

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

For	calen	dar year 2015 or tax year beginning			, and er	nding		
Nai	ne of	foundation					A Employer identificatio	n number
S	tu	rm Zachary Family Four	ndati	on			52-2098180)
		nd street (or P O box number if mail is not delivered to st	eet address	3)		Room/suite	B Telephone number	
_P	.0	. Box 410					970 <u>-925-31</u>	L41
		own, state or province, country, and ZIP or foreig	n postal c	ode			C if exemption application is	pending, check here
		en, CO 81612		=				
G (heck	all that apply: Initial return	<u> </u>	Initial return of a fe	ormer public c	harity	D 1. Foreign organization	s, check here
		Final return	<u> </u>	Amended return			2. Foreign organizations m	eeting the 85% test
		Address change		Name change			2. Foreign organizations m check here and attach c	omputation
H_(٦.	type of organization: X Section 501(c)(3	_				E If private foundation st	
		ction 4947(a)(1) nonexempt charitable trust		axable private found		1	under section 507(b)(1	
		rket value of all assets at end of year J Accou	_		X Accr	uai	F If the foundation is in a	. —
	om r ∙\$	Part II, col. (c), line 16) [Part I, c	Other (sp		hacie l		under section 507(b)(1)(B), check here
	ırt I			-	Į .			(d) Disbursements
1 6		(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	t (e)	a) Revenue and openses per books	(b) Net in		(c) Adjusted net income	for charitable purposes
	1		-	69998.			N/A	(cash basis only)
	2	Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B	-	03330.			IN/A	
	3	Interest on savings and temporary cash investments		3.		3.	<u> </u>	Statement 1
	4	Dividends and interest from securities		430.		430.		Statement 2
		Gross rents		430.		430.	<u> </u>	Deacement 2
		Net rental income or (loss)						
	Ι.	Net gain or (loss) from sale of assets not on line 10						
ne	Ь	Gross sales price for all assets on line 8a						***
Revenue	7	Capital gain net income (from Part IV, line 2)				0.		
æ	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances		-to				
	b	Less Cost of goods sold						- 3
	C	Gross profit or (loss)						
	11	Other income				· · · · · · · · · · · · · · · · · · ·		
	12	Total. Add lines 1 through 11		70431.		433.		
	13	Compensation of officers, directors, trustees, etc		0.		0.		0.
	14	Other employee salaries and wages						
Ø		Pension plans, employee benefits				 .		
JSe		Legal fees						<u> </u>
ē		Accounting fees						
Ñ		Other professional fees	<u> </u>					
tive			-					
and Administrative Expens		Taxes		-				
inis	19	Depreciation and depletion						
Ę		Occupancy		- •				
Þ		Travel, conferences, and meetings	1					
au		Printing and publications		220		220		
ting	23	Other expenses Stmt 3	-	229.		229.	· 	0.
Operating	24	Total operating and administrative		220		220		
Ö	25	expenses. Add lines 13 through 23	-	229. 68365.		229.		0. 68365.
		Contributions, gifts, grants paid Total expenses and disbursements.		00303.	-			00305.
	20	Add lines 24 and 25	-	68594.		229.		68365.
	27	Subtract line 26 from line 12:		00374.		447	-	00303.
		Excess of revenue over expenses and disbursements		1837.				
	1	Net investment income (if negative, enter -0-)	1	1057.		204.		
		Adjusted net income (if negative, enter -0-)			 	204	N/A	
5235 11-2	01	LHA For Paperwork Reduction Act Notice, s	ee instru	etions	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	Form 990-PF (2015)

Form **990-PF**

Department of the Treasury Internal Revenue Service

<u>For</u>	m 99	0-PF(2015) Sturm Zachary Family Fou		2-2098180 Page:			
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	End of				
_	Ε.		(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	5774.	7611.	7611.		
	1	Savings and temporary cash investments					
	3	Accounts receivable ►					
		Pledges receivable					
	4	Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other		-			
	ľ	disqualified persons					
	7	Other notes and loans receivable			-17		
	1	Less: allowance for doubtful accounts					
'n	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	1 -	Investments - U.S. and state government obligations					
	1	Investments - corporate stock Stmt 4	29998.	29272.	29272.		
	1	Investments - corporate bonds	23330.	49414.	23414.		
	ļ	Investments - land, buildings, and equipment basis					
	١	Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	1	Land, buildings, and equipment: basis					
	''	Less accumulated depreciation					
	15	Other assets (describe >					
	1	Total assets (to be completed by all filers - see the					
	"	instructions. Also, see page 1, item I)	35772.	36883.	36883.		
	17	Accounts payable and accrued expenses	007724		300031		
	18	Grants payable					
s	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
api	21	Mortgages and other notes payable					
ت	1	Other liabilities (describe >		 .			
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.					
Net Assets or Fund Balances	24	Unrestricted	35772.	36883.			
lan	25	Temporarily restricted					
Ba	26	Permanently restricted					
Pun		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
S O	27	Capital stock, trust principal, or current funds					
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
Ä	29	Retained earnings, accumulated income, endowment, or other funds					
Š	30	Total net assets or fund balances	35772.	36883.			
_		Total liabilities and net assets/fund balances	35772.	36883.			
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances				
1		net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1	35772.		
		amount from Part I, line 27a		2	1837.		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	37609.		
		eases not included in line 2 (itemize) <u>Unrealized Gair</u>		vestments 5	726.		
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	36883.		
					Form 990-PF (2015)		

7

8

Form **990-PF** (2015)

152773.

68365.

Add lines 5 and 6

See the Part VI instructions.

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.

Enter qualifying distributions from Part XII, line 4

	990-PF (2015) Sturm Zachary Family Foundation	4	<u>52-</u>	<u> 2098</u>	<u> 180</u>		Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 4	948 -	see ir	nstru	ctior	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	•	_1_				4.
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1	2				<u>0.</u>
3	Add lines 1 and 2		3_				4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				4.
6	Credits/Payments:						
a	2015 estimated tax payments and 2014 overpayment credited to 2015	1.					
þ	Exempt foreign organizations - tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d		7_			_	<u>1.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9_				<u>3.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	ed 🚩	11				
	rt VII-A Statements Regarding Activities	_					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene	ın			Yes	No
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the de	efinition)?		_1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublishe	ed or				
	distributed by the foundation in connection with the activities						
	Did the foundation file Form 1120-POL for this year?				1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	on					
	managers. ► \$0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation in the control of the IRS, in its governing instrument, articles of incorporation in the control of the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing instrument, articles of incorporation in the IRS, in its governing in the IRS, in its gover	ration, c	r		3		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X_
_	If "Yes," has it filed a tax return on Form 990-T for this year?		IV	/A	4b 5	_	37
5	• ·· · · · · · · · · · · · · · · · · ·						X
_	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or Protected by the formula of the second of the seco		1				:
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the property and	ine state	aw			7.7	
_	remain in the governing instrument?				6	X	 -
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and if	Part XV	,		7	<u> X</u>	
_	Fator the states to which the foundation result which the second of the ST						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	If the angular is Wast to line 7, has the foundation formated a secret form 600 DE to the All and Committee of the All an						
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
_	of each state as required by General Instruction G? If "No," attach explanation					X	├─-
9							
40	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse	es			10	DE	(201E)

523531 11-24-15

Form 990-PF (2015) Sturm Zachary Family Four Part VII-B Statements Regarding Activities for Which	indation Form 4720 May Be F	Required (control	52-20981	80	Page 6
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instructions) If the answer is "Yes" to question 5a(4), does the foundation claim exemption to expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.494 Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? 	n 4945(e))? or to carry on, directly or indirectly or described in section , or educational purposes, or for der the exceptions described in uctions)? here from the tax because it maintal individual ind	or Ye Or Ye On Regulations	S X No S X No S X No S X No	5b	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax b if "Yes," did the foundation receive any proceeds or have any net income attrib Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	utable to the transaction?			7b	
List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc	Expense ount, other lowances
Melanie L. Sturm P.O. Box 410 Aspen, CO 81612	President 10.00	0.	0.		0.
Marc G. Zachary P.O. Box 410	Vice Presiden		•		
Aspen, CO 81612	10.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc) Expense ount, other lowances
NONE					
Total number of other employees paid over \$50,000					0

Form 990-PF (2015) Sturm Zachary Family Foundation 5 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	5 <u>2-2098180 Page 7</u>
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce (c) Compensation
NONE	
Total sumber of others recovered over \$50,000 for professional converse	> 0
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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
	> 0
Total. Add lines 1 through 3	▶ \ 0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2015)

68365.

5

6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1797.
2 Undistributed income, if any, as of the end of 2015			. , ,	
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 75914.				
b From 2011 169148.				
c From 2012 109923.				
d From 2013 85649.				
e From 2014 86366.				
f Total of lines 3a through e	527000.		,	
4 Qualifying distributions for 2015 from	327000.	·	· - ·.	
Part XII, line 4: ►\$ 68365.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		-		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	-			
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				1797.
e Remaining amount distributed out of corpus	66568.			1757.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
6 Enter the net total of each column as indicated below:				
	593568.			
Corpus Add lines 3f, 4c, and 4e Subtract line 5 Driver years' undestributed income. Subtract	393366.	·		
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'		<u> </u>		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	75914.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	517654.			
O Analysis of line 9:				
a Excess from 2011 169148.				
b Excess from 2012 109923.				
c Excess from 2013 85649.				
d Excess from 2014 86366.				
e Excess from 2015 66568.			<u> </u>	

Part XIV Private Operating F		Lly Foundat)98180 Page 10
<u> </u>			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	,		. ▶ ∟	1404041401	0.404.1451
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(4) 2010	(0) 2014	(6) 2013	(0) 2012	(e) iotai
investment return from Part X for					
each year listed		1			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		 -			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		<u> </u>			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		_			
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			,	- 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)		1			
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh	o have contributed more	than 2% of the total con	tributions received by th	ne foundation before the cl	ose of any tax
year (but only if they have contributed n	iore than \$5,000). (See	section 507(d)(2).)			
Melanie L. Sturm					-, <u>-, -</u>
b List any managers of the foundation wh	o own 10% or more of t	he stock of a corporation	(or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation has	3 a 10% or greater intere	est.			
None	· 				
2 Information Regarding Contributi	on, Grant, Gift, Loar	n, Scholarship, etc., P	rograms:		
Check here ► X If the foundation o	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited rec	quests for funds. If
the foundation makes gifts, grants, etc.					1d d.
a The name, address, and telephone num	per or e-mail address of	the person to whom app	lications should be addr	essed:	
					
b The form in which applications should b	e submitted and informa	ation and materials they s	should include:		
a Any submission deadliness					<u> </u>
c Any submission deadlines:					
d Any restrictions or limitations on average	cuch as by asserts	nal arono, oboritable fields	lundo of material and	r other factors:	
d Any restrictions or limitations on awards	s, such as by geographic	Jai areas, criaritadie fielos	, killus of institutions, 0	other factors;	

523811

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	------------

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		d by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	741104111	
a	_				
b	1				
<u> </u>	1 1				
0					
e	-		++		
g Fees and contracts from government agencies	_				
2 Membership dues and assessments		<u> </u>			
3 Interest on savings and temporary cash					. ,
investments			14	3.	
Dividends and interest from securities			14	430.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	1				
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		_		-	
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:		-			· — · · · · · · · · · · · · · · · · · ·
a					
b					
C	1				
d					
e					
2 Subtotal. Add columns (b), (d), and (e)			0.	433.	433
3 Total. Add line 12, columns (b), (d), and (e)	_			13	433
See worksheet in line 13 instructions to verify calculation	s.)				
Part XVI-B Relationship of Activitie	es to the Accon	nnlishment of	Exempt	Purnoses	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

rait AVII	Exempt Organ		olers 10 a	ind Transactions a	inu neiationsi	iiha Mitti Mõucua	Hable	;	
1 Did the		***	of the followin	g with any other organization	n described in section	nn 501(c) of	\top	Yes	No
				7, relating to political organ		511 55 1(6) 51		100	
	s from the reporting found				neathorno				
(1) Cas			ontonipe or ;	ya <u>-</u> a			1a(1)		х
	er assets						1a(2)		X
• •	ansactions:								
(1) Sale	es of assets to a noncharita	able exempt organizati	on				1b(1)		X
(2) Pur	chases of assets from a no	oncharitable exempt of	rganization				1b(2)		X
(3) Rer	ital of facilities, equipment,	or other assets					1b(3)	,	X
(4) Rei	mbursement arrangements	3					1b(4)		X
(5) Loa	ins or loan guarantees						1b(5)		X
(6) Per	formance of services or me	embership or fundrais	ing solicitatio	ins			1b(6)		X X X X X X
c Sharing	of facilities, equipment, ma	ailing lists, other asset	s, or paid em	ployees			1c		<u>X</u>
d If the an	swer to any of the above is	"Yes," complete the f	ollowing sche	dule. Column (b) should alv	ways show the fair m	narket value of the goods,	other ass	sets,	
	-			ed less than fair market valu	ie in any transaction	or sharing arrangement,	show in		
	(d) the value of the goods,				1				
(a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
			N/A						
		-							
	·			· · · · · · · · · · · · · · · · · · ·					
									
									
		-							
						de esta			
	····	-							
									
- -									
ın sectio	on 501(c) of the Code (othe complete the following sch	er than section 501(c) nedule.		•			Yes	X] No
 -	(a) Name of or	ganization		(b) Type of organization	1	(c) Description of relations	hip		
	N/A								
		·							
									
					-				
Und	ler penalties of serium al declare	that I have examined #file	return includir	a accompanying schedules and	statements, and to the	heet of my knowledge			
Here	belief, was true, correct, and co	B. SH	eparer (other tha	ng accompanying schedules and n taxpayer) is based on all inform	nation of which preparer		ay the IRS urn with th own below Yes	ne prepar v (see ins	er
	Print/Type preparer's n		Preparer's s	ignature	Date	Check If PTIN			
	7, 1, 2, 2, 2, 3, 3, 4			•		self- employed			
Paid					1				
Preparei	Firm's name				<u> </u>	Fırm's EIN ▶			
Use Only	I II II O II GIII O P					THE SERVE P			
	Fırm's address ▶								
						Phone no.			
	<u> </u>					· · · · · · · · · · · · · · · · · · ·	orm 99	0-PF	(2015)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

St	curm Zachary Family Foundation	52-2098180								
Organization type (check of										
Filers of:	ilers of: Section:									
Form 990 or 990-EZ	501(c)() (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF	X 501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
General Rule X For an organizatio	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	g \$5,000 or more (ın money or								
property) from any Special Rules	one contributor. Complete Parts I and II See instructions for determining a contributor	's total contributions								
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II.	or 16b, and that received from								
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III									
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year										
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

Sturm Zachary Family Foundation

52-2098180

			. 2030200
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Melanie L. Sturm P.O. Box 410 Aspen, CO 81612	\$69998.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

Sturm Zachary Family Foundation

52-2098180

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		**	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
			990, 990-EZ, or 990-PF) (

me of organiz	zation			Employer identification number	
urm Z	achary Family Foundat Exclusively religious, charitable, etc., conti	ributions to organizations describe	ed in section 501(c)(7), (8), or	52-2098180 (10) that total more than \$1,000 fo	
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the foll s, charitable, etc., contributions of \$1,000	lowing line entry. For organization or less for the year (Enter this info once	s) > \$	
	Use duplicate copies of Part III if additional	al space is needed		- 	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee	
No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
<u>art I </u>					
		(e) Transfer of g	gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
No.	4) D				
art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of g	aift		
	Transferee's name, address, a			nsferor to transferee	
		1			

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Leadership Program of the Rockies None 501(C)(3) To Further Tax Exempt 1777 S. Harison St. #807 Purpose. Denver CO 80210 5115. Theatre Asepen None 501(C)(3) To Further Tax Exempt 110 E. Hallam St. # 103 Purpose. Aspen, CO 81611 35000. Gatestone Institute None 501(C)(3) To Further Tax Exempt 14 E. 60th Street, Suite 1001 Purpose. New York NY 10022 1000. Jewish Colorado (UJA) 501(C)(3) None To Further Tax Exempt 300 S. Dahlia St. #300 Purpose. Denver, CO 80246 5000. Honest Reporting Com Inc. 501(C)(3) None To Further Tax Exempt 10024 Skokie Blvd., Suite 201 Purpose. Skokie_IL 60077 1000. Total from continuation sheets 47115.

Form 990-PF Interes	st on Savir	ngs and Tem	porary	Cash In	vestments	Statement	1
Source	Reve	(a) Revenue Per Books		(b) vestment come	(c) Adjusted Net Income		
ANB Bank			3.		3.		
Total to Part I, lir		3.		3.			
Form 990-PF	Dividends	s and Inter	est fro	m Secur	ities	Statement	2
Source	Gross Amount	Capital Gains Dividend	Re	(a) venue Books	(b) Net Inves ment Inco		
Century Link	430	•	0.	430.	43	30.	
To Part I, line 4 =	430	•	0.	430.	43	30.	
Form 990-PF		Other E	xpenses	}		Statement	3
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		
Account Fees	-	229.	· · · · · · · · · · · · · · · · · · ·	229.			0.
To Form 990-PF, Pg 1	., ln 23 =	229.		229.			0.
Form 990-PF		Corporat	e Stock			Statement	4
				Воо	k Value	Fair Marke Value	t
Description		Level 3 Communications Centurylink					
	ons				24353. 4919.	243 49	53. 19.