2011 | | | | | | |
| C | From 2012 | 59,452 | | | | | |
| d | From 2013 | 80,496 | | | | | |
| | From 2014 | 172,806 | | | | | |
| | Total of lines 3a through e. | | 312,754 | | | | |
| 4 | Qualifying distributions for 20 | | | | | | |
| | XII, line 4 🕨 \$ | | | | | | |
| | Applied to 2014, but not more | | | | | | |
| b | Applied to undistributed incor (Election required—see instru | | | | | | |
| С | Treated as distributions out o required—see instructions). | | | | | | |
| d | Applied to 2015 distributable | amount | | | | | 9,975 |
| е | Remaining amount distributed | dout of corpus | 160,168 | | | | |
| 5 | Excess distributions carryove | er applied to 2015 | | | | | |
| | (If an amount appears in colum same amount must be sho | . ,, | | | | | |
| 6 | Enter the net total of each co | , , , | | | | | |
| _ | indicated below: | 10 Cubtract line E | 472,922 | | | | |
| | Corpus Add lines 3f, 4c, and | | 772,322 | | | | |
| D | Prior years' undistributed inco | | | | | | |
| c | Enter the amount of prior year | | | | | | |
| _ | income for which a notice of d | | | | | | |
| | been issued, or on which the s | ` , | | | | | |
| _ | tax has been previously asses | | | | | | |
| d | Subtract line 6c from line 6b —see instructions | | | | | | |
| е | Undistributed income for 201 | | | | | | |
| | 4a from line 2a Taxable amou | unt—see | | | | | |
| £ | Instructions | | | | | | |
| • | Undistributed income for 201 lines 4d and 5 from line 1. This | | | | | | |
| | be distributed in 2015 | | | | | | 0 |
| 7 | Amounts treated as distribution | ons out of | | | | | |
| | corpus to satisfy requirement | • • | | | | | |
| | section 170(b)(1)(F) or 4942 | | | | | | |
| ۰ | be required - see instructions Excess distributions carryove | · | | | | | |
| 0 | applied on line 5 or line 7 (see | | | | | | |
| 9 | Excess distributions carryove | · · | | | | | |
| | Subtract lines 7 and 8 from lir | | 472,922 | | | | |
| 10 | Analysis of line 9 | | | | | | |
| а | Excess from 2011 | | | | | | |
| b | Excess from 2012 | 59,452 | | | | | |
| | Excess from 2013 | 80,496 | | | | | |
| | Excess from 2014 | 172,806 | | | | | |
| е | Excess from 2015 | 160,168 | | | | | |

| P | Part XIV Private Operating Foundat | ions (see ınstrı | ictions and Part | VII-A, question | 9) | j |
|----|--|-------------------------|----------------------|-----------------------|---------------------------------------|-----------|
| 1a | If the foundation has received a ruling or determ foundation, and the ruling is effective for 2015, | | · | - | | |
| b | Check box to indicate whether the organization | ıs a prıvate opera | tıng foundatıon des | scribed in section | | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (-) T-4-1 |
| | income from Part I or the minimum | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Total |
| | Investment return from Part X for each year listed | | | | | |
| ь | 85% of line 2a | | | | | |
| c | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | _ |
| d | A mounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e | Qualifying distributions made directly | | | | | |
| Ī | for active conduct of exempt activities | | | | | |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| _ | alternative test relied upon "Assets" alternative test—enter | | | | | |
| а | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying | | | | | |
| | under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test— enter 2/3 | | | | | |
| | of minimum investment return shown in | | | | | |
| _ | Part X, line 6 for each year listed "Support" alternative test—enter | | + | | | |
| C | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments | | | | | |
| | on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Рa | rt XV Supplementary Information (| Complete this | part only if the | ∟ e organizatior | had \$5.000 o | r more in |
| | assets at any time during the | | | | , , , , , , , , , , , , , , , , , , , | |
| 1 | Information Regarding Foundation Managers: | | | | | |
| а | List any managers of the foundation who have c before the close of any tax year (but only if they | | | | | ation |
| | before the close of any tax year (but only if the) | nave contributed | more than \$5,000 |) (See Section 50 |) / (d)(2)) | |
| | NONE | | | | | |
| b | List any managers of the foundation who own 10 | % or more of the | stock of a corpora | tion (or an equally | large portion of th | e |
| | ownership of a partnership or other entity) of wh | ich the foundation | has a 10% or gre | ater interest | | |
| | | | | | | |
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| | | | | | | |
| 2 | Information Regarding Contribution, Grant, Gif | | | | | |
| | Check here I if the foundation only makes co | | | | | |
| | unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and c | | ts, etc (see instru | ictions) to individu | iais or organizatio | ns under |
| | | | | | | |
| _ | The name, address, and telephone number or e | -mail addross of th | ha narcan ta wha | annlications of | ıld bo addrossad | |
| а | FOUNDATION SOURCE | -man address or t | ne person to whom | applications shot | na de addressed | |
| | 501 SILVERSIDE ROAD SUITE 123 | | | | | |
| | WILMINGTON, DE 19809 | | | | | |
| | (800)839-1754 | | | | | |
| b | The form in which applications should be subm | tted and informati | on and materials t | hey should include | 2 | |
| | WWW FSREQUESTS COM/RKFOUNDATION | | | | | |
| C | Any submission deadlines | | | | | |
| | WWW FSREQUESTS COM/RKFOUNDATION | | | | | |
| d | Any restrictions or limitations on awards, such | as by geographic | al areas, charitable | e fields, kinds of in | stitutions, or othe | r |
| _ | factors | , <u>55</u> e. | | | , 5. 51116 | |
| | WWW FSREQUESTS COM/RKFOUNDATION | | | | | |

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 162,433 **b** Approved for future payment

| | cing Activitie | s | | | Page 1 2 |
|---|----------------------|-----------------------|-----------------------|-----------------------|---|
| Enter gross amounts unless otherwise indicated | T | isiness income | Excluded by section | n 512, 513, or 514 | (e) Related or exemp |
| 1 Program service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | function income (See instructions) |
| a b | | | | | |
| c | | | | | |
| e | | | | | |
| fg Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | 14 | 138 | |
| Dividends and interest from securities 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property.b Not debt-financed property. | | | | | |
| Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| Net income or (loss) from special events Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue a | | | | | |
| b c | | | | | |
| d | | | | | |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total.Add line 12, columns (b), (d), and (e) | | | 1 | 138 13 | |
| (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to | | plishment of I | Exempt Purpos | <u> </u> | |
| Explain below how each activity for wh the accomplishment of the foundation' instructions) | ııch ıncome ıs rej | ported in column | (e) of Part XVI-A c | ontributed importa | |
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| Par' | t XVI | | Information Ro Noncharitable | | | | | sactio | ns and | Relationships | With | | | |
|-----------------------------|-------------|----------------------|--|--------------------------|-----------|-------------|------------------|------------|-----------|------------------------------|-------------------------------|-------------------------------------|--------|------------|
| | | organı | zation directly or i) of the Code (othe | ndırectly (| engage | ın any of t | the following wi | | | | | | Yes | No |
| | ganıza | - | | | | ()() | , | | , | 5 1 | | | | |
| a Tra | - ansfer | s fron | n the reporting four | ndation to | a nonc | harıtable e | exempt organiz | ation of | | | | | | |
| (1 |) Cas | h | | | | | | | | | | 1a(1) | | No |
| (2 |) Oth | erass | sets | | | | | | | | | 1a(2) | | No |
| | her tra | | | | | | | | | | | , , | | |
| | | | ssets to a noncha | rıtable ex | empt or | rganizatioi | n | | | | | 1b(1) | | No |
| | | | s of assets from a | | | | | | | | | 1b(2) | | No |
| | | | facilities, equipme | | | | | | | | | $\overline{}$ | | No |
| | | | ement arrangemer | | | | | | | | | 1b(4) | | No |
| | | | loan guarantees. | | | | | | | | • • | 1b(5) | | No |
| | | | ce of services or m | | | | | | | | | 1b(5) | | No |
| | | | | | | | | | | | | 1c | | No |
| | _ | | lities, equipment, to any of the above | _ | | | | | | | | | | 140 |
| | any tr | ansac | other assets, or se tion or sharing arr Amount involved | angement | , show | ın column | | of the goo | ods, othe | | ces receive | ed | | nts |
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| de | scribe | d in s comp | ion directly or indi ection 501(c) of th plete the following) Name of organization | ne Code (d schedule | | an sectioi | | ın sectı | | | otion of relati | | s 🔽 | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | | |
| Sign Here | the Info | best ormat *** | | and belief, er has an | ıt ıs tru | ıe, correct | 2016-05-02 | Declar | ***** | | an taxpaye May t return | r) is bas he IRS di he prepai | sed on | all |
| | ' | Sign | ature of officer or t | rustee | | | Date | , | Title | | | nstr)? 🗸 | Yes N | No |
| | • | | at/Type preparer's effrey D Haskell | name | Prepa | rer's Sıgn | ature | Date | | Check if self- employed ► | PTIN | 013457 | 770 | |
| Paid Prep Use Only | arei | r Fou | n's name ► ndation Source n's address ► | | | | | | | Firm's EIN ▶ | • | | | |
| ∵iiiy | , | One | e Hollow Ln Ste 21 | 2 Lake Su | iccess, | NY 1104 | 12 | | | Phone no (800 | 0)839-175 | 54 | | _ - |

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|--|--|--------------------------------------|--|---------|
| • | or substantial contributor | | | |
| a Paid during the year ALLIANCE FOR CHOICE IN | N/A | PC | General & Unrestricted | 15,011 |
| EDUCATION 1201 E COLFAX AVE STE 302 DENVER,CO 80218 | 17/4 | | General & Officer | 13,011 |
| AMERICAN HEART ASSOCIATION 1777 S HARRISON ST STE 500 DENVER,CO 80210 | N/A | PC | ın support of the 2015 Heart and Stroke Walk | 7,547 |
| AMP THE CAUSE 1616 17TH ST STE 462 DENVER,CO 80202 | N/A | PC | Charitable Event | 25,011 |
| ART STUDENTS LEAGUE OF DENVER 200 N GRANT ST DENVER,CO 80203 | N/A | PC | Enriching Lives Strengthening Schools and Families through Free Arts Programming Project | 2,011 |
| ARVADA SUNRISE ROTARY CLUB FOUNDATION PO BOX 740144 ARVADA,CO 80006 | N/A | PC | Food For Thought Denver Project | 2,511 |
| CARSON J SPENCER FOUNDATION INC 450 LINCOLN ST STE 100 DENVER,CO 80203 | N/A | PC | Working Minds Suicide Prevention in the Construction Industry | 5,011 |
| COLORADO STATE UNIVERSITY FOUNDATION 410 UNIVERSITY SERVICES CENTER FORT COLLINS, CO 80523 | N/A | PC | CSU Blue Ocean Enterprises Challenge 2015 | 5,011 |
| COLORADO VOLUNTEER TEAM 2720 E FREMONT RD PHOENIX,AZ 85042 | N/A | PC | Colorado Volunteer Team / Special Olympics Colorado Project | 2,011 |
| COMMUNITY COLLEGE OF DENVER FOUNDATION PO BOX 173363 DENVER,CO 80217 | N/A | PC | CCD Advanced Manufacturing Center Project | 5,011 |
| DENVER CENTER FOR THE PERFORMING ARTS 1101 13TH ST DENVER,CO 80204 | N/A | PC | Charitable Event | 10,011 |
| DENVER PUBLIC SCHOOLS FOUNDATION 1860 LINCOLN ST 9TH FL DENVER,CO 80203 | N/A | PC | Career and Technical Education in Denver Public Schools Project | 15,011 |
| FIRST DESCENTS 3001 BRIGHTON BLVD STE 623 DENVER,CO 80216 | N/A | PC | General & Unrestricted | 5,011 |
| GIRLS INCORPORATED OF METRO DENVER 1499 JULIAN ST DENVER,CO 80204 | N/A | PC | Comprehensive STEM Programming Project | 2,511 |
| GOLD CROWN FOUNDATION INC 7400 E CRESTLINE CIR STE 200 GREENWOOD VLG,CO 80111 | N/A | PC | Charitable Event | 1,611 |
| HABITAT FOR HUMANITY VAIL VALLEY INC PO BOX 4149 AVON,CO 81620 | N/A | PC | Habitat Home Construction Project | 5,011 |
| Total | | | № 3a | 162,433 |

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

| TOTHI 330PT PAIL AV LINE 3 - GI | anto ana continuations | r ara Daring | the real of Approved for i | acare rayment |
|--|--|--------------------------------------|--|---------------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
| | or substantial contributor | | | |
| a Paid during the year | | | | |
| LEUKEMIA & LYMPHOMA SOCIETY 720 S COLORADO BLVD STE 500-S DENVER,CO 80246 | N/A | PC | General & Unrestricted | 5,011 |
| MILE HIGH YOUTH CORPS 1801 FEDERAL BLVD DENVER,CO 80204 | N/A | PC | Mile High Youth Corp Project | 2,511 |
| PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER,CO 80216 | N/A | PC | Analysis and nutrition enhancements project for home-delivered meals for critically-ill Coloradans | 2,511 |
| REGENTS OF THE UNIVERSITY OF COLORADO 1800 N GRANT ST STE 400 DENVER,CO 80203 | N/A | PC | University of Colorado Medical Campus / Assistive Technology Partners Project | 10,011 |
| ST ANTHONY HEALTH FOUNDATION 11600 W 2ND PL LAKEWOOD,CO 80228 | N/A | PC | Charitable Event | 6,011 |
| ST MARYS HOSPITAL DEVELOPMENT FOUNDATION 2635 N 7TH ST GRAND JCT,CO 81501 | N/A | PC | A Night for Heros Project | 2,511 |
| STEM LAUNCH ELEMENTARY SCHOOL 9450 PECOS ST THORNTON,CO 80260 | N/A | PC | 5th Grade Classroom Redesign Project | 2,511 |
| THE BOYS & GIRLS CLUBS OF WELD COUNTY INC PO BOX 812 GREELEY,CO 80632 | N/A | PC | Sponsorship Project | 5,011 |
| THE DELTA GAMMA ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST DENVER,CO 80238 | N/A | PC | Charitable Event | 6,011 |
| THE MILE HIGH FIVE FOUNDATION 1801 CALIFORNIA ST STE 4400 DENVER,CO 80202 | N/A | PC | Charitable Event | 4,511 |
| VETERANS PASSPORT TO HOPE 384 INVERNESS PKY STE 250 INGLEWOOD,CO 80112 | N/A | PC | Veteran's Passport to Hope Annual Gala, Staying the Course Project | 5,011 |
| WWP INC - WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE,FL 32256 | N/A | PC | General & Unrestricted | 2,511 |
| Total | | | ▶ 3a | 162,433 |

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

TY 2015 Depreciation Schedule

Name: RK Foundation

EIN: 45-2122969

TY 2015 LiquidationExplanationStmt

Name: RK Foundation

EIN: 45-2122969

Statement: This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions: During the taxable year ending December 31, 2015, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$162,433. This amount represents over 25% of the Foundation's net assets of \$278,201 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2015. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution. The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

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TY 2015 Other Expenses Schedule

Name: RK Foundation

EIN: 45-2122969

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|-----------------------------------|--------------------------|---------------------|--|
| Administrative Fees | 7,700 | | | 7,700 |
| Bank Charges | 80 | 80 | | |
| State or Local Filing Fees | 10 | | | 10 |

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TY 2015 Taxes Schedule

Name: RK Foundation

EIN: 45-2122969

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|--------|--------------------------|------------------------|---|
| 990-PF Excise Tax for 2014 | 1 | | | |

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DLN: 93491133029526

OMB No 1545-0047

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

2015

Employer identification number

| RK Foundat | tion | 45-2122969 |
|----------------------|---|--|
| Organizatio | on type (check one) | |
| Filers of: | Section: | |
| Form 990 or | r 990-EZ | |
| | | te foundation |
| | | |
| Form 990-P | ₹ 501(c)(3) exempt private foundation | |
| | | undation |
| | □ 501(c)(3) taxable private foundation | |
| • | u le or an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, c her property) from any one contributor Complete Parts I and II See instructions for de | • |
| Special Ru | les | |
| und rece | an organization described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the ler sections $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 9) eived from any one contributor, during the year, total contributions of the greater of (VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | 90-EZ), Part II, line 13, 16a, or 16b, and that |
| durı | an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ing the year, total contributions of more than \$1,000 exclusively for religious, charitable the prevention of cruelty to children or animals. Complete Parts I, II, and III | |
| duri this puri | an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ing the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no box is checked, enter here the total contributions that were received during the year pose. Do not complete any of the parts unless the General Rule applies to this organishous, charitable, etc., contributions totaling \$5,000 or more during the year | such contributions totaled more than \$1,000 If r for an exclusively religious, charitable, etc, nization because it received nonexclusively |

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization RK Foundation Employer identification number 45-2122969

| 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 cont | ribution |
| 1 | | | Person | া |
| | RK Mechanical Inc 3800 Xanthia Street \$ 259,922 | | Payroll | Г |
| | Denver, CO 80238 | | Noncash | Γ |
| | , , , , , , , , , , , , , , , , , , , | | (Complete Part II f contributions) | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of cont | ribution |
| | | | Person | Γ |
| | | | Payroll | Г |
| | | | Noncash | Γ |
| | | | (Complete Part II f contributions) | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of cont | ribution |
| | | | Person | Γ |
| | | \$ | Payroll | Γ |
| | | | Noncash | Г |
| | | | (Complete Part II f | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of cont | ribution |
| | | | Person | Γ |
| | | \$ | Payroll | Г |
| | | | Noncash | Г |
| | | | (Complete Part II f | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of cont | ribution |
| | | | Person | Γ |
| | | | Payroll | Γ |
| | | * | Noncash | Г |
| | | | (Complete Part II f | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of cont | ribution |
| | | | Person | Γ |
| | | | Payroll | Γ |
| | | * | Noncash | Γ |
| | | | (Complete Part II f contributions) | or noncash |

| Name of organization RK Foundation | | Employer identification number | | |
|------------------------------------|--|--|----------------------|--|
| | | 45-2122969 | | |
| Part II | Noncas h Property (see instructions) Use duplicate copies of Part II if additional space is needed | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | <u> </u> | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | <u> </u> | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | <u> </u> | | |
| (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 | |
| | | <u> </u> | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | <u> </u> | | |

| Schedule B (I | Form 990, | 990-EZ, or | 990-PF) | (2015) |
|---------------|-----------|------------|---------|--------|
|---------------|-----------|------------|---------|--------|

Page 4

| Name of organizati RK Foundation | on | | oyer identification number |
|--|---|--|---|
| total mo line ent of \$1,00 | vely religious, charitable, etc., contribute than \$1,000 for the year from any cary. For organizations completing Part 0 or less for the year. (Enter this infollute copies of Part III if additional space is | utions to organizations described one contributor. Complete columnall, enter the total of exclusively refermation once. See instructions.) | in section 501(c)(7), (8), or (10) that s (a) through (e) and the following igious, charitable, etc., contributions |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, an | (e) Transfer of gift nd ZIP4 Rela | ationship of transferor to transferee |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gift nd ZIP4 Rela | ationship of transferor to transferee |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gift and ZIP4 Rela | ationship of transferor to transferee |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | Transferee's name, address, an | (e) Transfer of gift and ZIP4 Rela | ationship of transferor to transferee |