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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.

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 2016 or tax year beginning , and ending Name of foundation A Employer identification number CHINN FAMILY FOUNDATION 26-1513960 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 282 970-484-9030 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here TIMNATH, CO 80547 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 425,533. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (c) Adjusted net income (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income 30,000. Contributions, gifts, grants, etc., received N/A Check fithe foundation is not required to attach Sch. B Interest on savings and temporary cash investments 831 266 STATEMENT 20,475. 19,181. Dividends and interest from securities STATEMENT 5a Gross rents MAY b Net rental income or (loss) <3,196.> 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 65,356. 0. 7 Capital gain net income (from Part IV, line 2) ပ္တ 8 Net short-term capital gain 18 MAY 2 9 Ó 9 Income modifications 10a Gross sales less returns and allowances Ŝ b Less Cost of goods sold c Gross profit or (loss) 11 Other income 48,110. 19,447 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 2,150. 1,075 1,075. STMT 3 **b** Accounting fees 2,601. 2,601 STMT c Other professional fees 0. 17 Interest STMT 5 82 82. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 6 23 Other expenses 549. 15 610. 24 Total operating and administrative 5,382 3,773. expenses Add lines 13 through 23 1,685. 19,300 19,300. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 24,682 3,773 20,985. Add lines 24 and 25 27 Subtract line 26 from line 12: 23,428 3 Excess of revenue over expenses and disbursements 15,674. b Net investment income (if negative, enter -0-)

Form 990-PF (2016)

N/A

C Adjusted net income (if negative, enter -0-)

		00-PF (2016) CHINN FAMILY FOUNDATION			1513960 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	F .	Cash - non-interest-bearing	5,646.	<u>5,196.</u>	5,196.
	1	Savings and temporary cash investments	6,893.	19,373.	19,373.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable	·		
	۱ ـ	Less: allowance for doubtful accounts ►  Grants receivable			
	5	F			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	′	Other notes and loans receivable			
Assets		Less: allowance for doubtful accounts			
	1 -	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges			
-	1	Investments - U.S. and state government obligations	100 552	150 706	157 200
	1	Investments - corporate stock STMT 7	109,553. 45,693.	150,796. 44,291.	157,289. 44,484.
	1	Investments - corporate bonds STMT 8	45,093.	44,291.	44,404.
	וון	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	1	Investments - mortgage loans Investments - other STMT 9	228,511.	200,068.	199,191.
	13	· · · · · · · · · · · · · · · · · · ·	228,511.	200,000.	199,191.
	14	Land, buildings, and equipment, basis			
	16				
		Other assets (describe   Total assets (to be completed by all filers - see the	<del></del>		
	10		396,296.	419,724.	425,533.
	17	Instructions. Also, see page 1, item I) Accounts payable and accrued expenses	390,290.	419,124.	423,333.
	18	Grants payable			
Liabilities	19	Deferred revenue			
įį	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable  Other liabilities (describe ▶ )		<del></del>	
	22	Other Habilities (describe	<del></del>		
	22	Total liabilities (add lines 17 through 22)	0.	0.	
	25	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted	ľ		
Net Assets or Fund Balances	25	Temporarily restricted			
3al	26	Permanently restricted			
ē	-0	Foundations that do not follow SFAS 117, check here	·		
ũ	}	and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ąŝ	29	Retained earnings, accumulated income, endowment, or other funds	396,296.	419,724.	
i i	30	Total net assets or fund balances	396,296.	419,724.	
Z			0007-000		
	31	Total liabilities and net assets/fund balances	396,296.	419,724.	
L	art	III Analysis of Changes in Net Assets of Fund Ba			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	<u>396,296.</u>
2	Ente	amount from Part I, line 27a		2	23,428.
3	Othe	r increases not included in line 2 (itemize)	<del></del> .	3	0.
4	Add	lines 1, 2, and 3	<del>-</del>	4	419,724.
-		eases not included in line 2 (itemize)	······	5	0.
<u>6</u> _	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn (b), line 30	6	419,724.
					Form <b>990-PF</b> (2016)

7

8

22,408.

20,985.

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

14 Exempt operating foundations described in section 4940(6)(2), chock here ▶ □ and enter YW1 on line 1.  Date of ruling or determination letter: (statch copy of letter if increasing-see instructions)  D Domestic foundations that meet the section 4940(6) requirements in Part V, Check hard ▶ □ and enter YW of the 27th. Line 27th of Part I, line 27th of Part I, line 12, cot. (b).  2 Tax varied reschion 511 (domestic section 4947(6)(1) flusts and basable foundations only. Others enter -0-)  2 Tax varied reschion 511 (domestic section 4947(6)(1) flusts and basable foundations only. Others enter -0-)  3 3 313.3.  Add lines 1 and 2x (domestic section 4947(6)(1) flusts and basable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Credisfrayments:  2 2016 estimated to payments and 2015 overpoyment credited to 2016  8 6 6 33.  Exempt foreign or granizations - but withheld at source  1 Tax paid with application for extension of time to Ne (Form 8868)  6 8 6 7  1 Exercised on a payments and 2015 overpoyment credited to 2016  8 8 7 A dea if the folial of lines 5 and 6 is more than line 7, relet amount owed  9 Tax dee if the folial of lines 5 and 6 is more than line 7, relet amount owed  9 Tax dee if the folial of lines 5 and 6 is more than line 7, relet amount owed  10 Coverpayment. Intel 7 is more than line 16 is more than line 7, relet amount of line 10 to be Credited to 2017 estimated tax ▶ 320. Relunded ▶ 10 320.  11 Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 320. Relunded ▶ 10 320. Relunded ▶ 10 320.  12 Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 320. Relunded ▶ 10 320. Relunded	_	art VI \ Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - se			Page 4
Dates for founding or determination letter:	_		70 - 30	<u> </u>		1137
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  □ and enter 1% of Part I, lane 12/20 (b).  3	16	· · · · · · · · · · · · · · · · · · ·				
of Part I, line 27b  2 All other domestic foundations enter 27k 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-)  3 Add lines 1 and 2  3 Aud lines 1 and 2  3 Aud lines 1 and 2  5 Subtillé A (notice) lax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3.1 tzer or liss, enter -0-  5 Tax based on investment income. Subtract line 4 from line 3.1 tzer or liss, enter -0-  5 Evernpt foreign organizations - tax withhold at source  6 Evernpt foreign organizations - tax withhold at source  6 Evernpt foreign organizations - tax withhold at source  6 Evernpt foreign organizations - tax withhold at source  6 Evernpt foreign organizations - tax withhold at source  6 Evernpt foreign organizations - tax withhold at source  7 Total credits and payments. Add lines 6s through 8d  8 Enter any penalty for underpayment of estimated tax. Check here in 1 form 2220 is attached  9 Tax use it line total or lines 5 and 6 is more than line fold of lines 5 and 8, enter the amount overpald  10 Overpayment. If line 7 is more than line folds of lines 5 and 8, enter the amount overpald  10 Enter the amount of line 10 to the Credited to 2012 resultanted tax. Penalty and the lines of the amount overpald  10 Interpayment of lines 10 to the Credited to 2012 resultanted tax. Penalty and the lines of the amount overpald  10 Interpayment in the 10 from 5 credited to 2012 resultanted tax. Penalty and the lines of the amount overpald  10 Overpayment. If line 7 is more than the folds of lines 5 and 8, enter the amount overpald  11 Overpayment. If lines 7 is more than the folds of lines 5 and 8, enter the amount overpald  12 Interes the amount of line 10 to the Credited to 2012 resultanted tax by the foundation of the lines in the lines of the lines of lines o					3	112
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a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to the (Form 8868) d Backup withholding erroneously withheld d Total credits and payments. Add times 6a through 6d Enter any penalty for underpayment of estimated tax. Check here  If Form 2220 is attached d Enter any penalty for underpayment of estimated tax. Check here  If Form 2220 is attached D verpayment. If line 7 is more than the total of lines 5 and 8, in error the amount ower D verpayment. If line 7 is more than the total of lines 5 and 8, in error the amount owerpaid D verpayment. If line 7 is more than the total of lines 5 and 8, in error the amount owerpaid D verpayment. If line 7 is more than the total of lines 5 and 8, in error the amount overpaid D verpayment. If line 7 is more than the total of lines 5 and 8, in error the amount overpaid D verpayment. If line 7 is more than the total of lines 5 and 8, in error the amount overpaid D verpayment. If line 7 is more than 100 to be "credited to 2017 estimated tax."  10 Enter the amount of line 10 to be "credited to 2017 estimated tax." D verpayment. S 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 miervene in any political campaign?  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or miervene in any political campaign?  1b Und speed more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  1f the answer is "Yes" to 1a or 1b, statech a detailed description of the activities C Did the foundation life Form 1120-POL for this year?  2 Enter the rembursement (if any) goal by the foundations during the year for political expenditure tax imposed on foundation managers. S S O. 2 (2) On foundation managers. S S O. 2 (3) On foundat			-			1131
b Exempt foreign organizations - lax withheld at source  of Tax paid with application for extension of time to file (Form 8868)  d Sackup withholding erroneously withheld  7 Total credits and payments. Add lines 6 at through 6d  8 Tax adve If the total of lines 5 and 8 is more than line 7, enter amount owed  9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owergald  11 Enter the amount of line 10 to be Credited to 2017 estimated tax. ►  Part VII-A Statements Regarding Activities  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  12 During the tax year, did the foundation attempt in ellience any national, state, or local legislation or did it participate or intervene in any political campaign?  13 During the tax year, did the foundation attempt in ellience any national, state, or local legislation or did it participate or intervene in any political campaign?  14 During the tax year, did the foundation in connection with the activities  15 Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  16 If the answer is "Yes" to a or 15, attach a detailed description of the activities  16 Dut the foundation the Form 112-POPL for this year?  17 Enter the remuluir (farily) of tax on political expenditures (section 4955) imposed during the year:  18 If the remuluir did farily paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ O  18 Enter the remuluir did farily paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ O  18 Has the foundation make any changes, not previously reported to the IRS?  18 Has the foundation make any changes, not previously reported to the IRS?  19 Was the real quidation, terminat	_					
6 Backup withholding erroreously withheld 6 Backup withholding erroreously withheld 8 Backup withholding erroreously withheld 8 Finder any penalty for underpayment of stimated tax. Check here if Form 2220 is attached 8 Finder any penalty for underpayment of stimated tax. Check here if Form 2220 is attached 9 Fixed with the total of lines 5 and 8 is more than line 7, enter amount owed 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 2017, estimated tax. ► 320. Refunded 11 0.  Part VII6 Statements Regarding Activities 11 During the tax year, 4nd the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, 4nd the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 14 Bure answer is 'Yes' to 1a or 1b, attach a detailed description of the activities 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 17 On the foundation. Form 1120-POL for this year? 2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 2 If 'Yes, attach a detailed description of the activities 3 Ax is 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 Ax is the foundation made any changes, not previously reported to the IRS; in its governing instrument, or bylaws, or other similar instruments? If 'Yes, attach a conformed copy of the changes 3 Ax is the foundation made any changes, not previously			,			
d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6 at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Reflet any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 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 2017 estimated tax ▶ 320. Refunded ▶ 11 0.  Part 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 intervene in any political campaign? 1b Did is spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 1b If spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 1c A Statements \$100 during the year (either directly) for political purposes (see 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 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 1c On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 2 Has the foundation. ▶ \$ 0. 3 X  4a Did the foundation made any changes, not previously reported to the IRS? 11 "Yes," attach a detailed description of the activities 14 If Yes, at the foundation have unrelated business gross income of \$1,000 or more during the year? 15 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 16 Air the requirements of section \$98() (relating to sections 4941 through 4945) satisfied either: 17 By state legislation that effectively amends the governing instrument so that no mandatory						
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8   8   9   13		· · · · · · · · · · · · · · · · · · ·				
8 Enter law penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached  9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed  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 2017 estimated tax ► 320   Refunded ► 11 0 320.  11 Enter the amount of line 10 to be Credited to 2017 estimated tax ► 320   Refunded ► 11 0 0.  Part 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 intervene in any political campaign?  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1a During the tax year, did the foundation and the activities of the definition?  1b Did it spend more than \$100 during the year (either directly) or notireally) for political purposes (see instructions for the definition)?  1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and the activities and the activities are suited by the foundation in End 129-Poll for this year?  1c X  1d 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  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities  3 Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," tatch a detailed description of the activities  1b If "Yes," tatch a detailed description of the activities  2 Lake the foundation have unrelated business gross income of \$1,000 or more during the year?  1b If "Yes," tatch the statement required by General Instruction T.  2 Are the requirements of section 508(c) (relating to sections 4941 thr			7		6	33.
9 13 20 . Refunded I fine 5 and 8 is more than the 10tal of lines 5 and 8, enter the amount overpald 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald 11 1 0 0.  Part 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 intervene in 12 New 15 No 13 No 37 No	_	·				
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5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  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?  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 X  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  ■ CO  ■ 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  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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? ir "Yes," attach a schedule listing their names and addresses  10 X	4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
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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?  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 X  8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  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  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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? ir "Yes," attach a schedule listing their names and addresses  10 X	5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		_ 5		X
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	9	· · · · · · · · · · · · · · · · · · ·	ıar	1 _		<b>.</b>
To block the state of the state	46					
	10	Did any persons decome substantial continuous outing the tax year? If "Yes," attach a schedule listing their names and addresses	<del></del>		)-PF	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b if "Yes," did it have excess business holdings in 2016 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2016)

X

3b

4a

N/A

during the year?

Form 990-PF (2016) CHINN FAMILY FOUNDATION	······································		26-15139	60 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	* '		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or t			
the prevention of cruelty to children or animals?			es 🗶 No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un	•	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check t				+
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?		I/A	es L  No	
If "Yes," attach the statement required by Regulations section 53.494				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y	es 🗓 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870	_			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribution of the state of the st			~~, ~~	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		inagers, Highi	y 	
1 List all officers, directors, trustees, foundation managers and their		14.20	1 (4)	
(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	(e) Expense account, other allowances
JAMES CHINN	PRESIDENT			
3131 EAST HORSETOOTH ROAD				
FORT COLLINS, CO 80525	0.00	0.	0.	0.
ELINOR CHINN	SECRETARY, TR	EASURER,	& VP	
3131 EAST HORSETOOTH ROAD		İ		
FORT COLLINS, CO 80525	0.00	0.	0.	0.
			1	
	ļ. ————————————————————————————————————			
			Ì	
		A TANK MALONIE III	<u> </u>	<u> </u>
2 Compensation of five highest-paid employees (other than those inc	T	enter "NONE."	(d) Contributions to	(a) Eypansa
(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				
		İ		
	1	1		
	_			
			<u> </u>	
	L	L	<u> </u>	l
Total number of other employees paid over \$50,000			<u> </u>	0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
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	(c) Compensation
NONE	
	<del></del>
	<del> </del>
<del></del>	
	<del> </del>
Total 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 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 <u>N/A</u>	
<u> </u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
Fo	rm <b>990-PF</b> (2016)

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	208,199.
	Average of monthly cash balances	1b	198,109.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	406,308.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	406,308.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,095.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	400,213.
6	Minimum investment return. Enter 5% of line 5	6	20,011.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	20,011.
2a			
b		1 1	
C		2c	313.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,698.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,698.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7_	19,698.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	] ]	00 005
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,985.
	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	
3	Amounts set aside for specific charitable projects that satisfy the:	1 1	
a	. " ' ' '	3a	
þ	· · · · · · · · · · · · · · · · · · ·	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,985.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	20,985.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	r the section

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				19,698.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 622.				
b From 2012 2, 103.				
c From 2013 4,538.				
d From 2014 1,415. e From 2015 3,053.				
	11,731.			
f Total of lines 3a through e  4 Qualifying distributions for 2016 from	11,/31•			<del></del>
Part XII, line 4: ►\$				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior	<del></del>	<del></del>		<del></del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	<del>`</del>			19,698.
e Remaining amount distributed out of corpus	1,287.			13,030.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				<u></u> <u></u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	13,018.			
<b>b</b> Prior years' undistributed income. Subtract		Ì		
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.		
e Undistributed income for 2015. Subtract line			_ {	
4a from line 2a. Taxable amount - see instr.			0.	·
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	622			
not applied on line 5 or line 7	622.			<del></del>
9 Excess distributions carryover to 2017.	12,396.		ļ	
Subtract lines 7 and 8 from line 6a	14,350.			
10 Analysis of line 9: a Excess from 2012 2, 103.			ļ	
b Excess from 2013 4,538.			ļ	
c Excess from 2014 1, 415.				
d Excess from 2015 3, 053.			ļ	
e Excess from 2016 1, 287.				
623581 11-23-16	<del>, -,</del>			Form <b>990-PF</b> (2016)

Form 990-PF (2016) CHINN F2	AMILY FOUNI	DATION		26-15	13960 Page 10
Part XIV Private Operating Fo			I-A, question 9)	N/A	-
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for <b>b</b> Check box to indicate whether the foundation		•	.n. aastaa	4040()(0) 1 40	40(2)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing foundation described	Prior 3 years	4942(j)(3) or 49	42(j)(5)
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	(4) 2010	(0) 2010	(6) 2014	(4) 2013	(c) lotal
each year listed					
•			<del> </del>		
<b>b</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		<del>-  </del>			
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	<del> </del>				
alternative test relied upon:					
"Assets" alternative test - enter:     (1) Value of all assets					
` '	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<del></del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					<del></del>
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed				ļ	
c "Support" alternative test - enter:	·· <del>····</del> ······························				
(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	<del></del>	<del></del>			
an exempt organization					
(4) Gross investment income					<del></del>
Part XV Supplementary Infor	mation (Comple	ete this part only	if the foundation	on had \$5,000 or mo	re in assets
at any time during th					
1 Information Regarding Foundation	Managers:	<u> </u>			
a List any managers of the foundation who	•	than 2% of the total cont	ributions received by	the foundation before the clos	e of any tax
year (but only if they have contributed mo			,		
SEE STATEMENT 10					
b List any managers of the foundation who	own 10% or more of the	ne stock of a corporation	(or an equally large po	ortion of the ownership of a pa	rtnership or
other entity) of which the foundation has					
NONE					
2 Information Regarding Contribution	n, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here ▶ ☐ If the foundation on	ly makes contributions	to preselected charitable	organizations and doe	es not accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc. (s	see instructions) to indi	viduals or organizations u	nder other conditions	, complete items 2a, b, c, and	d.
a The name, address, and telephone number		the person to whom appl	cations should be add	fressed.	
JAMES CHINN, 970-484-	-9030				
P.O. BOX 282, TIMNATE	i, CO 80547	<u></u>			
<b>b</b> The form in which applications should be		ition and materials they sl	nould include:		
NO SPECIFIC FORM REQU	JIRED				<del> </del>
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields,	kinds of institutions,	or other factors:	
NONE					

623611 11-23-16

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
T value danny me yeur				
EDUCATION & LIFE TRAINING CENTER	N/A	PC	MENTOR AND TRAIN	
401 LINDEN ST			INDIVIDUALS IN A	
FORT COLLINS, CO 80524			MEANINGFUL WAY.	500
PROJECT SELF-SUFFICIENCY	N/A	PC	ASSIST LOW INCOME	
375 W, 37TH STREET #105			SINGLE PARENTS ACHIEVE	
LOVELAND, CO 80538			ECONOMIC IN	3,000
FEED THE CHILDREN	N/A	₽C	PROVIDE RESOURCES FOR	
P.O. BOX 36			UNDERPRIVLEDGED	
OKLAHOMA CITY, OK 73101			CHILDREN	500
FOOD BANK FOR LARIMER COUNTY	N/A	₽C	COLLECT, PROCESS,	
1301 BLUE SPRUCE			STORE AND DISTRIBUTE	
FORT COLLINS, CO 80524			FOOD FOR NEED	1,500
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	N/A	PC	PEDIATRIC TREATMENT	
501 ST JUDES PLACE			AND RESEARCH FACILITY	
MEMPHIS TN 38105				1,200
	TINUATION SHEE	T(S)	<u>▶ 3a</u>	<u>19</u> 300
b Approved for future payment				
NONE				
				<del></del>
Total	l	<u>.t</u>	<b>▶</b> 3b	

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

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		by section 512, 513, or 514	(e)
<b>9</b>	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b		<del></del>			
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	831. 20,475.	
4 Dividends and interest from securities			14	20,475.	
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property			<u> </u>		
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property		<del></del>	<del>                                     </del>		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<3,196.	<u> </u>
9 Net income or (loss) from special events			-		<del></del>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
<u>a</u>	<del></del>	·		<del></del>	<del></del>
b			<del>  </del>		
<u> </u>					
d	-				
e		0.	-	18,110.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	<del></del>	<u> </u>	1		18,110.
(See worksheet in line 13 instructions to verify calculations.)				13	10,110.
	- 41 4			· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities t	o tne Accom	iplishment of E	kempt P	rurposes	
Line No. Explain below how each activity for which inco	me is reported in c	olumn (e) of Part XVI-A	contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing funds	for such purposes).			
	<del></del>				
					<del></del>
				<u></u>	
				<del></del>	
		···			
1					
					Form <b>990-PF</b> (2016)

		foundation directly or indirect			· -	izations described			
!!	n sec	tion 501(c) of the Code (other	than section 501(c	)(3)) or in section	1 527?			Yes	LX No
b	f "Yes	s," complete the following sche	edule.						
		(a) Name of orga	anızatıon	(	b) Type of organization		(c) Description of rel	lationship	
		N/A							
				****					
		<del>-</del>					···		
						1	<del></del>		
		<del> </del>							****
	Tii	nder penalties of perjury, I declare t	hat I have examined the	s return including a	companying schedules and	statements and to t	he heet of my knowledge		
: ::		nd belief, it is true, correct, and com						May the IRS dis return with the	scuss this
igı ler		$\lambda$ $\lambda$	1 ()		1 -/ -/-			shown below (s	ee instr )?
161			Them		15/12/17	PRESI	DENT	_ LX Yes	L No
	;	Signature of officer or trustee			Date/ /	Title		<u> </u>	
		Print/Type preparer's nai	me	Preparer's sign	ature	Date	Checkif	PTIN	
				14_	Ahm		self- employed		

THOMAS J. AHRENS

Firm's address ▶ 375 E. HORSETOOTH RD. BLDG. 4200

FORT COLLINS, CO 80525

05/08/17

Form **990-PF** (2016)

P01246358

Firm's EIN  $\triangleright 84 - 1041726$ 

Phone no. 970-223-8825

Paid

**Preparer** 

**Use Only** 

THOMAS J. AHRENS

Firm's name ► EIDE BAILLY LLP

3 Grants and Contributions Paid During the		<del>,</del>		<del> </del>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
MAKE-A-WISH	N/A	PC	TO GRANT WISHES TO	
PO BOX 97104			CHILDREN	
WASHINGTON, DC 20090				50
MEALS ON WHEELS FOR FORT COLLINS	N/A	PC	TO DELIVERS A	
PO BOX 424			NUTRITIOUS MEAL TO	
FORT COLLINS, CO 80522			SENIORS	1,00
PEOPLE FOR THE ETHICAL TREATMENT OF	N/A	PC	PROMOTE ETHICAL	
ANIMALS			TREATMENT OF ANIMALS	
PO BOX 96684				E0.
WASHINGTON, DC 20090				500
ROCKY MOUNTAIN PBS	N/A	PC	PROMOTE LEARNING	
PO BOX 1740			OPPORTUNITIES	
DENVER, CO 80201				50
DENVER RESCUE MISSION	N/A	PC	ASSIST IN RETURNING	
PO BOX 5022			PEOPLE TO SOCIETY AS	
DENVER, CO 80217			PRODUCTIVE,	
		ľ	SELF-SUFFICIENT	
	-		CITIZENS	500
TURNING POINT	N/A	PC	JUVENILE SUBSTANCE	
1644 SOUTH COLLEGE AVENUE			ABUSE TREATMENT	
FORT COLLINS, CO 80525				500
SMILE TRAIN	N/A	PC	HELPING CHILDREN BORN	
PO BOX 96231			WITH CLEFT LIP AND	
WASHINGTON, DC 20090			PALATES	500
NEIGHBOR TO NEIGHBOR FORT COLLINS	N/A	PC	HOUSING RESOURCE FROM	
1550 BLUE SPRUCE DRIVE			HOMELESS TO HOMEOWNERS	
FORT COLLINS, CO 80524				1,000
HEIFER INTERNATIONAL	N/A	PC	HELP TO END HUNGER AND	
WORLD AVENUE			POVERTY	
LITTLE ROCK, AR 72202		ļ		1,000
CARTER CENTER, INC.	N/A	PC	TO ADVANCE PEACE AND	
РО ВОХ 47339			HEALTH WORLDWIDE	
ATLANTA, GA 30362	<u></u>		1	500
Total from continuation sheets				12,600

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor LARIMER HUMANE SOCIETY N/A PC PROMOTE ETHICAL 5137 S. COLLEGE AVE TREATMENT OF ANIMALS FORT COLLINS, CO 80525 600. PATHWAYS HOSPICE N/A РC PHYSICAL, EMOTIONAL 305 CARPENTER ROAD AND SPIRITUAL CAR TO FORT COLLINS, CO 80525 TERMINALLY 500. THE SALVATION ARMY N/A PC DISASTER RELIEF 3901 S. MASON ST FORT COLLINS, CO 80525 500. KIDS WISH NETWORK N/A РC IMPROVE THE QUALITY OF 4060 LOUIS AVE LIFE OF CHILDREN. HOLIDAY FL 34691 300. PAWS FOR PURPLE HEARTS N/A ÞС TEACH VETERANS WITH 5860 LABATH AVE, SUITE A PTSD TO TRAIN SERVICE ROHNERT PARK, CA 94928 DOGS FOR OTHER VETERANS, 500. UNITED WAY OF LARIMER COUNTY N/A PC STRATEGIES AND **424 PINE STREET #201** INITIATIVES TO ACHIEVE FORT COLLINS, CO 80524 GREATER COMMUNITY 800. IMPACT FOOTHILLS GATEWAY, INC. N/A PC SUPPORT AND EMPOWER 301 W. SKYWAY DRIVE PEOPLE WITH 700. FORT COLLINS, CO 80525 DISABILITIES ANIMAL HOUSE RESCUE PC ANIMAL PROTECTION AND N/A 1104 W. VINE DRIVE WELFARE 600, FORT COLLINS CO 80521 CROSSROADS SAFEHOUSE N/A ÞС SAFE TEMPORARY SHELTER PO BOX 993 FOR ABUSED WOMEN 500, FORT COLLINS, CO 80522 WOUNDED WARRIOR PROJECT N/A PC TO HONOR AND EMPOWER 4899 BELFORT ROAD, SUITE 300 INJURED MILITARY JACKSONVILLE, FL 32256 SERVICE MEMBERS. 300. Total from continuation sheets

Part XV

Part XV Supplementary Informati	FAMILY FOUNDATION	<del></del>	26-151	
3 Grants and Contributions Paid During th		<del></del>		
Recipient		T		
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	Amount
COMPANIONS FOR HEORES	N/A	PC	HELP EVERY AMERICAN	
P.O. BOX 961	W/A	FC	I I	
			HERO AND SAVE EVERY	
LAKE HOPATCONG, NJ 07849			SHELTER OR RESCUE	
			ANIMAL FROM	
	-	<del></del>	EUTHANASIA.	300
PVH AND MCR FOUNDATION	N/A	PC	SUPPORT ITS AFFILIATED	
2315 E. HARMONY ROAD, SUITE 200			HOSPITALS AND CLINICS	
FORT COLLINS, CO 80528	· ·	1	IN THE DELIVERY AND	
			ADVANCEMENT OF	
			WORLD-CLASS HEALTHCARE	500
VIV.			114-115-11	
				·· • · · · · · · · · · · · · · · · · ·
		- 1		·
<del></del>				
Total from continuation sheets	<u> </u>	1		

CHINN FAMILY FOUNDATION	26-1513960
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contributio	n
NAME OF RECIPIENT - PVH AND MCR FOUNDATION	
SUPPORT ITS AFFILIATED HOSPITALS AND CLINICS IN THE D	DELIVERY AND
ADVANCEMENT OF WORLD-CLASS HEALTHCARE IN NORTHERN COL	ORADO.
	- 1
	<u> </u>

623655 04-01-16

### Schedule B (Form 990, 990-EZ, or 990-PE)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

OMB No 1545-0047

2016

Name of the organization

Employer identification number

CH	INN FAMILY FOUNDATION	<u> 26-1513960                                     </u>
Organization type (check on	ie):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
Note: Only a section 501(c)(7  General Rule  X For an organization 1	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 and a Special Rule  filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling to the contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1) ar any one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, conducting 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 contribution	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ail ons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educatuelty to children or animals. Complete Parts I, II, and III	
year, contributions e is checked, enter he purpose. Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, oblete any of the parts unless the <b>General Rule</b> applies to this organization because it re etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc.,
out it <b>must</b> answer "No" on P	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For Be 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) (2016)

Name of organization

Employer identification number

### CHINN FAMILY FOUNDATION

26-1513960

Part I	Contributors (See instructions) Use duplicate copies of Part I	if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELINOR CHINN  3131 HORSETOOTH LANE  FORT COLLINS, CO 80526	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAMES CHINN 3131 HORSETOOTH LANE FORT COLLINS, CO 80526	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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 Onncash Onncash I 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)
23452 10-18	-10	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

### CHINN FAMILY FOUNDATION

26-1513960

Part II	Noncash Property (See instructions). Use duplicate copies of F	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
		*	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization **Employer identification number** CHINN FAMILY FOUNDATION 26-1513960 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	IPORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME
FIDELITY BROKERAGE SERVICES WELLS FARGO INVESTMENT TOTAL TO PART I, LINE 3		·	830. 1. 831.		265. 1.	
					266.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUF	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
FIDELITY BROKERAGE SERVICES WELLS FARGO	10,408	. 27	9.	10,129.	8,83	5.
INVESTMENT	10,346	•	0.	10,346.	10,34	6.
TO PART I, LINE 4	20,754	. 27	9.	20,475.	19,18	1.
FORM 990-PF		ACCOUNTI	NG FEES	3	·	STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(F NET IN MENT I		(C) ADJUSTED NET INCOM	
TAX PREPARATION FEE	s –	2,150.		1,075.		1,075.
TO FORM 990-PF, PG	 1, LN 16B	2,150.		1,075.		1,075.

FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION				CHARITABLE
INVESTMENT FEES	2,601.	2,601.		0.
TO FORM 990-PF, PG 1, LN 16C	2,601.	2,601.		0.
FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION				CHARITABLE
FOREIGN INCOME TAX	82.	82.		0.
TO FORM 990-PF, PG 1, LN 18 =	82.	82.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE
BANK FEES POSTAGE & SUPPLIES	15. 534.	15.		0. 610.
TO FORM 990-PF, PG 1, LN 23	549.	15.		610.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7
		<del>-</del>		
DESCRIPTION		вос	OK VALUE	FAIR MARKET VALUE
DESCRIPTION  CORPORATE STOCKS - SEE ATTACH	ED STATEMEN		OK VALUE	

ORATE BONDS		STATEMENT		
	BOOK VALUE	FAIR MARKE' VALUE	r	
BOND FUNDS - SEE ATTACHED STATEMENT			44,484.	
TOTAL TO FORM 990-PF, PART II, LINE 10C		44,484.		
INVESTMENTS		STATEMENT	9	
VALUATION METHOD	BOOK VALUE	FAIR MARKE	ŗ	
FMV FMV	200,068.	199,19	91.	
- 13 =	200,068.	199,19	91.	
	VALUATION METHOD FMV	10C 44,291.  INVESTMENTS  VALUATION BOOK VALUE  FMV 200,068. FMV 0.	10C 44,291. 44,48  10C 44,291. 44,48  INVESTMENTS STATEMENT  VALUATION BOOK VALUE VALUE  FMV 200,068. 199,19	

NAME OF MANAGER

JAMES CHINN ELINOR CHINN