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## Form **990-PF**

**Return of Private Foundation** 

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

F	or ca	lendar year 2015 or tax year beginning		, 2015,	and endir	ng		, 20
		of foundation	· · · · · · · · · · · · · · · · · · ·	<del>^</del>			Employer identif	
	THE	CHOTIN FOUNDATION				ĺ	71-095044	16
ī	Numb	er and street (or P O box number if mail is not delivered	I to street address)	<del></del>	Room/suite	E	3 Telephone numb	per (see instructions)
		_						
	567	5 DTC BOULEVARD, SUITE 200					(303) 74	11-0100
(	City or	town, state or province, country, and ZIP or foreign pos	stal code					
	GRE	ENWOOD VILLAGE, CO 80111				1	If exemption applic pending, check here	
_		eck all that apply Initial return	Initial return	of a former p	ublic chari	hy _		
•	0110	Final return	Amended re		ublic chari	י ויי	1 Foreign organiza	· · · · · · · · · · · · · · · · · · ·
		Address change	Name chang				<ol><li>Foreign organization</li><li>85% test, check</li></ol>	here and attach
H	Che	eck type of organization X Section 501					computation .	▶ ∟
Ī	_	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		ion	F	•	n status was terminated
1			ounting method X C			┥.		o)(1)(A), check here .
•		\	ther (specify)	usii	· uui			s in a 60-month termination (1)(1)(B), check here
			column (d) must be on cas	sh hasis )		-[	arroor section corre	(1)(D), Glear Here .
		Analysis of Revenue and Expenses (The		,,, <u>, , , , , , , , , , , , , , , , , </u>	***			(d) Disbursements
	α	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve	I	(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions) )	books	incom	ie		income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	2,032,300.				-	(oddii bddib cirily)
	2	of the foundation is not required to	, , , , , , , , , , , , , , , , , , , ,					<del>                                     </del>
	3	attach Sch B	16.		16.			ATCH 1
	4	Dividends and interest from securities	78,749.	7	8,749.			ATCH 2
	5a	Gross rents	,					
		Net rental income or (loss)						<u> </u>
Ð		Net gain or (loss) from sale of assets not on line 10	8,879.					
n E	b	Gross sales price for all 227 386						
Revenue	7	Capital gain net income (from Part IV, line 2)			8,879.			
ď	8	Net short-term capital gain						
	9	Income modifications						
	10 a	Gross sales less returns and allowances					•	
	b	Less Cost of goods sold .						
		Gross profit or (loss) (attach schedule)		*				
	11	Other income (attach schedule)						
_	12	Total. Add lines 1 through 11	2,119,944.	8	7,644.			
S	13	Compensation of officers, directors, trustees, etc	0.					
ses	14 15 16a b	Other employee salaries and wages		,				<u> </u>
eü	15	Pension plans, employee benefits	FORNED					
×	16 a	Legal fees (attach schedule)	RECEIVED	<u> 8 </u>				
e	þ	Accounting fees (attach schedule)		161		·	<del></del>	
€	С	Other professional fees (attach schedule)	JUN 0 6 5016	S			<del></del>	
fra	17	merest	JO!					
nis	18	΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄	OGOENA				- <del></del>	
Έ	19	Depreciation (attach schedule) and depletion.						
A	20	Occupancy						
P	17 18 19 20 21	Travel, conferences, and meetings		<del></del>	-			<del> </del>
a	22	Printing and publications	19,068.	1	6,920.			<del></del>
Operating	23	Other expenses (attach schedule) ATCH . 3	15,000.		0, 520.			<del></del>
rai	24	Total operating and administrative expenses.	19,068.	1 :	6,920.			
ğ	25	Add lines 13 through 23	103,951.	*	-, - 2 - 0			103,951
	25 26	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	123,019.	1	6,920.			103,951
_	27	Subtract line 26 from line 12		<u> </u>	-,			100,001
		Excess of revenue over expenses and disbursements	1,996,925.					1
		Net investment income (if negative, enter -0-)		7	0,724.			
		Adjusted net income (if negative, enter -0-).			<del></del>		<del></del>	

9	art II	l' Rajance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of yea-		
_	G1 C II	- Dalance Offices	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	ng	255,881.				
	2	Savings and temporary	cash investments	43,806.	2,070,668	. 1 .		
	3	Accounts receivable ▶_			ELANT MARKET			
		Less allowance for doub	otful accounts >					
	4	Pledges receivable ▶						
		Less allowance for doub	otful accounts >					
	5	Grants receivable						
	6	Receivables due from o	officers, directors, trustees, and other	•				
		disqualified persons (atta	ach schedule) (see instructions)					
	7		eceivable (attach schedule)		· · · · · · · · · · · · · · · · · · ·			
		Less allowance for doub	otful accounts >					
şţs	8	Inventories for sale or use	e					
ssets	9		eferred charges					
4		Investments - U.S. and state	government obligations (attach schedule).	·				
	ь	investments - corporate	stock (attach schedule) ATCH 4	1,985,294.	1,941,231	1,941,231.		
	, c	Investments - corporate	bonds (attach schedule)					
	11	Investments - land, buildings and equipment basis	· •			18 1 4 W 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
		Less accumulated deprecial (attach schedule)	tion <b>\</b>			_		
	12	•	oans					
			ch schedule)					
	14	Land, buildings, and equipment basis	<b>&gt;</b>			138		
		Less accumulated depreciat (attach schedule)	ion >					
	15	Other assets (describe ▶	)					
	16		completed by all filers - see the					
_		instructions Also, see pa	ige 1, item l)	2,284,981.	4,193,260	4,193,260.		
	17	Accounts payable and ac	ccrued expenses		_			
	18	Grants payable		200.	17,446			
Liabilities	19	Deferred revenue						
ij		Loans from officers, director	s, trustees, and other disqualified persons	· · · · · · · · · · · · · · · · · · ·				
iab			es payable (attach schedule)					
-	22	Other liabilities (describe	►ATCH 5	11,124.	-76,801			
				11 204	50.055			
_	23_		s 17 through 22)	11,324.	-59,355			
S			ow SFAS 117, check here . ▶					
ces		and complete lines 2	4 through 26 and lines 30 and 31.					
	24	Unrestricted						
Ba	25			<u>-</u>				
פַ	26	•		-	· · · · · · · · · · · · · · · · · · ·			
Net Assets or Fund Balar		Foundations that do				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
5			olete lines 27 through 31.					
3		·	pal, or current funds		<del></del>			
Se			land, bldg, and equipment fund	2,273,657.	4 252 615	d <sup>3</sup> ** ' .		
As			ated income, endowment, or other funds	2,273,657.	4,252,615 4,252,615			
<u>e</u>			balances (see instructions)	2,273,037.	4,232,013			
Z	31		net assets/fund balances (see	2,284,981.	4,193,260	But Set a separate		
	ort II		rese in Not Assets or Fund Pole		4,193,200	• 13% ,		
			ges in Net Assets or Fund Bala		must core a water	<u> </u>		
1			alances at beginning of year - Part			2 272 657		
_	end-	or specification	d on prior year's return)	• • • • • • • • • • • • • • • • • • • •	1	2,273,657. 1,996,925.		
Z	Ente	er amount from Part I, I	line 27a ATCH 6					
			ed in line 2 (itemize) ► ATCH 6		3	-17,967. 4,252,615.		
			lino 2 (rtomizo) N			4,232,615.		
	Decreases not included in line 2 (itemize) ►							
_6	1018	in her assets of fund ba	nances at end of year (line 4 minus	iiie ο) - Paπ II, column (I	b), line 30   6	4,252,615.		

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	s and Losses for Tax on Inve	<del></del>	(b) How	(a) Data	<del></del>	
	nd describe the kind(s) of property sold ( brick warehouse, or common stock, 200		acquired P - Purchase	(c) Date acquired	(d) Date sold (mo , day, yr )	
OFF DADE THE COUR		SIIS MEC CO )	D - Donation	(mo , day, yr )	(mo, day, y, )	
1a SEE PART IV SCH	FDOLE			<del></del>		
_b						
<u>c</u>					-	
<u>d</u>				-		
<u>e</u>	1 10 5	(a) Cost or other hasis				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu		
	(c) anomalie,	processpenses es cons		(0) piec (i) iiiiii	(9/	
<u>a</u>						
<u>b</u>						
<u>c</u>	-					
<u>d</u>		-		·.		
Complete only for assets	s showing gain in column (h) and owne	d by the foundation on 12/31/69				
Complete only for assets	1	<u>`</u>		Gains (Col (h) ga (k), but not less t		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	COI	Losses (from co		
				•		
<u>a</u>						
<u>b</u>				<del></del>		
<u>C</u>						
				<del></del>		
<u>e</u>		gain, also enter in Part I, line 7				
2 Capital gain net income		(loss), enter -0- in Part I, line 7	2		8,879.	
3 Net short-term capital o	''     ) ' ain or (loss) as defined in sections	· · ·	-			
	Part I, line 8, column (c) (see inst					
					0.	
	Under Coetion 4040(a) for Dec		3	<del>_</del>		
	Under Section 4940(e) for Rec					
(For optional use by domest	tic private foundations subject to the	e section 4940(a) tax on net investr	nent incoi	me)		
If section 4940(d)(2) applies	i, leave this part blank					
					T	
	r the section 4942 tax on the distrib	* *	ase period	d?	Yes X No	
	s not qualify under section 4940(e)	· — · — · · · · · · · · · · · · · · · ·				
	mount in each column for each yea	r, see the instructions before makin	g any ent			
(a) Base penod years	(b)	(c)		(d) Distribution ra		
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by		
2014	183,512.	545,416.			0.336462	
2013	190,850.	4,944.			8.602346	
2012	173,820.	8,114.			1.422233	
2011	201,131.	7,324.			7.461906	
2010	213,700.	7,410.		2	8.839406	
2 Total of line 1, column (	(d)		2	11	6.662353	
	io for the 5-year base period - divid					
_	undation has been in existence if les	, ,	3	2	3.332471	
		<b>,</b>				
4 Enter the net value of n	oncharitable-use assets for 2015 fro	om Part X line 5	4	3,	190,533.	
4 Litter the het value of h	official Rabie-use assets for 2015 fro	on rait A, wie 5		•		
5 Multiply line 4 by line 3						
5 Multiply line 4 by line 3			-			
					707.	
6 Enter 1% of net investment income (1% of Part I, line 27b)					707.	
			_	7.4	112 700	
<b>7</b> Add lines 5 and 6			7	/4,	443,726.	
					102 051	
	tions from Part XII, line 4		8		103,951.	
•	greater than line 7, check the box	in Part VI, line 1b, and complete t	nat part	using a 1% tax	rate See the	
Part VI instructions						

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JSA 5E1430 1 000 34908E L824

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here and enter 1% of Part I, line 27b				
С	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-) 2	_,			
3	Add lines 1 and 2		1,4	114.	
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		1,4	114.	
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 360.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld		_		
7	Total credits and payments Add lines 6a through 6d			360.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		1 0	100	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . ATCH. 7		1,0	)66.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2016 estimated tax   Refunded   11				
	t VII-A Statements Regarding Activities	Γ .			
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4-	Yes	No X	
	participate or intervene in any political campaign?	_1a			
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	45		Х	
	Instructions for the definition)?	1b			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
•	published or distributed by the foundation in connection with the activities  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				
u	(1) On the foundation  \$\bigs\\$  \text{(1) On foundation managers} \bigs\\$  \text{\$\sum_{\text{constraint}} \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}} \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}} \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}  \text{\$\sum_{\text{constraint}}}   \text{\$\sum_{\text{constraint}}}   \text{\$\sum_{\text{constraint}}}   \text{\$\sum_{\text{constraint}}}    \text{\$\sum_{\text{constraint}}}                                   \qq  \qq       \qq    \qq \q				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
_	foundation managers > \$				
2					
-	If "Yes," attach a detailed description of the activities	2			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х	
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ļ		
	CO,				
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	8b	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		Ì		
	complete Part XIV	9		<u>X</u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			17	
	names and addresses	10		X	

orm	990-PF (2015) THE CHOTIN FOUNDATION 71-095	0446	;	Page
Par	t VII-A Statements Regarding Activities (continued)		_	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11	ļ	x
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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ N/A			
14	The books are in care of ▶ THE FOUNDATION Telephone no ▶ 303.741	1.010	00	
	Located at ▶ 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO ZIP+4 ▶ 80111			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	•
	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	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	1		2
	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.	٠, ١٤	Yes	No
1a	During the year did the foundation (either directly or indirectly)	<b>%</b>	lei es	W
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		, T	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ia:	2 5	
	disqualified person?		Ĺá	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	,	# 1	200
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1600 a
	the benefit or use of a disqualified person)?	新華改	10 J	
	(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	,	5	
	termination of government service, if terminating within 90 days)	300	14 (1988)	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	\$ , .	1 1	***************************************
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	D		Ē
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	<u>1</u>	<u>. Zi</u>	تقيظا
	were not corrected before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	7,		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		5.827 3.	Ž.
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	* 3		- 3
	6e, Part XIII) for tax year(s) beginning before 2015? Yes X No	1.00	H <sup>†</sup>	* 1
	If "Yes," list the years ,,,,,,	'		, '
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	, ú' ,	S.	40
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	<u> </u>	<u> </u>	â.
	all years listed, answer "No" and attach statement - see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	j.	\$2£" ,	. 4
	·	7.55 2.55 2.55	NA S	
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1,1		17
	at any time during the year?	133		4
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	×	100	3,
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	5	* 1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	p400. 10	انزن	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		, <b>7</b>	
	foundation had excess business holdings in 2015)	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X

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? Form 990-PF (2015)

4b

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		0.	0.	0.
				-
	i			
				<del></del>
Total number of other employees paid over \$50,000.				

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly F and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none,	, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of si	
NOT APPLICABLE	(-)
	0
	İ
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 to organizations and other beneficianes served, conferences convened, research papers produced, etc.	the number of Expenses
1 N/A	
	<del></del>
2	<del></del>
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions	
. •	
3 NONE	
Total. Add lines 1 through 3	▶

Form 990-PF (2015)

Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Page 8 Form 990-PF (2015) Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes 1a 1,963,262. a Average monthly fair market value of securities 1,275,858. 1c 3,239,120. Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) \_\_\_\_\_\_\_\_1e Acquisition indebtedness applicable to line 1 assets 3,239,120. Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions) 48,587. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 3,190,533. 159,527. Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations Part XI and certain foreign organizations check here ▶ and do not complete this part ) 159,527. 2a Tax on investment income for 2015 from Part VI, line 5 . . . . . . 2a b Income tax for 2015 (This does not include the tax from Part VI). \_ 2b 1,414. 158,113. Recoveries of amounts treated as qualifying distributions 5 158,113. Add lines 3 and 4 Deduction from distributable amount (see instructions)...... Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, 158,113. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 103,951. 1a **b** Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) 103,951. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

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

Form 990-PF (2015)

6

Page 9

Part XIII Undistributed Income (see instru				· · · · · · · · · · · · · · · · · · ·
1 Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
line 7	· <del>-</del>			158,113.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
<b>b</b> Total for pnor years 20_13_,20_12_,20_11_	····-a-	2.00		
3 Excess distributions carryover, if any, to 2015				
a From 2010				
<b>b</b> From 2011				
c From 2012		1		
d From 2013 190, 603.				
e From 2014				i
f Total of lines 3a through e	934,712.			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 103,951.				
a Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2015 distributable amount				103,951.
e Remaining amount distributed out of corpus			· 10 20 · ·	
5 Excess distributions carryover applied to 2015.	54,162.			54,162.
(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:	880,550.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	000,330.		- 1. <u>1 </u>	
b Prior years' undistributed income Subtract				
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				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				
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)				
8 Excess distributions carryover from 2010 not				· · · · · · · · · · · · · · · · · · ·
applied on line 5 or line 7 (see instructions)	159,167.			
9 Excess distributions carryover to 2016.		- Marry		
Subtract lines 7 and 8 from line 6a	721,383.			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012 173,414.				
c Excess from 2013 190, 603.				
d Excess from 2014 156, 601.	ļ			
4 EAGGOO HOIN EO IT				

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

Page **11** 

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid Duri	3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	contribution				
a Paid during the year							
ATCH 9							
			1				
Total	L	I		103,951.			
b Approved for future payment	<u> </u>	· · · · · ·		103,331.			
b Approved for fature payment							
				•			
		1					
			<u> </u>				
Total	<u> </u>		▶ 3b				

JSA 5E1491 1 000 Form 990-PF (2015)

Part XVI-A Analysis of Income-Prod	lucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrel	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
b					
c					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments	-				
$\boldsymbol{3}$ . Interest on savings and temporary cash investments $\boldsymbol{\cdot}$	<u> </u>				78,749.
4 Dividends and interest from securities					18,149.
5 Net rental income or (loss) from real estate a Debt-financed property					<del></del>
a 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					8,879.
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a			-		
b					
d					· · · · · · · · · · · · · · · · · · ·
e					87,644.
Part XVI-B Relationship of Activitie  Line No. Explain below how each activite accomplishment of the foundation	y for which	n income is reported	ın column (e	e) of Part XVI-A contribu	
		· · ·			
			· ·		
	<del></del>				
	<u> </u>				· · · · · · · · · · · · · · · · · · ·
					· · · · ·
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			_		
<del>-</del>				<del></del>	
				·····	

	990-PF	<del></del>	THE CHOTIN FOUNDATION	71-095			ge 13
Par	t XVII	Information R Exempt Organ	egarding Transfers To and Transact nizations	ions and Relationships With Non	chari	table	<b>;</b>
1			ly or indirectly engage in any of the following			Yes	No
			ode (other than section 501(c)(3) organization	ns) or in section 527, relating to political			
	_	izations?					
а			ig foundation to a noncharitable exempt organ		-		
					1a(1)		- X
					1a(2)		<u> </u>
D		transactions	nahawtahla ayannt aranganatan			-	X
	(1) Sa	rebases of assets fro	ncharitable exempt organization	• • • • • • • • • • • • • • • • • • • •	1b(1)		$\frac{X}{X}$
			om a noncharitable exempt organization pment, or other assets				X
	(4) Re	embursement arrange	ements	• • • • • • • • • • • • • • • • • • • •	1b(3)		X
			95				X
	(6) Pe	erformance of service	s or membership or fundraising solicitations.		1b(6)		X
С	Sharır	ng of facilities, equipm	nent, mailing lists, other assets, or paid employ	yees	1c		X
q	If the	answer to any of th	e above is "Yes," complete the following so	chedule Column (b) should always show	the f	air m	arket
			assets, or services given by the reporting fo				
			sharing arrangement, show in column (d) t				
(a) Li	ne no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and share	nng arra	ngemei	ıts
		J*,		N/A			
			, <u>.</u> ,				
	+						
					-		

2a	is the foundation directly or indirectly affilia	ated with, or related to, one or mo	re tax-exempt organizations
	described in section 501(c) of the Code (other	er than section 501(c)(3)) or in section	on 527? Yes X N
b	If "Yes," complete the following schedule		
	(a) Name of organization	(b) Type of organization	(c) Description of relationship

	Under penalties of penuty, I declare that have correct, and complete Declaration of prepare (other	examined this return, including according taxpayer) is based on all information	mpanying schedules and statements, and to on of which preparer has any knowledge	o the best of my knowledge and belief, it is true
Sign Here	Signature of officer or trustee	Date 6/2/	16 Director	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No.
	Orginature of officer of trustee	Date	TILLE	(see instructions)? X Yes

80111

пеге	Signature of officer or trustee Date T		Title		(see instructions)? X Yes		
Paid	Print/Type preparer's name Robert J. Coverne	Preparere signature	Da	te/31/16	Check If PTIN self-employed P007512		
Prepa	er Firm's name ► KLEINMAN,	GUERRA & COMPANY, PO	3	Firm'	sEIN ▶84-1109847		
Use O	nly Firm's address ▶ 6300 S. S	YRACUSE WAY, SUITE 43	30				

CENTENNIAL, CO

Form **990-PF** (2015)

303.721.7300

Phone no

P00751243

# Schedule B (Form 990, 990-EZ,

## **Schedule of Contributors**

OMB No 1545-0047

2015

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Employer identification number

THE CHOTIN FOUNDAY	CION	71-0950446					
Organization type (check o	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation					
	501(c)(3) taxable private foundation						
Note. Only a section 501(c) instructions  General Rule  X For an organization or more (in mone	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule  on filing Form 990, 990-EZ, or 990-PF that received, during the year  ey or property) from any one contributor. Complete Parts I and II. Sec	r, contributions totaling \$5,000					
contributor's tota Special Rules	I contributions						
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that meet sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form that received from any one contributor, during the year, total corporation of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ	Form 990 or 990-EZ), Part II, line ntributions of the greater of (1)					
contributor, durin	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						
contributor, during contributions tota during the year fo General Rule app	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						
	at is not covered by the General Rule and/or the Special Rules does						

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

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 THE CHOTIN FOUNDATION

Employer identification number 71-0950446

Part I	Contributors (see instructions) Use duplicate copies	of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVE CHOTIN  5675 DTC BOULEVARD, SUITE 200  GREENWOOD VILLAGE, CO 80111	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HELEN DICKENS  5675 DTC BOULEVARD, SUITE 200  GREENWOOD VILLAGE, CO 80111	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MISC CASH CONTRIBUTIONS < \$5,000	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE CHOTIN FOUNDATION

Employer identification number

71 005044	
71-095044	h

Part II	Noncash Property (see instructions) Use duplicate copies of F	art II if additional space is nee	eaea
(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
		\$	

Name of organization THE CHOTIN FOUNDATION

Employer identification number

71-0950446

(a) No. From Part I  Transfe  Transfe  Transfe  Transfe	ree's name, address, and	(c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held		
Transfe  Transfe  Transfe  Transfe  Transfe  (b) Purpo  Transfe	ose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held		
No. (b) Purpolart I  Transfe	ose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held		
No. (b) Purpolart I  Transfe	ose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held		
No. om (b) Purpo		(e) Transfer of gift			
No. om (b) Purpo		(e) Transfer of gift			
No. om (b) Purpo	ree's name, address, and				
No. om (b) Purpo	ree's name, address, and				
om (b) Purpo					
om (b) Purpo					
	ose of gift	(c) Use of gift	(d) Description of how gift is held		
Transfe	ree's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
	, ,				
No. om (b) Purpo	ose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
Transfe	ree's name, address, and	d ZIP + 4	Relationship of transferor to transferee		
	<u> </u>				

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

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NET INVESTMENT INCOME	11.	16.
REVENUE AND EXPENSES PER BOOKS	11.	16.
		TOTAL
DESCRIPTION	MERRILL LYNCH OTHER	

ATTACHMENT 1 PAGE 20

# THE CHOTIN FOUNDATION

M SECURITIES
<b>≒</b> ∥
INTE
AND
DIVIDENDS AND
1
PART I
990PF,
FORM

	NET INVESTMENT INCOME	78,749.
- DIVIDENDS AND INTEREST FROM SECURITES	REVENUE AND EXPENSES PER BOOKS	78,749.
FARI I - DI		æ
FORM SOUFF, FARE I	DESCRIPTION	MERRILL LYNCH

78,749.

78,749.

TOTAL

NET	Z	INCOME		16,920.	
REVENUE AND	EXPENSES	PER BOOKS	85.	16,920.	2,063.
		SCRIPTION	MISCELLANEOUS ADMIN EXP	IVESTMENT FEES	PROFESSIONAL FEES

16,920.

19,068.

TOTALS

ATTACHMENT 3 PAGE 22

THE CHOTIN FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

MERRILL LYNCH SECURITIES

TOTALS

ENDING BOOK VALUE

ENDING FMV

1,941,231.

1,941,231.

1,941,231.

1,941,231.

### THE CHOTIN FOUNDATION

71-0950446

ATTACHMENT 5

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

UNREALIZED GAIN/LOSS

-76,801.

TOTALS

-76,801.

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

DESCRIPTION

AMOUNT

FEDERAL TAX & PENALTY
ACCRUAL TO CASH ADJUSMENT

-721.

-17,246.

TOTAL

-17,967.

## FORM 990PF - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR	
DATE RETURN WILL BE RECEIVED BY THE IRS	06/15/2016
NUMBER OF MONTHS RETURN IS LATE	
LATE PAYMENT PENALTY	
TOTAL PENALTIES AND INTEREST	12.

AND TRUSTEES	
DIRECTORS,	
- LIST OF OFFICERS,	
- I	
PART VIII	
FORM 990PF,	

COMPENSATION	· o	Ö	ö	·	Ö
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	EXECUTIVE DIRECTOR	DIRECTOR	DIRECTOR	SECRETARY
NAME AND ADDRESS	HELEN DICKENS 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	JENNIFER LAND 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	STEVEN CHOTIN 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	ROBIN CHOTIN 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111	NICOLE BROWN 5675 DTC BOULEVARD, SUITE 200 GREENWOOD VILLAGE, CO 80111

GRAND TOTALS

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

103,951.

AMOUNT

ATTACHMENT 9

DENVER, CO 80202 SEE ATTACHED

SEE DETAIL ATTACHED

RECIPIENT NAME AND ADDRESS

PUBLIC CHARITIES

NONE

GENERAL NON-RESTRICTIVE USE

103,951,

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 9
PAGE 28

34908E L824

FORM 990-PF - PART IV

Kind of P	roperty	INS AND LO	Desc	ription		or P	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adı basıs	Excess of	D .	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	
		CEE DADE TO						
185,234.		SEE PART IV 181,267.	SCHEDULE				3,967.	
103,234.		101,207.					3,901.	
ŀ		SEE PART IV	SCHEDULE					
42,152.		37,240.					4,912.	
OTAL GAIN(LO	oss)					_	8,879.	
			• • • • • • • • • •	• • • • • • • • • • • •	• • • • • • • • •	==	0,019.	
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	Check Date	Transaction Amount
AISH DENVER		
9550 E BELLEVIEW AVE GREENWOOD VILLAGE, CO 80111	8/19/2015	36 00
SKELIWOOD NED IOZ, OO SELL		36 00
AMERICAN TRANSPLANT FOUNDATION		
600 17TH STREET	7/8/2015	5,000 00
SUITE 2515 SOUTH DENVER, CO 80202		5,000 00
DE114/E11, 000 00202		0,000
BEAR CANYON PTA		
9660 S Salford Lane	9/25/2015	540 00
Littleton, CO 80126		540 00
BMH BJ CONGREGATION		
560 S MONACO PKWY	2/1/2015	100 00
DENVER, CO 80224	12/2/2015	50 00
	12/8/2015	50 00
		200 00
CHILDREN'S DIABETES FOUNDATION		
4380 S SYRACUSE STREET	10/2/2015	10,000 00
SUITE 430 DENVER, CO 80237		10,000.00
CONNECTUR		
CONNECT US 6940 S HOLLY CIRCLE	9/23/2015	1,000 00
#230		
CENTENNIAL, CO 80112		1,000 00
CHROHN'S AND COLITIS FOUNDATION	0/0/0045	4 000 00
1805 S BEKKAURE STREET SUITE 285	9/9/2015	1,000 00
DENVER, CO 80222		1,000 00
DAY OF CARING		
8100 EAST UNION AVE #803	3/4/2015	300 00
DENVER, CO 80237		300 00
DENVER CENTER FOR THE PERFORMING ARTS 1101 13TH ST	6/1/2015	14,320 00
DENVER, CO 80204	0, 1,2010	
		14,320 00
THE DENVER HOSPICE		
501 S CHERRY ST #700	5/26/2015	50 00

DENVER, CO 80246		50.00
ROCKY MOUNTAIN JEWISH HISTORICAL SOCIETY		
UNIVERSITY OF DENVER	9/9/2015	100 00
STURM HALL	12/2/2015	30 00
2000 E ASBURY AVE ROOM 157	1/21/2015	30 00
DENVER, CO 80208		160.00
TEMPLE EMANUEL		
51 GRAPE ST DENVER, CO 80220	8/27/2015	100 00
22.00.274, 00.00.200		100 00
HEBREW EDUCATIONAL ALLIANCE		
3600 S IVANHOE ST	3/3/2015	3,124.54
DENVER, CO 80237		3,124 54
HEIFER INTERNATIONAL		
1 WORLD AVENUE	12/23/2015	50 00
LITTLE ROCK, AR 72202		50 00
HOLE IN THE WALL GANG CAMP		
555 LONG WHARF DRIVE	5/22/2015	1,300.00
NEW HAVEN, CT 06511	6/11/2015	1,250 00
		2,550 00
INTERMOUNTAIN JEWISH NEWS		
1177 Grant Street	9/11/2015	623 70
Suite 200 Denver, CO 80203		623.70
JEWISH COMMUNITY RELATIONS COUNCIL		
300 S DAHLI STREET	3/18/2015	50 00
SUITE 300 DENVER,CO 80246		50 00
JEWISH FAMILY SERVICES 3201 S Tamarac Drive	7/21/2015	50 00
Denver, CO 80231		50 00
THE MACC 350 S DAHLIA STREET	1/16/2015	500 00
DENVER, CO 80246		1,500 00
		2,000 00
MOUNT NEBO MEMORIAL PARK	11/25/2015	100 00
560 S MONACO PKWY DENVER, CO 80224	11/25/2015	
		100 00

### FLOOR NEW YORK, NY 10036  NATHAN YIP FOUNDATION	c/o POWERED BY PROFESSIONALS 1460 BIRADWAY	3/10/2015	1,000 00
4600 S ULSTER ST	•		1,000 00
DENVER, CO 80237  NATIONAL COUNCIL OF JEWISH WOMEN  1642 S PARKER RD  DENVER, CO 80231   PARENT PROJECT MUSCULAR DYSTROPHY 401 HACKENSACK AVE 9TH FLOOR HACKENSACK, NJ 07601  CRSPTA 6/0 ALLISON KUSHNICK 11/18/2015 500 00  JFNA 25 BROADWAY 17TH FLOOR NEW YORK, NY 10004 17TH FLOOR NEW YORK, NY 10004 17TH FLOOR NEW YORK, NY 10004 18 Inght 12,131 32 12,135 32 12,135 32 13,528 00  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE, CO 80111  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 LOS ANGELES, CA 90025  SHALOM CARES C/O DONOR SERVICES 1/21/2015 1/21/2015 500.00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00	4600 S ULSTER ST	2/23/2015	1,000 00
1642 S PARKER RD DENVER, CO 80231  PARENT PROJECT MUSCULAR DYSTROPHY 401 HACKENSACK AVE 971H FLOOR HACKENSACK NJ 07601  URSPTA c/o ALLISON KUSHNICK 55 WILDWOOD ROAD SCARSDALE, NY 10583  JFNA 25 BROADWAY 171H FLOOR NEW YORK, NY 10004  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE, CO 80111  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100  SHALOM CARES C/O DONOR SERVICES 1/21/2015 1/21/2015 500.00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 1/21/2015 500.00  SALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00  SHERMAN ST 1/21/2015 200.00  SHERMAN ST 1/21/2015 200.00			1,000 00
PARENT PROJECT MUSCULAR DYSTROPHY 401 HACKENSACK AVE 1/21/2015 100 00 9TH FLOOR HACKENSACK, NJ 07601 100 00  QRSPTA C/o ALLISON KUSHNICK 11/18/2015 500.00 55 WILDWOOD ROAD SCARSDALE, NY 10583 500 00  JFNA 25 BROADWAY 6/15/2015 1,149 00 177TH FLOOR 6/17/2015 1,149 00 177TH FLOOR 16/17/2015 1,149 00 17TH FLOOR 16/17/2015 1,14	1642 S PARKER RD	7/13/2015	50 00
401 HACKENSACK AVE 9TH FLOOR 9TH FLOOR 100 00 9TH FLOOR 100 00 9TH FLOOR 100 00 9TH FLOOR 100 00 00 9TH FLOOR 100 00 00 00 00 00 00 00 00 00 00 00 00			50 00
QRSPTA c/o ALLISON KUSHNICK 55 WILDWOOD ROAD SCARSDALE, NY 10583  JFNA 25 BROADWAY 6/17/2015 1,149 00 17TH FLOOR 6/17/2015 1,149 00 17TH FLOOR 6/17/2015 1,149 00 17TH FLOOR 10 flight 12,131 32 registration 11 flight 12,131 32 registration 21,695 00 11 flight 3,528 00  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE, CO 80111  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 LOS ANGELES, CA 90025  SHALOM CARES C/O DONOR SERVICES 14800 E BELLEVIEW DRIVE AURORA, CO 80015  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00  #500  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00	401 HACKENSACK AVE	1/21/2015	100 00
C/O ALLISON KUSHNICK 55 WILDWOOD ROAD SCARSDALE, NY 10583  JFNA 25 BROADWAY 6/15/2015 1,149 00 17TH FLOOR NEW YORK, NY 10004 RIIght 12,131 32 registration flight 3,528 00  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE, CO 80111  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 LOS ANGELES, CA 90025  SHALOM CARES C/O DONOR SERVICES 1/21/2015 1/21/2015 500.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00	HACKENSACK, NJ 07601		100 00
JFNA 25 BROADWAY 6/15/2015 1,149 00 17TH FLOOR 6/17/2015 1,149 00 NEW YORK, NY 10004 flight 12,131 32 registration 21,695 00 flight 3,528 00  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE, CO 80111 100.00  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 LOS ANGELES, CA 90025 250.00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00  #500	c/o ALLISON KUSHNICK	11/18/2015	500.00
25 BROADWAY 17TH FLOOR 6/17/2015 1,149 00 17TH FLOOR NEW YORK, NY 10004 Flight 12,131 32 registration 21,695 00 flight 3,528 00  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE, CO 80111 100.00  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 LOS ANGELES, CA 90025 250 00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00  #500	SCARSDALE, NY 10583		500 00
17TH FLOOR NEW YORK, NY 10004 REW YORK, NY 10004 REW YORK, NY 10004 REW YORK, NY 10004 REW YORK, NY 10004 REGISTRATION 12,131 32 registration 21,695 00 flight 3,528 00  39,652 32  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE, CO 80111 100.00  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 LOS ANGELES, CA 90025 250.00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00  #500		6/15/2015	1.149 00
NEW YORK, NY 10004 flight 12,131 32 registration 21,695 00 flight 3,528 00  MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 100 00 GREENWOOD VILLAGE, CO 80111 100.00  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 250.00 LOS ANGELES, CA 90025 250 00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00 14800 E BELLEVIEW DRIVE AURORA, CO 80015 500.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00 #500			
### Registration 21,695 00 flight 3,528 00  ##################################			
MAKE A WISH FOUNDATION 7951 E MAPLEWOOD AVE SUITE 126 100 00 GREENWOOD VILLAGE, CO 80111 100.00  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 250.00 LOS ANGELES, CA 90025 250 00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00 14800 E BELLEVIEW DRIVE AURORA, CO 80015 500 00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00 #500	The Fordi, The Food		
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7951 E MAPLEWOOD AVE SUITE 126 100 00 GREENWOOD VILLAGE, CO 80111  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD STE 100 250.00 LOS ANGELES, CA 90025  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00 14800 E BELLEVIEW DRIVE AURORA, CO 80015  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00 #500	MAKE A WISH FOLINDATION		39,652 32
SUITE 126 100 00  GREENWOOD VILLAGE, CO 80111 100.00  MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD 250.00  LOS ANGELES, CA 90025 250 00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00 14800 E BELLEVIEW DRIVE AURORA, CO 80015 500 00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00 #500			
MAZON A JEWISH RESPONSE TO HUNGER  10495 SANTA MONICA BLVD  STE 100 250.00  LOS ANGELES, CA 90025  250 00  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00  14800 E BELLEVIEW DRIVE AURORA, CO 80015 500 00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00  #500	SUITE 126		100 00
MAZON A JEWISH RESPONSE TO HUNGER  10495 SANTA MONICA BLVD  STE 100 250.00  LOS ANGELES, CA 90025  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00  14800 E BELLEVIEW DRIVE AURORA, CO 80015 500.00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200.00  #500	GREENWOOD VILLAGE, CO 80111		100.00
STE 100 LOS ANGELES, CA 90025  SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00  14800 E BELLEVIEW DRIVE AURORA, CO 80015  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00  #500			
SHALOM CARES C/O DONOR SERVICES 1/21/2015 500.00 14800 E BELLEVIEW DRIVE AURORA, CO 80015  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00 #500	STE 100		250.00
C/O DONOR SERVICES 1/21/2015 500.00  14800 E BELLEVIEW DRIVE AURORA, CO 80015 500 00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00 #500	2007022223		250 00
C/O DONOR SERVICES 1/21/2015 500.00  14800 E BELLEVIEW DRIVE AURORA, CO 80015 500 00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00 #500	SHALOM CARES		
AURORA, CO 80015 500 00  ALZHEIMERS ASSOCIATION 455 SHERMAN ST 1/21/2015 200 00 #500	C/O DONOR SERVICES	1/21/2015	500.00
455 SHERMAN ST 1/21/2015 200 00 #500			500 00
#500	ALZHEIMERS ASSOCIATION		
		1/21/2015	200 00
			200 00

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NATIONAL MS SOCIETY		
900 S BROADWAY	3/17/2015	500 00
	2/17/2015	2,500 00
	2/17/2015	35 00
	2/17/2015	120 00
#250		
DENVER, CO 80209		3,155 00
LLS E FUNDRAISING		
720 S COLORADO BLVD	4/17/2015	250 00
SUITE 500 S		
DENVER, CO 80246		250 00
HARLEM VILLAGE ACADEMY		
35 WEST 124TH STREET	5/17/2015	3,000 00
NEW YORK, NY 10027		<del></del>
		3,000 00
NATIONAL IEWICH DECEARCH		
NATIONAL JEWISH RESEARCH 1400 JACKSON ST		600 00
DENVER, CO 80206		000 00
DENVEN, 60 80200		600 00
		000 00
BLUE SKY FUND		
2422 E 3rd Ave		1,000 00
Denver, CO 80206		
		1,000 00
ALS ASSOCIATION		
10855 DOVER ST	9/17/2015	250 00
STE 500		
WESTMINSTER, CO 80021		250 00
SOLDNOMORE		
PO BOX 68888		50 00
ORO VALLEY, AZ 85737		
		50 00
COUNTERTERRORISM EDUCATION LEARNING LAB		
99 WEST 12TH AVE	8/6/2015	5,000 00
DENVER, CO 80204		
		5,000 00
UJA-FEDERATION OF NEW YORK		
130 E 59th St	9/8/2015	6,000 00
New York, NY 10022	3/3/2013	0,000 00
100 1010, 11 10022		6,000 00
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WOMEN'S LEAGUE BMH/BJ		
560 S MONACO PKWY	7/31/2015	40 00
DENVER, CO 80224		
		40 00
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