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### Form **990-PF** Department of the Treasury

#### 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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service NOV 18, 2016 For calendar year 2016 or tax year beginning 2016 , and ending DEC 31, Name of foundation A Employer identification number C3M FAMILY FOUNDATION 81-6923715 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 144 EAST 2580 SOUTH SUITE A 435.656.0488 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ST GEORGE, UT 84790 X Initial return G Check all that apply: Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: 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 500,004. (Part I, column (d) must be on cash basis ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not for charitable purposes (cash basis only) expenses per books income income necessarily equal the amounts in column (a)) EN. 500,000. N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 4 4. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 500,004 4. Total, Add lines 1 through 11 12 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries, and wages
15 Pension plans, employee benefits OSO OSO Administrative Expenses 16a Legal fees  $\boldsymbol{\omega}$ 1 5 2017 b Accounting fees Ø c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses 24 Total operating and administrative 0 expenses. Add lines 13 through 23 0 25 Contributions, gifts, grants paid 0. 26 Total expenses and disbursements 0 0 0. Add lines 24 and 25 27 Subtract line 26 from line 12: 500,004 a Excess of revenue over expenses and disbursements 4 b Net investment income (if negative, enter -0-) N/AC Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2016)

2016.03040 C3M FAMILY FOUNDATION

| Fo                          | rm 99 | 0-PF (2016) C3M FAMILY FOUNDATION  | <u> </u>           |   | 6923715 Page 2                        |  |
|-----------------------------|-------|--|--------------------|---|---------------------------------------|--|
| Ē                           | art   | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year  |   |                                       |  |
| <u>.</u>                    |       | 1  | (a) Book Value     | (b) Book Value                          | (c) Fair Market Value                 |  |
|                             | 1     | Cash - non-interest-bearing  |                    |   |                                       |  |
|                             | 2     | Savings and temporary cash investments   |                    | 500,004.                                | 500,004.                              |  |
|                             | 3     | Accounts receivable -  |                    |   |                                       |  |
|                             | ļ     | Less: allowance for doubtful accounts  |                    |   | <del> </del>                          |  |
|                             | 4     | Pledges receivable   | [                  |   |                                       |  |
|                             | İ     | Less: allowance for doubtful accounts  |                    |   |                                       |  |
|                             | 5     | Grants receivable  |                    |   |                                       |  |
|                             | 6     | Receivables due from officers, directors, trustees, and other  |                    |   |                                       |  |
|                             |       | disqualified persons   |                    |   |                                       |  |
|                             | 7     | Other notes and loans receivable   |                    |   |                                       |  |
|                             |       | Less; allowance for doubtful accounts ▶  |                    |   | · · · · · · · · · · · · · · · · · · · |  |
| ţ                           | 8     | Inventories for sale or use  |                    |   |                                       |  |
| Assets                      | 9     | Prepaid expenses and deferred charges  |                    |   | · · · · · · · · · · · · · · · · · · · |  |
| <                           | 10a   | Investments - U.S. and state government obligations  |                    |   |                                       |  |
|                             | b     | Investments - corporate stock  |                    |   |                                       |  |
|                             | C     | Investments - corporate bonds  |                    |   |                                       |  |
|                             | 11    | Investments - land, buildings, and equipment basis   |                    |   |                                       |  |
|                             |       | Less accumulated depreciation  |                    |   |                                       |  |
|                             | 12    | Investments - mortgage loans   |                    |   |                                       |  |
|                             | 13    | Investments - other  |                    |   |                                       |  |
|                             | 14    | Land, buildings, and equipment basis   |                    |   |                                       |  |
|                             |       | Less accumulated depreciation  |                    |   |                                       |  |
|                             | 15    | Other assets (describe ►   |                    |   |                                       |  |
|                             | 16    | Total assets (to be completed by all filers - see the  |                    |   |                                       |  |
|                             | 1     | instructions. Also, see page 1, item I)  | 0.                 | 500,004.                                | 500,004.                              |  |
|                             | 17    | Accounts payable and accrued expenses  |                    |   |                                       |  |
|                             | 18    | Grants payable   |                    |   |                                       |  |
| Ś                           | 19    | Deferred revenue   |                    |   |                                       |  |
| Liabilities                 | 20    | Loans from officers, directors, trustees, and other disqualified persons                                       |                    |   |                                       |  |
| abi                         | 21    | Mortgages and other notes payable  |                    |   |                                       |  |
| Ξ                           | 22    | Other liabilities (describe >  |                    |   |                                       |  |
|                             |       |  |                    |   |                                       |  |
|                             | 23    | Total liabilities (add lines 17 through 22)  | 0.                 | 0.                                      |                                       |  |
| _                           | 1     | Foundations that follow SFAS 117, check here   |                    | , |                                       |  |
|                             | ŀ     | and complete lines 24 through 26 and lines 30 and 31.  |                    |   |                                       |  |
| Ses                         | 24    | Unrestricted   | 0.                 | 500,004.                                |                                       |  |
| Net Assets or Fund Balances | 25    | Temporarily restricted   |                    |   |                                       |  |
| Bal                         | 26    | Permanently restricted   |                    |   |                                       |  |
| ē                           | -     | Foundations that do not follow SFAS 117, check here  |                    |   |                                       |  |
| Ŧ                           | ŀ     | and complete lines 27 through 31.  |                    |   |                                       |  |
| ō                           | 27    | Capital stock, trust principal, or current funds   |                    |   |                                       |  |
| ets                         | 28    | Paid-in or capital surplus, or land, bldg., and equipment fund   |                    |   |                                       |  |
| Ass                         | 29    | Retained earnings, accumulated income, endowment, or other funds   |                    |   |                                       |  |
| ĕ                           | 30    | Total net assets or fund balances  | 0.                 | 500,004.                                |                                       |  |
| Z                           | "     | Total not assess of fama salamoos  |                    | 30070021                                |                                       |  |
|                             | 31    | Total liabilities and net assets/fund balances   | 0.                 | 500,004.                                |                                       |  |
|                             |       |  | ·                  | 55575521                                |                                       |  |
| <u> </u> F                  | art   | Analysis of Changes in Net Assets or Fund B  | aiances            |   |                                       |  |
| 1                           | Total | net assets or fund balances at beginning of year - Part II, column (a), line                                   | 30                 |   |                                       |  |
| •                           |       | at agree with end-of-year figure reported on prior year's return)  |                    | 1                                       | 0.                                    |  |
| 2                           |       | amount from Part I, line 27a   |                    | 2                                       | 500,004.                              |  |
|                             |       | r increases not included in line 2 (itemize)   |                    | 3                                       | 0.                                    |  |
| -                           |       | lines 1, 2, and 3  |                    | 4                                       | 500,004.                              |  |
|                             |       | eases not included in line 2 (itemize)   |                    | 5                                       | 0.                                    |  |
| -                           |       | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co                                 | olumn (b), line 30 | 6                                       | 500,004.                              |  |
| <u>-</u>                    | 101   |  |                    |   | Form <b>990-PF</b> (2016)             |  |

7 3

|  |  | FAMILY FOUNDATI   |                                    |                                       | · · · · · · · · · · · · · · · · · · ·            | 8                | 1-692  | 3715                         | Page 3      |
|--|--|---|------------------------------------|---------------------------------------|--|------------------|--|------------------------------|-------------|
| Part   | <del></del>  | d Losses for Tax on In  |                                    | t Income                              | 1/63 (1  |                  |  | <del></del>                  |             |
|  | (a) List and describe<br>2-story brick wareh                     | e the kınd(s) of property sold (e.g.<br>nouse; or common stock, 200 shs | ., real estate,<br>s. MLC Co.)     |                                       | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date (mo., d | acquired<br>ay, yr.)                             | ( <b>d)</b> Date<br>(mo., da |             |
| 1a   |  |   |                                    |                                       |  |                  |  |                              |             |
| b  | NONE   | 3   |                                    |                                       |  |                  |  |                              |             |
| С  |  |   |                                    |                                       |  |                  |  |                              | ,           |
| <u>d</u>   | <u></u> -  |   |                                    |                                       |  | <u> </u>         |  |                              |             |
| е  | <del></del>  |   |                                    |                                       | <u> </u>   | <u> </u>         | <u>l</u>   |                              |             |
|  | (e) Gross sales price  | (f) Depreciation allowed (or allowable)                                 |                                    | st or other basis<br>expense of sale  |  |                  | ain or (loss)<br>s (f) minus (                   |                              |             |
| <u>a</u>   |  |   |                                    |                                       |  |                  |  |                              |             |
| <u>b</u>   |  |   |                                    |                                       |  |                  |  |                              |             |
| C  |  |   |                                    |                                       |  |                  |  |                              |             |
| _d   |  |   |                                    | · · · · · · · · · · · · · · · · · · · |  | <del>.</del>     |  |                              |             |
| _e   | mplete only for accets showing s                                 | jain in column (h) and owned by t                                       | the foundation                     | n on 12/21/60                         |  | //\ O /O         | )-I (b)  |                              |             |
|  | ) F.M.V. as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69                                    | (k) E>                             | cess of col. (i)                      | -  | còl. (k), but r  | ol. (h) gain i<br>not less than<br>(from col. (f | -0-) or                      |             |
|  |  |   |                                    | ,,,,,                                 |  |                  |  |                              |             |
| _ab  |  |   |                                    |                                       |  |                  |  |                              |             |
| C  |  |   |                                    |                                       |  |                  |  |                              |             |
| d  | ~  |   |                                    |                                       |  |                  |  |                              |             |
| е  |  |   |                                    |                                       |  |                  |  |                              |             |
| 2 Cap  | ital gain net income or (net capita                              | al loss) { If gain, also enter  | in Part I, line<br>In Part I, line | 7<br>7                                | } 2  |                  |  |                              |             |
| 3 Net  | short-term capital dain or (loss):                               | as defined in sections 1222(5) an                                       |                                    |                                       |  |                  |  |                              |             |
|  | in, also enter in Part I, line 8, col                            |   | u (u).                             |                                       | <b>]</b>   |                  |  |                              |             |
|  | oss), enter -0- in Part I, line 8                                |   |                                    |                                       | ] 3  |                  |  |                              |             |
| Part   | V Qualification Und  | ler Section 4940(e) for   | Reduced                            | Tax on Net                            | Investment li                                    | ncome            |  |                              | <del></del> |
| (For op  | tional use by domestic private fo                                | undations subject to the section 4                                      | 1940(a) tax on                     | net investment ir                     | come.)   |                  |  | N/A                          |             |
| If section   | on 4940(d)(2) applies, leave this                                | part blank.   |                                    |                                       |  |                  |  |                              |             |
|  |  |   |                                    | <b></b>                               | d0   |                  |  | Yes                          |             |
|  |  | i 4942 tax on the distributable am<br>under section 4940(e). Do not co  |                                    | •                                     | lou /  |                  |  |                              | No          |
|  |  | h column for each year; see the in                                      |                                    |                                       | ntries.  |                  |  |                              |             |
|  | (a)  | (b)   |                                    |                                       | (c)  |                  |  | (d)<br>ution ratio           | ··········  |
| Cale   | Base periód years<br>ndar year (or tax year beginning i          | Advicted avalifying digt  | tributions                         | Net value of no                       | ncharitable-use assi                             | ets              | Distrib<br>(col. (b) divi                        | ution ratio<br>ded by col.   | (c))        |
|  | 2015   |   |                                    |                                       |  |                  | ·  |                              |             |
|  | 2014   |   |                                    |                                       |  |                  |  |                              |             |
|  | 2013   |   |                                    |                                       |  |                  |  |                              |             |
|  | 2012   |   |                                    |                                       |  |                  |  |                              |             |
|  | 2011   |   |                                    |                                       |  |                  | -  |                              |             |
|  |  |   |                                    |                                       |  |                  |  |                              |             |
|  | I of line 1, column (d)  |   |                                    |                                       | _  | 2                |  |                              |             |
|  | •  | ear base period - divide the total c                                    | on line 2 by 5,                    | or by the number                      | of years   |                  |  |                              |             |
| the  | foundation has been in existence                                 | if less than 5 years  |                                    |                                       |  | 3                |  |                              |             |
| 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 |  |   |                                    |                                       | 4  |                  |  |                              |             |
| 5 Multiply line 4 by line 3  |  |   |                                    | 5                                     |  | <del></del>      | - <del></del>                                    |                              |             |
| 6 Ente   | er 1% of net investment income (                                 | 1% of Part I, line 27b)   |                                    |                                       |  | 6                |  | , , , , , , , , , ,          |             |
| <b>7</b> Add   | lines 5 and 6  |   |                                    |                                       |  | 7                |  |                              |             |
| 8 Ente   | er qualifying distributions from Pa                              | art XII, line 4   |                                    |                                       |  | 8                |  |                              |             |
|  | e 8 is equal to or greater than lin<br>the Part VI instructions. | e 7, check the box in Part VI, line                                     | 1b, and comp                       | olete that part usin                  | ig a 1% tax rate.                                |                  |  |                              |             |

| orn | n 990-PF (2016) C3M FAMILY FOUNDATION  | <u>81-</u> | <u>-69237</u> | 15  | 1        | Page 4             |
|-----|--|------------|---------------|-----|----------|--------------------|
|     | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or  |            |               |     |          |                    |
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.   |            |               |     |          |                    |
|     | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  |            |               |     |          |                    |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%   | 1          |               |     |          | 0.                 |
|     | of Part I, line 27b  |            |               |     |          |                    |
| C   | 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          |               |     |          | 0.                 |
| 3   | Add lines 1 and 2  | 3          |               |     |          | 0.                 |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | 4          |               |     |          | 0.                 |
| 5   | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-   | 5          |               |     |          | 0.                 |
| 6   | Credits/Payments:  |            |               |     |          |                    |
| a   | 2016 estimated tax payments and 2015 overpayment credited to 2016  |            |               |     |          |                    |
| b   | Exempt foreign organizations - tax withheld at source 6b   | ]          |               |     |          |                    |
| C   | Tax paid with application for extension of time to file (Form 8868)  | ]          |               |     |          |                    |
| đ   | Backup withholding erroneously withheld 6d   | ]          | ŀ             |     |          |                    |
| 7   | Total credits and payments. Add lines 6a through 6d  | 7          |               |     |          | 0.                 |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   | 8          |               |     |          |                    |
| 9   | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed   | 9          |               |     |          | 0.                 |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 10         |               |     |          |                    |
| 11  | Enter the amount of line 10 to be: Credited to 2017 estimated tax  | 11         |               |     |          |                    |
| Pa  | rt VII-A Statements Regarding Activities   |            |               |     |          |                    |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven   | e in       |               |     | Yes      | No                 |
|     | any political campaign?  |            |               | 1a  |          | X                  |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition   | n)?        | Ĺ             | 1b  |          | X                  |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis   | hed or     | . 1           |     | į        |                    |
|     | distributed by the foundation in connection with the activities.   |            | ]             | - 1 |          |                    |
| C   | Did the foundation file Form 1120-POL for this year?   |            | L             | 1c  |          | X                  |
| d   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |            |               |     |          |                    |
|     | (1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O   | <u>.</u>   |               |     |          |                    |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  |            |               |     | ļ        |                    |
|     | managers. ► \$ 0 .   |            |               | 1   |          |                    |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |            | -             | 2   |          | X                  |
|     | If "Yes," attach a detailed description of the activities.   |            | 1             | - 1 |          |                    |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,   | Or         |               | 1   | ļ        |                    |
|     | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |            | -             | 3   |          | X                  |
|     | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |            |               | 4a  |          | X                  |
|     | If "Yes," has it filed a tax return on Form 990-T for this year?   | N          | 1/A _         | 4b  |          |                    |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |            | -             | 5   |          | X                  |
|     | If "Yes," attach the statement required by General Instruction T.  |            |               |     |          |                    |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |            |               |     |          |                    |
|     | By language in the governing instrument, or  |            |               |     | Ì        |                    |
|     | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta   | e law      |               |     |          |                    |
|     | remain in the governing instrument?  |            | -             | 6   |          | <u>X</u> _         |
| 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 X   | V          | F             | 7   | Х        |                    |
|     |  |            |               |     |          |                    |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instructions)   NONE  |            |               |     |          |                    |
| L   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)  |            |               | į   |          |                    |
| D   | of each state as required by General Instruction G? If "No," attach explanation  |            |               | 8b  | х        |                    |
| ٥   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca  | endar      | <del> -</del> | עט  | <u> </u> |                    |
| 3   | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV   | onual      | 1             | 9   |          | X                  |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses   |            |               | 10  |          | X                  |
|     | and the second described described on the second second second institution is all described and second seco |            | Form          |     | -PF      | (2016)             |
|     |  |            |               |     | -        | , · <del>-</del> / |

| Pa  | int VII-A   Statements Regarding Activities (continued)  |                |         |        |
|-----|--|----------------|---------|--------|
|     | •  |                | Yes     | No     |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                     | j i            |         |        |
|     | section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11             |         | _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? $N/A$                  | 13             |         |        |
|     | Website address ► N/A  |                |         |        |
| 14  | The books are in care of ► S DOUGLAS GLENDENNING  Telephone no. ►435.65  | 6.0            | 488     |        |
|     | Located at ▶144 EAST 2580 SOUTH SUITE A, ST GEORGE, UT ZIP+4 ▶84   | 790            |         |        |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here  |                | <b></b> |        |
|     | and enter the amount of tax-exempt interest received or accrued during the year  | N              | /A      |        |
| 16  | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,               |                | Yes     | No     |
|     | securities, or other financial account in a foreign country?   | 16             |         | X      |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                           |                |         |        |
|     | foreign country  | ,              |         |        |
| Pa  | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |                |         |        |
| ٠,, | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                | Yes     | No     |
| 1a  | During the year did the foundation (either directly or indirectly):  |                |         |        |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   |                |         |        |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |                |         |        |
|     | a disqualified person?   |                |         |        |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   |                |         |        |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |                |         |        |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available  | 1              |         |        |
|     | for the benefit or use of a disqualified person)?  |                |         |        |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"  |                |         |        |
|     | if the foundation agreed to make a grant to or to employ the official for a period after   |                |         |        |
|     | termination of government service, if terminating within 90 days.)   |                |         |        |
| b   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                     |                |         |        |
|     | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A   | 1b             |         |        |
|     | Organizations relying on a current notice regarding disaster assistance check here   |                |         |        |
| C   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected            |                |         |        |
|     | before the first day of the tax year beginning in 2016?  | 1c             |         | _X_    |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation           |                |         |        |
|     | defined in section 4942(j)(3) or 4942(j)(5)):  |                |         |        |
| а   | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning       |                |         |        |
|     | before 2016? Yes X No  |                |         |        |
|     | 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) (relating to incorrect      | 1              |         |        |
|     | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach       |                |         |        |
|     | statement - see instructions.) N/A   | 2b             |         |        |
| C   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                           |                |         |        |
|     | <b>&gt;</b>  |                |         |        |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                  |                |         |        |
|     | during the year?   |                |         |        |
| b   | If "Yes," did it have excess business holdings in 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,         |                |         |        |
|     | Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A   | <u>3b</u>      |         |        |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                            | 4a             | ļ       | 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 2016?   | 4b             |         | X      |
|     | · Fo   | rm <b>99</b> 0 | )-PF    | (2016) |

| orm 990-PF (2016) C3M FAMILY FOUNDATION  | 4700 M D  | D                           | 81-69237   | 15          | Page 6                        |
|--|---|-----------------------------|--|-------------|-------------------------------|
| Part VII-B Statements Regarding Activities for Which I   | orm 4/20 May Be I   | requirea (contin            | ued)   | <del></del> | <del></del>                   |
| 5a During the year did the foundation pay or incur any amount to:  |   | <b>—</b>                    | reen   |             |                               |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section  | · · · ·   |                             | es X No  |             |                               |
| (2) Influence the outcome of any specific public election (see section 4955); o  | r to carry on, directly or indir                                |                             | r==1 .   |             |                               |
| any voter registration drive?  | _   |                             | es X No  | İ           |                               |
| (3) Provide a grant to an individual for travel, study, or other similar purposes  |   | Y                           | es X No  | -           |                               |
| (4) Provide a grant to an organization other than a charitable, etc., organization   | n described in section  | г <del></del> 1             |  | - 1         |                               |
| 4945(d)(4)(A)? (see instructions)  |   |                             | es X No  |             |                               |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,  | or educational purposes, or t                                   |                             | [ <del></del> ]  |             |                               |
| the prevention of cruelty to children or animals?  |   |                             | es X No  | -           |                               |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und   | ·   | ın 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 h  |   |                             |  |             |                               |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr   |   |                             |  |             |                               |
| expenditure responsibility for the grant?  |   | I/A L Y                     | es L No  |             |                               |
| If "Yes," attach the statement required by Regulations section 53.4945   |   |                             | 1  |             |                               |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p  | pay premiums on   |                             |  | -           |                               |
| a personal benefit contract?   |   | Ye                          | es X No  |             |                               |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p   | ersonal benefit contract?                                       |                             | <u> </u>   | 6b          | <u> X</u>                     |
| If "Yes" to 6b, file Form 8870   |   |                             | [ Tee ]  |             |                               |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   |   | Ye                          | es X No  |             |                               |
| b If "Yes," did the foundation receive any proceeds or have any net income attribution of the second |   |                             |  | 7b          |                               |
| Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors  | es, Foundation Ma   | inagers, Highly             | ,  |             |                               |
| List all officers, directors, trustees, foundation managers and their  | compensation.   |                             |  |             |                               |
|  | <del></del>   | (c) Compensation            | (d) Contributions to   | (e) F       | xpense                        |
| (a) Name and address   | (b) Title, and average hours per week devoted                   | (If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deferred                 | accou       | xpense<br>nt, other<br>vances |
|  | to position   | enter-u-)                   | compensation   | allov       | varices                       |
|  |   |                             |  |             |                               |
| EEE STATEMENT 2  |   | 0.                          | 0.   |             | 0.                            |
| EE STATEMENT Z   |   | · · · · · ·                 | <u> </u>   |             | <u> </u>                      |
|  |   |                             |  |             |                               |
|  |   |                             |  | ĺ           |                               |
|  | ****  | ·                           |  | <b> </b>    |                               |
|  |   |                             |  |             |                               |
|  |   |                             |  |             |                               |
|  |   |                             |  |             | <del></del>                   |
|  |   |                             |  |             |                               |
|  |   |                             |  |             |                               |
| Compensation of five highest-paid employees (other than those inc  | luded on line 1), If none,                                      | enter "NONE."               |  |             |                               |
|  |   |                             | (d) Contributions to   | (e) E       | xpense                        |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation            | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | ačcóu       | xpense<br>nt, other<br>vances |
| NONE   | devoted to position   |                             | Compensation   | 41104       | vanocs                        |
| 110112   |   |                             |  |             |                               |
|  |   |                             |  |             |                               |
|  |   |                             |  |             |                               |
|  |   | <del> </del>                |  |             |                               |
|  |   |                             |  |             |                               |
|  | ,   | <del></del>                 |  |             |                               |
| ···  |   |                             |  |             |                               |
|  | <u></u>   |                             |  |             |                               |
|  |   |                             |  |             |                               |
| otal number of other employees paid over \$50,000  | ·   | I                           |  | h           | 0                             |

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|---|---------------------------------------|-------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)   | on Managers, Highly                   |                         |
| 3 Five highest-paid independent contractors for professional services. If none, enter "N  | IONE."                                | <del></del>             |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                   | (c) Compensation        |
| NONE  |                                       |                         |
|   |                                       | <u> </u>                |
|   |                                       |                         |
|   |                                       | <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 number of organizations and other beneficiaries served, conferences convened, research papers produce | information such as the               | Expenses                |
| 1 N/A   | su, etc.                              |                         |
| I 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  | s 1 and 2.                            | Amount                  |
| 1 <u>N/A</u>  |                                       |                         |
|   |                                       |                         |
| 2   |                                       |                         |
|   |                                       |                         |
|   |                                       |                         |
| All other program-related investments. See instructions.  |                                       |                         |
| 3   |                                       |                         |
|   |                                       |                         |
|   |                                       |                         |
|   |                                       |                         |
|   |                                       |                         |
| Total. Add lines 1 through 3  | <b>&gt;</b>                           | 0.                      |
|   | Fo                                    | rm <b>990-PF</b> (2016) |

Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule) 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. Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

| •  | (a)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | <b>(d)</b><br>2016 |
|--|---------------|----------------------------|-------------|--------------------|
| 1 Distributable amount for 2016 from Part XI, line 7   |               |                            |             | 0.                 |
| 2 Undistributed income, if any, as of the end of 2016  |               |                            |             |                    |
| a Enter amount for 2015 only   |               |                            | 0.          |                    |
| <b>b</b> Total for prior years:  |               | 0.                         |             |                    |
| 3 Excess distributions carryover, if any, to 2016:   |               | 0.                         |             |                    |
| a From 2011  |               |                            |             |                    |
| <b>b</b> From 2012   |               |                            |             |                    |
| c From 2013  |               |                            |             |                    |
| d From 2014  |               |                            |             |                    |
| e From 2015  |               |                            |             |                    |
| f Total of lines 3a through e  | 0.            |                            |             |                    |
| 4 Qualifying distributions for 2016 from   |               |                            |             |                    |
| Part XII, line 4: ►\$ 0.   |               |                            |             |                    |
| a Applied to 2015, but not more than line 2a   |               |                            | 0.          |                    |
| <b>b</b> Applied to undistributed income of prior  |               |                            |             |                    |
| years (Election required - see instructions)   |               | 0.                         |             |                    |
| c Treated as distributions out of corpus   | * 1           |                            |             |                    |
| (Election required - see instructions)   | 0.            |                            |             |                    |
| d Applied to 2016 distributable amount   |               |                            |             | 0.                 |
| e Remaining amount distributed out of corpus   | 0.            |                            |             |                    |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))               | 0.            |                            |             | 0.                 |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |                    |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 0.            |                            |             |                    |
| b Prior years' undistributed income. Subtract  |               | · · · •                    | · · · · ·   |                    |
| line 4b from line 2b   |               | 0.                         |             |                    |
| c Enter the amount of prior years'   |               |                            |             |                    |
| undistributed income for which a notice of<br>deficiency has been issued, or on which<br>the section 4942(a) tax has been previously<br>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   |               |                            |             |                    |
| may be required - see instructions)  | 0.            |                            |             |                    |
| 8 Excess distributions carryover from 2011   |               |                            |             |                    |
| not applied on line 5 or line 7  | 0.            |                            |             |                    |
| 9 Excess distributions carryover to 2017.  |               |                            |             |                    |
| Subtract lines 7 and 8 from line 6a  | 0.            |                            |             |                    |
| 10 Analysis of line 9:   |               |                            |             |                    |
| a Excess from 2012   |               |                            |             |                    |
| b Excess from 2013   |               |                            |             |                    |
| c Excess from 2014   |               |                            |             |                    |
| d Excess from 2015   |               |                            |             |                    |
| e Excess from 2016   |               |                            |             | F 000 DE (0048)    |

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| Part XIV Private Operating F  | Oundations (see in        |                           | /II-A. guestion 9)             | N/A                        | 23/15 Page 10      |
|---|---------------------------|---------------------------|--------------------------------|----------------------------|--------------------|
| 1 a If the foundation has received a ruling of  |                           | **                        |                                | N/A                        |                    |
| foundation, and the ruling is effective fo  |                           |                           | ' .                            |                            |                    |
| b Check box to indicate whether the found   |                           |                           | d in section                   | 4942(J)(3) or 49           | 42(j)(5)           |
| 2 a Enter the lesser of the adjusted net  | Tax year                  | ig roundation describe    | Prior 3 years                  | 4342())(3) 01 43           | 42()(3)            |
| income from Part I or the minimum   | (a) 2016                  | (b) 2015                  | (c) 2014                       | (d) 2013                   | (e) Total          |
|   | (4)2010                   | (6) 2010                  | (0) 2011                       | (4) 2010                   | (0) 10(4)          |
| investment return from Part X for   |                           |                           |                                |                            |                    |
| each year listed  |                           |                           |                                |                            | <del></del>        |
| 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   |                           |                           |                                |                            |                    |
| e Qualifying distributions made directly  |                           |                           |                                |                            |                    |
| for active conduct of exempt activities.  |                           |                           |                                |                            |                    |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:                                      |                           |                           |                                |                            |                    |
| <ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>  |                           |                           |                                |                            | ·                  |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |                           |                           |                                |                            |                    |
| b "Endowment" alternative test - enter<br>2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>listed |                           |                           |                                |                            |                    |
| c "Support" alternative test - enter:   |                           |                           |                                |                            |                    |
| (1) Total support other than gross investment income (interest,   |                           |                           |                                |                            |                    |
| dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)   |                           |                           |                                |                            |                    |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                  |                           |                           |                                |                            |                    |
| (3) Largest amount of support from  |                           |                           |                                |                            |                    |
| an exempt organization  |                           |                           |                                |                            |                    |
| (4) Gross investment income   |                           |                           |                                |                            |                    |
| Part XV Supplementary Info at any time during t   |                           |                           | if the foundation              | had \$5,000 or mo          | re in assets       |
| 1 Information Regarding Foundatio   | n Managers:               |                           |                                |                            |                    |
| a List any managers of the foundation who<br>year (but only if they have contributed m  |                           |                           | ntributions received by the    | foundation before the clos | e of any tax       |
| SEE STATEMENT 3   | ·····                     |                           |                                |                            |                    |
| <ul> <li>List any managers of the foundation who<br/>other entity) of which the foundation has</li> </ul>                     |                           |                           | or an equally large portio     | n of the ownership of a pa | rtnership or       |
| NONE  |                           |                           |                                |                            |                    |
| 2 Information Regarding Contributi Check here ► Inf the foundation o the foundation makes gifts, grants, etc.                 | nly makes contributions t | o preselected charitable  | e organizations and does no    |                            |                    |
| a The name, address, and telephone numl   | •                         |                           |                                |                            |                    |
| S DOUGLAS GLENDENNIN  |                           |                           |                                |                            |                    |
| 144 E 2580 S SUITE A  |                           |                           | COM MILD CO                    |                            |                    |
| b The form in which applications should b   |                           |                           | should include:                | ··                         |                    |
| c Any submission deadlines:   |                           |                           | 1-1                            |                            |                    |
| d Any restrictions or limitations on awards   | , such as by geographica  | l areas, charitable field | s, kınds of institutions, or o | ther factors:              |                    |
|   |                           |                           |                                |                            |                    |
| 823801 11-23-18   |                           |                           |                                |                            | Form 000 DE (2016) |

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year NONE **▶** 3a 0. Tota! **b** Approved for future payment NONE **▶** 3b Total

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Part XVI-A Analysis of Income-Producing Activities

|  | 1               | business income          |                       | ded by section 512, 513, or 514 | (e)               |
|--|-----------------|--------------------------|-----------------------|---------------------------------|-------------------|
|  | (a)<br>Business | (b)                      | (C)<br>Exclu-<br>sion | (d)                             | Related or exempt |
| 1 Program service revenue:   | code            | Amount                   | code                  | Amount                          | function income   |
| a  | _               |                          | -                     |                                 |                   |
| b  |                 |                          | ļi                    |                                 |                   |
| C  | _               | <del>-</del>             |                       |                                 |                   |
| d  | _               |                          |                       |                                 |                   |
| e  | _               |                          | ļ                     |                                 |                   |
| g Fees and contracts from government agencies  | _               |                          | <del> </del>          |                                 |                   |
| Membership dues and assessments  |                 |                          |                       |                                 |                   |
| Interest on savings and temporary cash   |                 |                          |                       |                                 |                   |
| investments  |                 |                          | 14                    | 4.                              |                   |
| Dividends and interest from securities   |                 | •                        |                       |                                 |                   |
| Net rental income or (loss) from real estate:  |                 |                          |                       |                                 |                   |
| a Debt-financed property   |                 |                          |                       | <del></del>                     | ,                 |
| b Not debt-financed property   |                 |                          |                       |                                 |                   |
| Net rental income or (loss) from personal  |                 |                          |                       |                                 |                   |
| property   |                 |                          | <u>L</u>              |                                 |                   |
| Other investment income  |                 |                          |                       |                                 |                   |
| Gain or (loss) from sales of assets other  |                 |                          |                       |                                 |                   |
| than inventory   |                 |                          |                       |                                 |                   |
| Net income or (loss) from special events   |                 |                          |                       |                                 |                   |
| Gross profit or (loss) from sales of inventory   |                 |                          |                       |                                 |                   |
| Other revenue:   |                 |                          |                       |                                 |                   |
| a  |                 |                          |                       |                                 |                   |
| b  | i               |                          | I                     |                                 |                   |
| c  | J I             |                          |                       |                                 | ,                 |
| d  |                 |                          |                       |                                 |                   |
| е  |                 |                          |                       |                                 |                   |
| Subtotal. Add columns (b), (d), and (e)  |                 | 0.                       |                       | 4.                              |                   |
|  |                 |                          |                       |                                 |                   |
| Total Add line 12, columns (b), (d), and (e)   |                 |                          |                       |                                 |                   |
| Total Add line 12, columns (b), (d), and (e)   | )               |                          |                       |                                 |                   |
|  |                 | nplishment of Ex         | (emp                  | t Purposes                      |                   |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities   | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities sine No. Explain below how each activity for which in | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities sine No. Explain below how each activity for which in | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities sine No. Explain below how each activity for which in | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities sine No. Explain below how each activity for which in | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities see No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities see No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities sine No. Explain below how each activity for which in | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in  | to the Accon    | column (e) of Part XVI-A |                       |                                 | nplishment of     |

| Form 990-PF   | (2016) C3M F                                       | AMILY FO            | DUNDATIO  | N   |  | 81-6   | 923715                                 | Pa        | ge 13       |
|---------------|--|---------------------|---|---|--|--|--|-----------|-------------|
| Part XVII     |  |                     | ansfers To                                      | and Transactions  | and Relations                                    | hips With Non                                    | charitable                             |           |             |
| 4 Did the s   | Exempt Organ                                       |                     | av af the fallows                               |   |  | ton 504/a) af                                    | <del></del>                            | Yes       | No          |
|               |  |                     |   | ng with any other organizat<br>27, relating to political orga       |  | 11011 30 1(0) 01                                 |  | 163       | 140         |
|               | s from the reporting found                         |                     | -   |   | inizations,                                      |  |  |           | i<br>i      |
| (1) Cas       | · · ·  | ation to a nonona   | That is exempt of                               | gumzanon or.  |  |  | 1a(1)                                  |           | Х           |
| (2) Oth       |  |                     |   |   |  |  | 1a(2)                                  |           | X           |
|               | insactions:  |                     |   |   |  |  |  |           | <del></del> |
| (1) Sale      | s of assets to a noncharita                        | ıble exempt organ   | ızatıon   |   |  |  | 16(1)                                  |           | Х           |
|               | chases of assets from a no                         |                     |   |   |  |  | 1b(2)                                  |           | X           |
| (3) Ren       | tal of facilities, equipment,                      |                     |   | 1b(3)   |  | X  |  |           |             |
| (4) Reir      | nbursement arrangements                            | <b>;</b>            |   |   |  |  | 1b(4)                                  |           | X           |
|               | ns or loan guarantees                              |                     |   |   |  |  | 1b(5)                                  |           | <u>X</u>    |
| • •           | ormance of services or me                          |                     |   |   |  |  | 1b(6)                                  |           | X           |
| <del>-</del>  | of facilities, equipment, ma                       | - '                 |   | · ·   |  |  | 1c                                     |           | <u> </u>    |
|               | •  |                     |   | edule. Column (b) should a  | •  | _  |  | ets,      |             |
|               |  |                     |   | red less than fair market val                                       | lue in any transactio                            | n or sharing arrangen                            | nent, show in                          |           |             |
|               | (d) the value of the goods,<br>(b) Amount involved |                     | <del></del>                                     | e exempt organization   | (d) D  |  |  |           |             |
| (a) Line no   | (b) Amount involved                                | (c) Name            | N/A   | c exempt organization   | (U) Descriptio                                   | n of transfers, transaction                      | s, and snaring ar                      | angemei   | nis         |
|               |  |                     | M/A   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  | ······································ |           |             |
|               |  |                     |   |   |  |  | · · · · · · · · · · · · · · · · · · ·  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  | <del></del>                                      | <del> </del>                           |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  | <del></del>                                      | <del></del>                            |           |             |
| On le the for | indation directly or indirec                       | the affiliated with | or related to one                               | or more tax-exempt organ  | uzatione deceribed                               |  |  |           |             |
|               | n 501(c) of the Code (other                        | •                   | •   |   | iizations described                              |  | Yes                                    | X         | ] No        |
|               | complete the following sch                         |                     | 1(0)(0)) 01 111 300                             | 11011 327   |  |  | L 103                                  | I43.      | טאו נ       |
| <u> </u>      | (a) Name of org                                    |                     |   | (b) Type of organization  |  | (c) Description of rela                          | ationship                              |           |             |
|               | N/A  |                     |   |   |  | <del>*************************************</del> | <del></del>                            |           |             |
|               | ,  |                     |   |   |  |  |  |           |             |
|               |  |                     |   |   |  |  | -                                      |           |             |
|               |  |                     |   |   |  |  |  |           |             |
|               |  |                     | <u> </u>  | <u> </u>  | <u> </u>   |  | ·                                      |           |             |
| Unde          | er penalties of perjury, Laeclare                  | that I ave examined | this return, includii<br>f preserver (other tha | ng accompanying schedules and<br>in taxpayer) is based on all infor | d statements, and to the mation of which prepare | best of my knowledge<br>r has any knowledge      | May the IRS                            | discuss t | his         |
| Sign          |  | 7 X \               |   | ng accompanying schedules and in taxpayer) is based on all inform   |  | DENT/CHAIF                                       |  | (see inst | ar<br>ir )? |
| Here          | 11 / m/5   | pur                 |   | 2,1/4   | MAN  |  | _ LX Yes                               | L         | No          |
| Sig           | nature of officer or trustee                       |                     | <u>, j</u>                                      | Date  | Title  | Charle T of 1                                    | DTIM                                   |           |             |
|               | Print/Type preparer's na                           | ame                 | Preparer's s                                    | ignature  Habau   | Date   | L  | PTIN                                   |           |             |
| Paid          | 112210 2 22  | mmar                |   | •   | OE /11 /17                                       | self- employed                                   | D01205                                 | 000       |             |
| Preparer      | HANS A. HA   | <del></del>         |   | . HAFEN   | 05/11/17   |  | P01325                                 |           |             |
| Use Only      |  | MO, HAFE            | en & co   |   |  | Firm's EIN ► 87                                  | -04155                                 | OΤ        |             |
| Coc Only      |  | 86 COTIME           | I MATAT   | LAZA SUITE #  | £201   |  |  |           |             |
|               |  | GEORGE              |   |   | 7 O T  | Phone no. 435                                    | 6.673.6                                | 156       |             |
|               | <u>, DI</u>  | - CHORGE            | <u>., 01 03</u>                                 | · · · · · · · · · · · · · · · · · · ·                               |  | 1. 110110 110. = 33                              | Form <b>99</b> 0                       |           | (2016)      |
|               |  |                     |   |   |  |  |  | - 1       | /           |

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

➤ Attach to Form 990, 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

•

Employer identification number

|  | C3M FAMILY FOUNDATION   | 81-6923715  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| Organization type(chec                                 | ck one):  |   |  |  |  |  |  |  |
| 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  |   |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |
|  | on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci   | al Rule See instructions  |  |  |  |  |  |  |
| General Rule   | .,,,,,,,  |   |  |  |  |  |  |  |
| General Rule   |   |   |  |  |  |  |  |  |
|  | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II See instructions for determining a contrib   |   |  |  |  |  |  |  |
| Special Rules  |   |   |  |  |  |  |  |  |
| sections 509(a)<br>any one contrib                     | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II |   |  |  |  |  |  |  |
| year, total conti                                      | ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals Complete Parts I, II, and III   |   |  |  |  |  |  |  |
| year, contribution<br>is checked, ent<br>purpose Don't | ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively religions and of the parts unless the <b>General Rule</b> applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year  | led more than \$1,000. If this box<br>igious, charitable, etc , |  |  |  |  |  |  |
| out it must answer "No"                                | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule<br>on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on<br>set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |   |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

#### C3M FAMILY FOUNDATION

81-6923715

| Part i     | Contributors (See instructions) Use duplicate copies of Part I    | if additional space is needed |   |
|------------|---|-------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d) Type of contribution  |
| 1          | S. DOUGLAS GLENDENNING  753 EAST LIZZIE LANE  ST GEORGE, UT 84790 | sss                           | Person X Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d) Type of contribution  |
|            |   | \$                            | Person Payroll Complete Part II-for noncash contributions )             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d)<br>Type of contribution   |
|            |   | <br>\$                        | Person Payroll Noncash (Complete Part II for noncash contributions)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d) Type of contribution  |
|            |   | \$<br>                        | Person Payroll Noncash (Complete Part II for noncash contributions)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d) Type of contribution  |
|            |   | \$                            | Person Payroll Oncash Complete Part II for noncash contributions )      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d)<br>Type of contribution   |
|            |   | \$                            | Person Payroll Oncash Complete Part II for noncash contributions )      |

Name of organization

Employer identification number

## C3M FAMILY FOUNDATION

81-6923715

| Part II                      | Noncash Property (See instructions) Use duplicate copies of | Part II if additional space is needed    |                      |
|------------------------------|---|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |   | <br><br>\$                               |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |   | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |   | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |   | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |   | <b>\$</b>                                |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |   | s  |                      |

| Name of orga              | anization   |  | Employer identification number  |  |  |  |  |
|---------------------------|---|--|---|--|--|--|--|
| C3M EV                    | MILY FOUNDATION   |  | 91 6022715  |  |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., co<br>the year from any one contributor. Complet<br>completing Part ill, enter the total of exclusively religi | te columns (a) through (e) and the follo<br>lous, charitable, etc , contributions of \$1,000 o | 81-6923715  I in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations r less for the year (Enter this info once)  \$\\$\\$ |  |  |  |  |
| (a) No.<br>from<br>Part I | Use duplicate copies of Part III if addition  (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |  |  |
|                           |   |  |   |  |  |  |  |
| -                         |   | (e) Transfer of gif  | T   |  |  |  |  |
|                           | Transferee's name, address,   | _  | Relationship of transferor to transferee  |  |  |  |  |
|                           |   |  |   |  |  |  |  |
| (a) No.<br>from<br>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.<br>from<br>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,   | Relationship of transferor to transferee   |   |  |  |  |  |
|                           |   |  |   |  |  |  |  |
| (a) No.<br>from<br>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. INTEREST ON SAVINGS   | S AND TEMPORARY                      | CASH INVESTMEN                 | TS STATI                        | EMENT 1                 |
|--|--------------------------------------|--------------------------------|---------------------------------|-------------------------|
| SOURCE   | (A)<br>REVENUE<br>PER BOOKS          | (B)<br>NET INVESTMEN<br>INCOME | T ADJ                           | (C)<br>JUSTED<br>INCOME |
| WELLS FARGO INTEREST INCOME  | 4.                                   | 4                              | 1.                              |                         |
| TOTAL TO PART I, LINE 3  | 4.                                   | 4                              | 1.                              |                         |
|  | IST OF OFFICERS,<br>ND FOUNDATION MA |                                | STATI                           | EMENT 2                 |
| NAME AND ADDRESS   |                                      | COMPEN-<br>SATION              | EMPLOYEE<br>BEN PLAN<br>CONTRIB |                         |
| S. DOUGLAS GLENDENNING<br>753 E LIZZIE LANE<br>ST GEORGE, UT 84790       | PRESIDENT/CH                         | AIRMAN 0.                      | 0.                              | 0.                      |
| GRETCHEN GLENDENNING<br>753 E LIZZIE LANE<br>ST GEORGE, UT 84790         | VICE PRES/SE<br>1.00                 | C/TREASURER<br>0.              | 0.                              | 0.                      |
| COURTNEY ORTON<br>10633 SOUTH BISON TRAIL COVE<br>SOUTH JORDAN, UT 84095 | TRUSTEE<br>1.00                      | 0.                             | 0.                              | 0.                      |
| MELISSA HUNTER<br>753 E LIZZIE LANE<br>ST GEORGE, UT 84790               | TRUSTEE 1.00                         | 0.                             | 0.                              | 0.                      |
| MATTHEW GLENDENNING<br>753 E LIZZIE LANE<br>ST GEORGE, UT 84790          | TRUSTEE<br>1.00                      | 0.                             | 0.                              | 0.                      |
| MAGGIE GLENDENNING<br>753 E LIZZIE LANE<br>ST GEORGE, UT 84790           | TRUSTEE<br>1.00                      | 0.                             | 0.                              | 0.                      |
| TOTALS INCLUDED ON 990-PF, PAGE  | 6, PART VIII                         | 0.                             | 0.                              | 0.                      |

FORM 990-PF.

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 3

NAME OF MANAGER

S. DOUGLAS GLENDENNING GRETCHEN GLENDENNING