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Department of the Treasury

Internal Revenue Service

#### DLN: 93491126016516

OMB No 1545-0052

Open to Public Inspection

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

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

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

	e of foun	ndation AND J CHAR TR		A Employer id	A Employer identification number					
110	IIIIIES S	AND 3 CHAR III			46-3186189					
		street (or P O box number if mail is	not delivered to street address)	Room/suite	<b>B</b> Telephone nu	mber (see instruction	5)			
152	25 W WT	HARRIS BLVD D1114-044			(720) 947-672	(720) 947-6728				
City o	or town, RLOTTE,	state or province, country, and ZIP on NC 28262	or foreign postal code		<b>C</b> If exemption	application is pendin	g, check here 🕨 🦵			
<b>G</b> Ch	eck all	that apply   Initial return	Initial return of a fo	rmer public charity			_			
		Final return Address chan	A mended return	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>2.</b> Foreign o	rganizations, check he rganizations meeting ck here and attach col	the 85%			
		pe of organization Section				undation status was t n 507(b)(1)(A), chec	. —			
		947(a)(1) nonexempt charita	JAccounting method							
of y	ear <i>(fr</i>	t value of all assets at end om Part II, col. (c), 9,873,035	Other (specify) (Part I, column (d) must b	<u> </u>	F II the lound	ation is in a 60-montl n 507(b)(1)(B), chec				
Pai	rt I	Analysis of Revenue a (The total of amounts in columns necessarily equal the amounts in instructions))	(b), (c), and (d) may not	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)		17,123						
	2	Check ► ☐ If the foundation	ıs <b>not</b> required to attach							
	3	Interest on savings and tem	porary cash investments							
	4	Dividends and interest from	· · · ·	251,552	217,826					
	5a	Gross rents								
	b	Net rental income or (loss) _								
Φ	6a	Net gain or (loss) from sale o	of assets not on line 10	18,128						
Revenue	Ь	Gross sales price for all asso 1,253,374	ets on line 6a							
ž	7	Capital gain net income (from	m Part IV, line 2)		18,12	3				
	8	Net short-term capital gain				0				
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	Ь	Less Cost of goods sold.								
	С	Gross profit or (loss) (attach	schedule)							
	11	Other income (attach schedi	ule)	5,138	5,138					
	12	<b>Total.</b> Add lines 1 through 11		291,941	241,092					
	13	Compensation of officers, dir	<b>-</b>	117,406	88,054		29,351			
	14	O ther employee salaries and	F		C					
φ.	15	Pension plans, employee ber	<u> </u>	<b>6년</b> 2.450	0					
ē.	16a	Legal fees (attach schedule)	F	3,150	C	_	-,			
Expenses	Ь	Accounting fees (attach sch		2,200	C	0				
	С	Other professional fees (atta					0			
att.	17	Interest	-	<b>%</b> € 272	E 476		0			
and Administrative	18	Taxes (attach schedule) (se	· · · · · · · · · · · · · · · · · · ·	6,272	5,476		0			
H H	19	Depreciation (attach schedu		0	C					
₽Ġ.	20	Occupancy	-							
Ď	21	Travel, conferences, and me	<del>_</del>		0					
	22	Printing and publications.	-	<b>%</b> 973	123	_	850			
Ĭ	23	Other expenses (attach scho	·	973	123		830			
년 의	24	Total operating and administ	-	120.001	02.653		25 551			
Operating	25	Add lines 13 through 23.	<u> </u>	130,001 489,500	93,653		35,551 489,500			
_	25	Contributions, gifts, grants p	F	489,500			489,500			
	26	Total expenses and disburses		619,501	93,653	0	525,051			
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expe		-327,560	4.47.400					
	b	Net investment income (if ne	• ,		147,439	0				
For <sup>r</sup>	C	Adjusted net income(if nega			Cat No. 11280V		990-PF (2015)			

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	•
	1	Cash—non-interest-bearing	(a) Book Value 6,142	<b>(b)</b> Book Value 7,450	(c) Fair Market Value 7,450
	2	Savings and temporary cash investments	201,834	134,020	,
	3	Accounts receivable	201,031	131,020	131,020
	3	Less allowance for doubtful accounts		0	0
	4	Pledges receivable		O	Ü
	4	Less allowance for doubtful accounts -			
	5	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
	6	disqualified persons (attach schedule) (see instructions)			
	_	Other notes and loans receivable (attach schedule)			
	7				
	_	Less allowance for doubtful accounts			
£	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	<b>15</b> 000 020	010 101	
Ā	10a	Investments—U S and state government obligations (attach schedule)	1,084,583		·
	b	Investments—corporate stock (attach schedule)	6,712,691		
	С	Investments—corporate bonds (attach schedule)	1,925,434	1,744,566	1,578,023
	11	Investments—land, buildings, and equipment basis -			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)		100,000	100,000
	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)	9,841,208	9,507,665	9,873,035
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ΕĚ	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)		0	
'n		Foundations that follow SFAS 117, check here 🕨 🦵			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
lan	24	Unrestricted			
Ва	25	Temporarily restricted			
덛	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
ŏ		and complete lines 27 through 31.			
ç	27	Capital stock, trust principal, or current funds	9,841,208	9,507,665	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Į,	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	9,841,208	9,507,665	
	31	Total liabilities and net assets/fund balances(see instructions)	9,841,208	9,507,665	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column (	a), line 30 (must ag	gree	
		with end-of-year figure reported on prior year's return)		1	9,841,208
2		Enter amount from Part I, line 27a		2	-327,560
3		Other increases not included in line 2 (itemize) 🟲			31,606
4		Add lines 1, 2, and 3			9,545,254
5		Decreases not included in line 2 (itemize) ▶			37,589
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa		ne 30 <b>. 6</b>	9,507,665

the Part VI instructions

Part .	Capital Gains	anu Lo	esses for Tax on Inve	Suitent Income	<del>-</del>			
	List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )  See Additional Data Table				How acquire P—Purchas (b) D—Donatio	•   (a)	Date acquired mo , day, yr )	Date sold (d) (mo , day, yr )
1a	See Additional Data	Table						
b								
С								
d								
е								
(€	e) Gross sales price		Deprectation allowed  (f) (or allowable)		t or other basis expense of sale			or (loss) (f) minus (g)
a	See Additional Data	Table			·			(5)
b								
С								
d								
<u>ч</u> е								
	mplata aply for accets	chowing	gain in column (h) and owns	d by the foundation	n on 12/21/60		G (G-I	/I- \
	implete only for assets	Showing	gain in column (h) and owne Adjusted basis		cess of col (1)	$\dashv$ ,		(h) gain minus ot less than -0-) <b>oi</b>
(i)	FM V as of 12/31/69		(j) as of 12/31/69		er col (j), if any	(I) <b>`</b>		(from col (h))
a	See Additional Data	Table						
ь								
С								
d								
			· ·	If gaın, also enter	un Dart I lina 7		$\overline{}$	
2	Capital gain net inco	me or (n		If (loss), enter -0		. 2		18,128
3	Net short-term capit	ns 1222(5) and (6	)					
	If gain, also enter in in Part I, line 8		ne 8, column (c) (see ınstru	ctions) If (loss), e	enter -0-	}   3		
Part	V Qualification	Under	Section 4940(e) for R	educed Tax or	n Net Investm	<u>,                                     </u>	ı	
	ional use by domestic on 4940(d)(2) applies,		oundations subject to the se is part blank	ection 4940(a) tax	on net investmen	tıncom	ne )	
			n 4942 tax on the distribute y under section 4940(e) Do			period?		┌ Yes ┌ No
<b>1</b> E n	ter the appropriate amo	unt in ea	ach column for each year, se	ee instructions bef	ore making any er	tries		
	(a) period years Calendar or tax year beginning in)	Adju	(b) isted qualifying distributions	(c) Net value of noncha			(d) Distributio (col (b) divided	n ratio
	2014		249,666		10,652,618			0 023437
	2013		10,495		9,826,124			0 001068
	2012							
	2011							
	2010					-		
2	Totalof line 1, colum	` ,				2		0 024505
3			the 5-year base period—div dation has been in existence			3		0 012253
4	Enter the net value o	of noncha	arıtable-use assets for 2015	from Part X, line	5 [	4		10,590,241
5	Multiply line 4 by line	e 3			[	5		129,762
6	Enter 1% of net inve	stment ı	ncome (1% of Part I, line 27	7b)	[	6		1,474
7	Add lines 5 and 6.					7		131,236
8	Enter qualifying distr	rıbutıons	from Part XII, line 4			8		525,051
	If line 8 is equal to o	e 8 is equal to or greater than line 7, check the box in Part VI, line			and complete tha	t part u	using a 1% ta	•

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	<del>54</del> 0(e),	, UI 4340—SE	e page	= 10 OL	the ins	LIUCLIO	115)	
1a		• F		)					
	and enter "N/A" on line 1  Date of ruling or determination letter			l					
	(attach copy of letter if necessary—see instructions)			(					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			J	1				1,474
	here 🟲 🔽 and enter 1% of Part I, line 27b			• '					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiza Part I, line 12, col (b)	ations 6	enter 4% of						
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2								0
3	Add lines 1 and 2			•	3				1,474
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndatıor	is only Othe	ers	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter-0		•	5			•	1,474
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		3,240					
b	Exempt foreign organizations—tax withheld at source	6b							
С	Tax paid with application for extension of time to file (Form 8868)	6c		0					
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				3,240
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2	2220 is	attached		8				0
9	$\textbf{Tax due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount owed} \ .$				9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoun	t over	paid	•	10				766,1
11		1,476	Refunded	<u> </u>	11				290
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or di	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			see In	structi	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	pies of any r	nateria	ls				
	published or distributed by the foundation in connection with the activities.						1c		
	·								No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos		= -	r					
	(1) On the foundation  \$ (2) On foundation managers								
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical e	xpenditure t	ax imp	osed				
_	on foundation managers 🕨 \$		t - th - IDC2						NI-
2	Has the foundation engaged in any activities that have not previously been rep	portea	to the IRS?				2		No
_	If "Yes," attach a detailed description of the activities.	<b>.</b>				_			
3	Has the foundation made any changes, not previously reported to the IRS, in it	_	_	-		5			Na
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confu						3		No
4a L	Did the foundation have unrelated business gross income of \$1,000 or more d  If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_					4a 4b		No
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction du						5		No
3	If "Yes," attach the statement required by General Instruction T.	illig till	e year				3		NO
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45\ca	ticfied eithe	r					
Ü	By language in the governing instrument, or	7 <i>3</i> / 3a	cisiled eithe	ı					
	<ul> <li>By state legislation that effectively amends the governing instrument so th</li> </ul>	at no n	nandatory di	irectio	ns				
	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?					),			
-	and Part XV.					,, 	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (	see ins	structions)						
•	<u>▶co</u>		- <i>,</i>						
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? If						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r	meanın	g of section	4942	(յ)(3)				
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	Part X	ΊV)?				
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,	" attach	a schedule	listing	their n	ames			
	and addresses.						10		No

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶		•	
14	The books are in care of ►Wells Fargo Bank NA Telephone no ►(720	1947	-6728	
	Located at ►1740 BROADWAY 49TH FLOOR DENVER CO  ZIP+4 ►80274	<i>, , , , ,</i>	0,20	
			<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •	-	
	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		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 🟲			
Par	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
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? 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 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes \( \backslash \) Yes			
	(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 termination of government service, if terminating within 90 days )			
Ь	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	41.		NI-
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
_	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,	1.0		Na
_	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 $4942(1)(3)$ or $4942(1)(5)$ )			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
u	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		No
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>▶</b> 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			
	if the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pal	L ATT-R	Statements Rega	rding Activities for	· wr	iich Form 4/20	мау	ве кеquirea (Cont	unued	)
5a	-	•	n pay or incur any amour				_		
			rwise attempt to influenc					No	
			specific public election						
			voter registration drive?			•			
	• •	<u>-</u>	al for travel, study, or ot				「 Yes ▽	No	
		-	ation other than a charita					_	
						٠	TYes	✓ No	
			than religious, charitabl	•				<del>-</del>	
L			he prevention of cruelty					NO	
Ь	•		5), did <b>any</b> of the transac				·		FL
							ınstructions)?	_	5b
_	_	· -	t notice regarding disast n 5a(4), does the foundat						
С							<b>T</b> Yes <b>T</b>	- No	
			ired by Regulations section			•		140	
6a		•	ar, receive any funds, dir			nrer	nuims on		
<b></b>		·						√ No	
b	*						benefit contract?		6b No
-		6b, file Form 8870.	,, ,, =	, '	,,	'			
7a		·	vas the foundation a part	y to a	a prohibited tax shelf	ter tı	ransaction? <b>TYes</b>	√ No	
b		-	·	-			the transaction?		7b
							n Managers, Highly		Employees,
	t VIII	and Contractors							
_1_	List all off	icers, directors, trustees	s, foundation managers a	nd t	heir compensation (	see i			
			Title, and average	(c)	) Compensation( <b>If</b>		<b>(d)</b> Contributions to	l <sub>Ex</sub>	pense account,
	<b>(a)</b> Na	me and address	hours per week (b) devoted to position		not paid, enter -0-)	e	mployee benefit plans		her allowances
=				_		and	deferred compensation	-	
	S FARGO BAN		CORPORATE TRUSTEE		117,406				
152	O W WI HA	RRRIS BLVD D1114-	40						
	RLOTTE, N	NC 28262							
APRIL	COORS BRO	WN-JENKINS	COTRUSTEE		0				
1740	BROADV	AY 49TH FLOOR	1						
	VER,CO				_				
	MAN T BROW		CO-TRUSTEE		0				
	VER,CO	/AY 49TH FLOOR 30274							
			l employees (other than	thos	e included on line 1—	-see	instructions). If none, er	nter "NO	ONE."
		(a)	Title, and aver	ane			Contributions to		
Nar	ne and add	ress of each employee p			(c) Compensatio	n	employee benefit plans and deferred		pense account, her allowances
	mo	re than \$50,000	(b) devoted to pos	ition			(d) compensation	(6)	iller allowalices
NON	E								
 Tota	I number o	f other employees paid o	ver\$50,000				· <b>.</b>		0

Form 990-PF (2015)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Higl	hly Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NONE	" <u>.                                    </u>
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services.		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1	,	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation during	•	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>P</b>

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.,	<u> </u>	
	purposes		
а	A verage monthly fair market value of securities	1a	10,430,222
b	A verage of monthly cash balances	1b	321,292
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	10,751,514
e	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	10,751,514
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	161,273
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,590,241
6	Minimum investment return. Enter 5% of line 5	6	529,512
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	529,512
2a	Tax on investment income for 2015 from Part VI, line 5   2a   1,474		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	1,474
3	Distributable amount before adjustments Subtract line 2c from line 1	3	528,038
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	528,038
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	528,038
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_	
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	525,051
Ь	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	0
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	525,051
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	1,474
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	523,577
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIIII Undistributed Income (see inst	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7				528,038
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			487,170	
b	Total for prior years 2013, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
d	From 2013				
e	From 2014				
	Total of lines 3a through e		0		
	Qualifying distributions for 2015 from Part				
-	XII, line 4 🕨 \$ 525,051				
а	Applied to 2014, but not more than line 2a			487,170	
	Applied to undistributed income of prior years		0		
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election		0		
А	required—see instructions)				37,881
	Remaining amount distributed out of corpus		0		,
	Excess distributions carryover applied to 2015		0		0
	(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		0		
b	Prior years' undistributed income Subtract		0		
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount				
_	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
	instructions			U	
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				490,157
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)		0		
8	Excess distributions carryover from 2010 not		0		
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.		0		
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9  Excess from 2011				
	LXCe33 HOIII ZOTT.				
	LXCess IIOIII 2012				
	LXCess Holli 2013				
	EXCESS HOLL ZOTAL				
е	Excess from 2015				

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	
	year listed					
<b>b</b> 8	35% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used					
	directly for active conduct of exempt activities					
e	Qualifying distributions made directly					
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	<b>Information Regarding Foundation Managers:</b> List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

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 489,500 **b** Approved for future payment

Enter gross a	mounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	<b>(e)</b> Related or exempt
<b>1</b> Program s	ervice revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	<b>(d)</b> A mount	function income (See instructions)
a						-
	d contracts from government agencies					
3 Interest	hip dues and assessments on savings and temporary cashents					
	s and interest from securities			14	251,552	
	l income or (loss) from real estate					
	nanced property					
<b>6</b> Net renta	t-financed property					
	estment income					
inventory	oss) from sales of assets other than			18	18,128	
	ne or (loss) from special events ofit or (loss) from sales of inventory					
	renue <b>a</b> MUTUAL FUND INCOME			4	5,138	
	Add columns (b), (d), and (e).				274,818	
	l line 12, columns (b), (d), and (e)			13	3	274,818
	ksheet in line 13 instructions to verify Relationship of Activities to		nlichment of	Evemnt Durnose		
Line No.	Explain below how each activity for whithe accomplishment of the foundation's instructions )	ıch ıncome ıs re	ported in column	(e) of Part XVI-A co	ntributed importa	
	,					
+						
-						
+						
+						

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	Form 990-PI	F (2015)								Page <b>1</b> 3
section 501(c) of the Code (other than section 501(c)3) organizations or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a nonchantable exempt organization of (3) Cases	Part XVI					actio	ns and Relatio	nships With		
a Transfers from the reporting foundation to a noncharitable exempt organization of  (2) Clash									Ye	s No
(3) Other assets.  b Other transactions  (2) Purchases of assets to a nonchantable exempt organization.  (3) Rental of facilities, equipment, or other assets.  (4) Rental of facilities, equipment, or other assets.  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations.  (6) Performance of services or membership or fundraising solicitations.  (7) Interview of the above is "Yes," complete the following schedule: Column (b) should always show the fart market value of the pools, other assets, or services given by the reporting loansaction of the fundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services in a cerved (c) Line No.  (6) Interview of the above is "Yes," complete the following schedule: Column (b) should always show the fart market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services in cerved (c) Line No.  (a) Line No.  (b) Anount involved.  (c) Line No.  (b) Anount involved.  (c) Line No.  (b) Anount involved.  (c) Line No.  (c) Description of transfers, transactions, and sharing arrangements and statements, and to the best of my knowledge and belief, it is true, correct, and complete the following schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Paid  Proparer  Paid  Proparer  Prim's name >  Proparer's Signature.  Date    Chack if self.   PTIN	organizat	tions?								
(a) Other assets.  b Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Rembursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (7) Rembursement arrangements. (8) Ib(4) No. (9) Rembursement arrangements. (9) Performance of services or membership or fundraising solicitations. (9) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Performance of services or services given by the reporting fundraising schedule of the fundrai		• •								4
Description of treatment of property is a property of the p										No
(a) Sales of assets to a noncharitable exempt organization.  (b) 29 Purchases of assets from a noncharitable exempt organization.  (c) 29 Purchases of assets from a noncharitable exempt organization.  (d) Reimbursement arrangements.  (d) Reimbursement arrangements.  (d) Reimbursement arrangements.  (d) Reimbursement arrangements.  (d) Boson of facilities, equipment, making lists, other assets, or paid employees.  (e) Shaning of facilities, equipment, making lists, other assets, or paid employees.  (e) Shaning of facilities, equipment, making lists, other assets, or paid employees.  (f) Ithe answer to any of the above is 'Yes,' complete the following schedule:  (g) Line No  (h) Amount involved  (h) Description of transfers, transactions, and shaning arrangements where the section 527?  (h) Complete the following schedule  (h) Line No  (h) Amount involved  (h) Amount involved  (h) It'Yes,' complete the following schedule  (h) Line No  (h) Line No  (h) Line No  (h) Line No  (h) Amount involved  (h) Amount involved  (h) Line No  (h) Line No  (h) Amount involved  (h) Line No  (h) Amount involved  (h) Line No  (h) Amount involved  (h) Line No  (h) Line No  (h) Description of transfers, transactions, and shaning arrangements where the section 527?  (h) Line No  (h) Line No  (h) Line No  (h) Description of transfers, transactions, and shaning arrangements where the section 527?  (h) Line No  (h) Line No  (h) Description of transfers, transactions, and shaning arrangements where the section 527?  (h) Line No  (h) Line No  (h) Line No  (h) Description of transfers, transactions, and shaning arrangements where the section 527?  (h) Line No  (h) Line No  (h) Line No  (h) Description of transfers, transactions, and shaning arrangements where the section 527?  (h) Line No  (h) Description of transfers, transactions, and shaning arrangements where the section 527?  (h) Line No  (h) Line No  (h) Descri									1a(2)	No
(2) Purchases of assets from a nonchartable exempt organization.  (3) Rental of facilities, equipment, or other assets.  (4) Reimbursement arrangements.  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundrasing solicitations.  (6) Performance of services or membership or fundrasing solicitations.  (7) Item is now read any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the Soundation neceived less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (6) Jime No.  (b) Amount movived.  (c) Rame of noncharitable exempt organization.  (d) Description of transfers, transactions, and sharing arrangements.  (d) Description of transfers, transactions, and sharing arrangements are considered in section \$01(c) of the Code (other than section \$01(c)(3)) or in section \$27?.  (a) Rame of inspiritual in section \$01(c) of the Code (other than section \$01(c)(3)) or in section \$27?.  (b) Time the following schedule.  (a) Rame of inspiritual in section \$01(c) of the Code (other than section \$01(c)(3)) or in section \$27?.  (b) Type of inspiritual in section \$01(c) of the Code (other than section \$01(c)(3)) or in section \$27?.  (c) Description of redistionality.  (d) Rame of inspiritual in section \$01(c)(3) or in section \$27?.  (e) Description of redistionality.  (a) Rame of inspiritual in section \$01(c)(3) or in section \$27?.  (b) Type of inspiritual in section \$01(c)(3) or in section \$27?.  (c) Description of redistionality.  (e) Description of redistionality.  (f) Description of redistionality.  (g) Rame of inspiritual in section \$01(c)(3) or in section \$27?.  (h) Firm's expiritual in section \$01(c)(3) or in section \$27?.  (h) Type of inspiritual in section \$27?.  (h) Description of redistionality.  (e) Description of redistionality.  (f) Description of redistionality.  (										
(3) Rental of facilities, equipment, or other assets										
(4) Reimbursement arrangements.										+
(s) Loans or loan guarantees.  (g) Performance of services or members hip or fundraising solicitations.  20 Sharing of facilities, equipment, mailing lists, other assets, or paid employees.  10 It No d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting fundration If If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line file.  (b) Amount involved.  (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  (a) Line file.  (b) Amount involved.  (c) Name of noncharitable exempt organization of transfers, transactions, and sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?.  Yes PNo b If "Yes," complete the following schedule  1 If Yes, "complete the following schedule in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?.  Yes PNo b If "Yes," complete the following schedule and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all the preparer shown below with the preparer shown below.  Signature of officer or trustee.  Prim's name b Firm's name b Firm's name Preparer's Signature.										_
(a) Line No (b) Amount involved (c) Name of nonclastrable exempt organizations (d) Description of transfers, transactions, and sharing arrangements and other systems, shown the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements, shown in column (d) the value of the goods, other assets, or services received in any transaction or sharing arrangements, shown in column (d) the value of the goods, other assets, or services received.  (a) Line No (b) Amount involved (c) Name of nonclastrable exempt organization (d) Description of transfers, transactions, and sharing arrangements described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?. Yes Fino b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship.    Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    Value of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    Print										
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.  d If the answer to any of the above is "Yes," complete the following schedule: Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing strangement, show in column (d) the value of the goods, other assets, or services received  (a) Line No  (b) Amount involved  (c) liame of noncharitable exempt organization  (d) Description of transactions, and sharing arrangements  (a) Line No  (b) Amount involved  (c) liame of noncharitable exempt organization  (d) Description of transactions, and sharing arrangements  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations, and sharing arrangements described in section 501 (c) of the Code (other than section 501(c)(3)) or in section 527?  (a) No  b If "Yes," complete the following schedule  (b) Type of organization  (c) Description of relationship  Find the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Verification of the IRS discuss this letter.   Print										+
d If the answer to any of the above is: "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assist, or services grown by the rapporting foundation. If the foundation received less than market value in any transaction or sharing arrangement, shown in column (d) the value of the goods, other assets, or services received  (a) Line No  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?			•	=						_
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	<b>d</b> If the and of the go	swer to any of the above ods, other assets, or se	e is "Yes," coi ervices given l	mplete the fol by the reporti	lowing schedule ng foundation I	e Colui f the fo	mn <b>(b)</b> should alwa oundation received	ys show the fair ma less than fair mark	irket value et value	
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	(a) Line No	(b) Amount involved	(c) Name of n	oncharitable exe	mpt organization	(d)	) Description of transfer	s, transactions, and sh	arıng arranger	nents
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?										
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?										
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?										
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?										
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?										
(a) Name of organization (b) Type of organization (c) Description of relationship    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    ******	describe	d in section 501(c) of t	he Code (othe						. 「Yes	₽No
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  ******  Signature of officer or trustee  Date  Print/Type preparer's name  Preparer's Signature  Date  Check if self-employed  PTIN  Firm's name  Firm's name  Firm's address  Firm's address				(b	) Type of organiza	tion		(c) Description of relati	onship	
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  ******  Signature of officer or trustee  Date  Print/Type preparer's name  Preparer's Signature  Date  Check if self-employed  PTIN  Firm's name  Firm's name  Firm's address  Firm's address										
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  ******  Signature of officer or trustee  Date  Print/Type preparer's name  Preparer's Signature  Date  Check if self-employed  PTIN  Firm's name  Firm's name  Firm's address  Firm's address										
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  ******  Signature of officer or trustee  Date  Print/Type preparer's name  Preparer's Signature  Date  Check if self-employed  PTIN  Firm's name  Firm's name  Firm's address  Firm's address										
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  ******  Signature of officer or trustee  Date  Print/Type preparer's name  Preparer's Signature  Date  Check if self-employed  PTIN  Firm's name  Firm's name  Firm's address  Firm's address										
Signature of officer or trustee  Date  Title    Print/Type preparer's name   Preparer's Signature   Date   Check if self-employed ▶	Sign the	best of my knowledge a ormation of which prepa	and belief, it is	s true, correct	, and complete		ration of preparer (	other than taxpaye May t returr	r) is based the IRS discus	on all
Print/Type preparer's name Preparer's Signature employed Firm's name Firm's name Firm's EIN Firm's address Firm's address Firm's address Firm's address Firm's EIN Firm's address Firm's address Firm's address Firm's EIN Firm's address Firm's address Firm's address Firm's EIN Firm's EIN Firm's address Firm's address Firm's EIN Firm's EIN Firm's address Firm's address Firm's EIN Firm's		Signature of officer or t	trustee		Date	,	Title	below	, · · ·_	_
Preparer Use Only Firm's address >		Print/Type preparer's	Type preparer's name Preparer's S		Signature		Date		PTIN	•
	Preparer							Firm's EIN ▶	1	,
Phone no	Use Only	Firm's address 🕨								
								Phone no		

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
425 ANHEUSER-BUSCH INBEV SPN ADR		2012-08-06	2015-12-17
175 APACHE CORP		2014-12-18	2015-07-28
475 APACHE CORP		2014-04-02	2015-07-28
600 BAXTERINTLINC		2014-02-20	2015-06-18
50000 BROOMFIELD CO WTR AC 4 000% 12/01/15		2012-08-06	2015-12-01
4500 CHAMBERS STREET PROPERTIES		2012-08-06	2015-11-25
1650 E M C CORP MASS		2014-06-25	2015-10-23
100000 GARFIELD CNTY COLO 3 000% 12/01/19		2012-08-06	2015-02-10
1373 GOOGLE INC-CL C		2012-08-06	2015-05-06
150 INTERNATIONAL BUSINESS MACHS CORP		2013-12-13	2015-08-10

### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
53,140		34,901	18,239
8,135		10,813	-2,678
22,082		40,540	-18,458
41,565		42,309	-744
50,000		50,000	
32,826		39,027	-6,201
43,040		43,833	-793
108,630		107,420	1,210
76		44	32
23,520		27,685	-4,165

### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	A djusted basis <b>(j)</b> as of 12/31/69	Excess of col (1) (k) over col (j), If any	col (k), but not less than -0-) or (I) Losses (from col (h))
			18,239
			-2,678
			-18,458
			-744
			-6,201
			-793
			1,210
			32
			-4,165

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
100000 METRO WASTEWTR RECLA 3 000% 4/01/15		2012-08-06	2015-04-01
375 MONSTER BEVERAGE CORP		2013-09-04	2015-01-12
600 NATIONAL OILWELL INC COM		2014-06-10	2015-07-07
250 NATIONAL OILWELL INC COM		2014-11-24	2015-07-07
5773 672 PIMCO HIGH YIELD FD-INST #108		2012-08-06	2015-11-25
24067 389 PIMCO EMERGING LOCAL BOND IS #332		2014-12-29	2015-11-13
2815 768 TEMPLETON GLOBAL BOND FD-ADV #616		2012-08-06	2015-04-02
1225 US BANCORP		2014-04-02	2015-05-27
360 UNITEDHEALTH GROUP INC		2012-08-06	2015-03-02
500 VANGUARD REIT VIPER		2012-08-06	2015-11-25

### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
100,000		100,000	
42,786		20,789	21,997
27,116		41,827	-14,711
11,298		18,424	-7,126
50,000		54,446	-4,446
166,306		197,837	-31,531
35,000		37,168	-2,168
53,793		42,997	10,796
41,100		18,549	22,551
39,494		32,383	7,111

## Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (1) (k) over col (j), If any	col (k), but not less than -0-) <b>or</b> (l) Losses (from col (h))
			21,997
			-14,711
			-7,126
			-4,446
			-31,531
			-2,168
			10,796
			22,551
			7,111

# Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
3404 669 WELLS FARGO INTL BOND-IS #4705		2012-08-06	2015-04-02
11691 18 WELLS FARGO INTL BOND-IS #4705		2012-08-06	2015-12-04
5005 005 WELLS FARGO S/T MUNI-INS #3161		2013-05-10	2015-04-02
5015 045 WELLS FARGO S/T MUNI-INS #3161		2013-05-10	2015-11-25
CAPITAL GAIN DIVIDENDS	Р		

# Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
35,000		39,188	-4,188
111,885		134,565	-22,680
50,000		50,200	-200
50,000		50,301	-301
			56,582
Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I			

Complete only for assets show	Gains (Col (h) gain minus		
(i) F M V as of 12/31/69	A djusted basıs <b>(j)</b> as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			-4,188
			-22,680
			-200
			-301

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

TOTHE 3 - GI	anto ana continuations	raia baring	uie ieui ei Appiereu iei i	atare rayment
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
Pupples Behind Bars Inc 263 WEST 38TH ST 4TH FL New York, NY 10016	NONE	PC	PROGAM SUPPORT	35,000
JDRF INTERNATIONAL 26 BROADWAY NEW YORK,NY 10004	NONE	PC	ROCKY MOUNTAIN CHAPTER	35,000
TOYS FOR TOTS INC 38 HAWLEY ST BINGHAMTON,NY 13901	NONE	PC	GENERAL OPERATIIONG SUPPORT	80,000
Concerns of Police Survivors POB 3199 Camdenton, MT 65020	NONE	PC	SUPPORTING THE COLORADO	35,000
ALLEY CAT ALLIES INC 7920 NORFOLK AVE BETHESDA,MD 20814	NONE	PC	GENERAL OPERATION SUPPORT	16,500
St Jude Childrens Research Hospital Inc 501 ST JUDE PLACE Memphis,TN 38105	NONE	PC	SUPPORT	35,000
GIRLS INCORPORATED OF METRO 1499 JULIAN ST DENVER,CO 80204	NONE	PC	GENERAL OPERATING SUPPORT	40,000
Texas Scottish Rite Hospital for St 2222 WELBORN ST Dallas,TX 75219	NONE	PC	SUPPORT	35,000
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER,CO 80231	NONE	PC	GENERAL OPERATING SUPPORT	16,500
County Sheriffs of Colorado Inc 9008 N US HWY SUITE85 UNIT C Littleton, CO 80125	NONE	PC	SUPPORT	35,000
THE ADOPTION EXCHANGE 14232 EAST EVANS AVE AURORA,CO 80014	NONE	PC	GENERAL OPERATIONG SUPPORT	40,000
CHILDRENS HOSPITAL COLORADO FOUNDATION 13123 E 16TH AVE AURORA,CO 80045	NONE	PC	GENERAL OPERATIONG SUPPORT	35,000
CAT CARE SOCIETY 5787 W 6TH AVE LAKEWOOD,CO 80129	NONE	PC	GENERAL OPERATING SUPPORT	16,500
Kids In Need of Dentistry 2465 SOUTH DOWNING Denver, CO 80210	NONE	PC	GENERAL SUPPORT	35,000
Total			▶ 3a	489,500

# **TY 2015 Accounting Fees Schedule**

Name: MCINNES S AND J CHAR TR

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE (NON-ALLOC	2,200			2,200

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491126016516

# **TY 2015 Investments Corporate Bonds Schedule**

Name: MCINNES S AND J CHAR TR

224 10 3100109					
Name of Bond	End of Year Book Value	End of Year Fair Market Value			
261980494 DREYFUS EMG MKT DEBT					
262028855 DRIEHAUS ACTIVE INCO	229,617	212,164			
277911491 EATON VANCE FLOATING	184,532	171,759			
464287176 ISHARES TIPS BOND ET	60,703	54,840			
52469F481 WESTERN ASSET EMRG M	303,612	250,847			
693390841 PIMCO HIGH YIELD FD-	226,413	198,322			
880208400 TEMPLETON GLOBAL BON	115,971	101,299			
94985D582 WELLS FARGO ADV INTL					
949921654 WELLS FARGO S/T MUNI	143,718	142,715			
315920702 FID ADV EMER MKTS IN	260,000	249,447			
4812C0803 JPMORGAN HIGH YIELD	100,000	84,758			
72201F516 PIMCO EMERGING LOCAL					
693390882 PIMCO FOREIGN BD FD	120,000	111,872			

#### DLN: 93491126016516

# **TY 2015 Investments Corporate Stock Schedule**

Name: MCINNES S AND J CHAR TR

Name of Stock	End of Year Book Value	End of Year Fair Market Value
001055102 AFLAC INC		
00203H859 AQR MANAGED FUTURES	134,926	131,130
00206R102 AT & T INC		
00287Y109 ABBVIE INC		
00758M162 ACADIAN EMG MKTS POR	300,000	250,364
008252108 AFFILIATED MANAGERS	28,638	39,940
03524A108 ANHEUSER-BUSCH INBEV		
037411105 APACHE CORP		
037833100 APPLE INC	117,812	139,996
06738C778 BARCLAYS BANK PLC IP	461,423	246,905
071813109 BAXTER INTL INC		
084670702 BERKSHIRE HATHAWAY I	58,336	82,525
088606108 BHP BILLITON LIMITED		
097023105 BOEING CO	49,489	79,525
110122108 BRISTOL MYERS SQUIBB		
12572Q105 CME GROUP INC	40,191	63,420
126650100 CVS HEALTH CORPORATI	35,932	78,216
14040H105 CAPITAL ONE FINANCIA		
150870103 CELANESE CORP	44,235	62,280
157842105 CHAMBERS STREET PROP		
166764100 CHEVRON CORP		
17275R102 CISCO SYSTEMS INC	44,785	67,888
189754104 COACH INC		
20030N101 COMCAST CORP CLASS A	49,113	67,716
20825C104 CONOCOPHILLIPS		
231021106 CUMMINS INC.	69,020	44,005
25243Q205 DIAGEO PLC - ADR	47,714	49,082
25264S833 DIAMOND HILL LONG-SH	94,725	127,282
254687106 WALT DISNEY CO	55,002	86,691
268648102 E M C CORP MASS		

Name of Stock	End of Year Book Value	End of Year Fair Market Value
277923728 EATON VANCE GLOBAL M	49,224	47,937
29875E100 AMERICAN EUROPACIFIC	385,746	444,137
30231G102 EXXON MOBIL CORPORAT		
375558103 GILEAD SCIENCES INC	12,735	45,030
38141G104 GOLDMAN SACHS GROUP	31,089	40,552
38259P508 GOOGLE INC		
404280406 HSBC - ADR	58,106	42,430
413838202 OAKMARK INTERNATIONA	337,662	402,032
459200101 INTERNATIONAL BUSINE		
464285105 ISHARES GOLD TRUST	31,360	20,460
464287234 ISHARES MSCI EMERGIN	108,459	86,913
464287499 ISHARES RUSSELL MID-	408,032	600,675
464287804 ISHARES CORE S&P SMA	202,331	302,803
46625H100 JPMORGAN CHASE & CO	52,775	72,633
46625H365 JP MORGAN ALERIAN ML	55,418	40,558
478160104 JOHNSON & JOHNSON		
478366107 JOHNSON CONTROLS INC	42,281	40,477
50076Q106 KRAFT FOODS GROUP IN		
580135101 MCDONALDS CORP		
589509108 MERGER FD SH BEN INT		
594918104 MICROSOFT CORP	55,551	85,994
609207105 MONDELEZ INTERNATION		
611740101 MONSTER BEVERAGE COR		
637071101 NATIONAL OILWELL INC		
63872T885 ASG GLOBAL ALTERNATI	240,000	224,035
641069406 NESTLE S.A. REGISTER	27,914	33,489
68389X105 ORACLE CORPORATION	27,914	32,877
683974505 OPPENHEIMER DEVELOPI		
713448108 PEPSICO INC		
73935X195 POWERSHARES LISTED P	68,475	78,900

Name of Stock	End of Year Book Value	End of Year Fair Market Value
742718109 PROCTER & GAMBLE CO		
780905840 ROYCE PENNSYLVANIA M	74,635	61,898
78463X863 SPDR DJ WILSHIRE INT	168,306	164,304
806857108 SCHLUMBERGER LTD	65,705	55,800
872540109 TJX COMPANIES INC	45,220	70,910
87612E106 TARGET CORP	45,472	54,458
883556102 THERMO FISHER SCIENT	22,612	56,740
88579Y101 3M CO		
89151E109 TOTAL S.A ADR	42,991	39,331
902641646 E-TRACS ALERIAN MLP	37,580	26,160
902973304 US BANCORP DEL NEW		
907818108 UNION PACIFIC CORP	43,500	54,740
911312106 UNITED PARCEL SERVIC	26,598	33,681
913017109 UNITED TECHNOLOGIES		
91324P102 UNITEDHEALTH GROUP I	32,976	75,290
922908553 VANGUARD REIT VIPER	501,520	597,975
92343V104 VERIZON COMMUNICATIO		
94975P751 WELLS FARGO EMG MK	250,053	212,266
G29183103 EATON CORP PLC	35,004	31,224
09247X101 BLACKROCK INC	36,162	39,160
172967424 CITIGROUP INC.	57,023	60,806
38259P706 GOOGLE INC-CL C		
517834107 LAS VEGAS SANDS CORP	45,626	31,784
58155Q103 MCKESSON CORP	53,213	59,169
589509207 MERGER FUND-INST #30	195,462	187,646
683974604 OPPENHEIMER DEVELOPI	325,000	277,011
74925K581 BOSTON P LNG/SHRT RE	350,000	345,185
02079K107 ALPHABET INC CL C	16,038	37,944
02079K305 ALPHABET INC CL A	16,133	38,901
03076C106 AMERIPRISE FINL INC	50,044	45,229

Name of Stock	End of Year Book Value	End of Year Fair Market Value
385002100 GRAMERCY PROPERTY TR	94,930	77,200
405217100 HAIN CELESTIAL GROUP	17,429	17,166
56501R106 MANULIFE FINANCIAL C	33,791	34,454
61166W101 MONSANTO CO NEW	62,061	59,112
693475105 PNC FINANCIAL SERVIC	52,784	52,421
771195104 ROCHE HOLDINGS LTD -	49,528	49,982
867224107 SUNCOR ENERGY INC NE	38,882	36,507

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# **TY 2015 Investments Government Obligations Schedule**

Name: MCINNES S AND J CHAR TR

**EIN:** 46-3186189

**US Government Securities - End of** 

Year Book Value: 808,938

**US Government Securities - End of** 

Year Fair Market Value: 810,191

**State & Local Government Securities - End of Year Book** 

Value:

**State & Local Government Securities - End of Year Fair** 

**Market Value:** 

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### **TY 2015 Investments - Other Schedule**

Name: MCINNES S AND J CHAR TR

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
70299RF16 PARTNERS GROUP PRIV	AT COST	100,000	100,000

# TY 2015 Legal Fees Schedule

Name: MCINNES S AND J CHAR TR

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NON-ALLOCABLE LEGAL FEES	3,150			3,150

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# **TY 2015 Other Decreases Schedule**

Name: MCINNES S AND J CHAR TR

Description	Amount
MUTUAL FUND ADJUSTMENT	9,248
RETURN OF CAPITAL	10,117
ACCRUED INTEREREST PAID EFFECTIVE DATE AFTE TYE	18,224

# **TY 2015 Other Expenses Schedule**

Name: MCINNES S AND J CHAR TR

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER ALLOCABLE EXPENSE-INCOME	850	0		850
OTHER NONALLOCABLE EXPENSES -	123	123		0

### **TY 2015 Other Income Schedule**

Name: MCINNES S AND J CHAR TR

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MUTUAL FUND INCOME	5,138	5,138	

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# **TY 2015 Other Increases Schedule**

Name: MCINNES S AND J CHAR TR

Description	Amount
MUTUAL FUND EFFECT AFTER TYE	19,157
ROUNDING	23
AMORTIZATION MUNI INT	12,426

### **TY 2015 Taxes Schedule**

Name: MCINNES S AND J CHAR TR

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	1,526	1,526		0
FEDERAL ESTIMATES - PRINCIPAL	796	0		0
FOREIGN TAXES ON QUALIFIED FOR	3,248	3,248		0
FOREIGN TAXES ON NONQUALIFIED	702	702		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491126016516

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** 

MCINN	IES S AND J CHAR T	R	' '		
			46-3186189		
Organi	ization type (check o	one)			
Filers	of:	Section:			
Form 9	90 or 990-EZ	<b>「</b> 501(c)( ) (enter number) organization			
			1		
Form 9	90-PF	▼ 501(c)(3) exempt private foundation			
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation			
		☐ 501(c)(3) taxable private foundation			
Gener	<b>al Rule</b> For an organization	7), (8), or (10) organization can check boxes for both the General Rule and a Sp filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions many one contributor Complete Parts I and II See instructions for determining a	totaling \$5,000 or more (in money or		
Specia	ıl Rules				
Γ	under sections 509(a received from any or	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% supply (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part he contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	II, line 13, 16a, or 16b, and that		
Γ	during the year, total	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals. Complete Parts I, II, and III			
Γ	during the year, conti this box is checked, a purpose Do not com	described in section $501(c)(7)$ , $(8)$ , or $(10)$ filing Form 990 or 990-EZ that received ributions $exclusively$ for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an $exclusive$ plete any of the parts unless the <b>General Rule</b> applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause 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 MCINNES S AND J CHAR TR Employer identification number 46-3186189

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
1	SALLY JANE M MCINNES TRUST		Person	r
	WELLS FARGO BANK NA	\$ 17,123	Payroll	Г
	DENVER, CO 80274		Noncash	Γ
			(Complete Part II f contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			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	tribution
			Person	Γ
		\$	Payroll	Г
		<del>*</del>	Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			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	tribution
	_		Person	Г
		\$	Payroll	Γ
	-		Noncash	Γ
			(Complete Part II f contributions)	or noncash

Schedule B (Form	990, 990-EZ, or 990-PF) (2015)		Page <b>3</b>
Name of organizat		Employer identification	number
	J GII/II	46-3186189	
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<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
		<u> </u>	

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)
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, 990-EZ, or 990-PF) (2015)		Page <b>4</b>
HADTD	Emplo	yer identification number
HARIK	46-31	86189
e than \$1,000 for the year from any c . For organizations completing Part or less for the year. (Enter this infor	one contributor. Complete columns III, enter the total of exclusively reli- mation once. See instructions.) •	(a) through (e) and the following gious, charitable, etc., contributions
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relat	nonship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relat	nonship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift	nonship of transferor to transferee
·-		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift	uonship of transferor to transferee
1	HAR TR  If y religious, charitable, etc., contribute than \$1,000 for the year from any of the set of the year. (Enter this informate copies of Part III if additional space is (b) Purpose of gift  Transferee's name, address, and the set of the year. (b) Purpose of gift  Transferee's name, address, and the year of gift	Employ   46-31