DLN: 93491319038417

OMB No 1545-0052

Return of Private Foundation 2016 or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

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

Open to Public Inspection

A Employer electrification number A Employer electrification A Employe	For	caler	ndar year 2016, or tax year beginning 01-01-20	016 , aı	nd ending 12	2-31-	·2016	
Section According to Company Security					A Emple	yer ıd	entification numbe	r
Direct value of province, contriv, and ZP or foreign postal code Cities					84-6336	318		
Cut or reverse, laste or reverse, centry, and ZP or forces restal code Cut or exemption applications in pending, charch have Cut or exemption applications, charch have Cut or exemption applications in pending, charch have Cut or exemption applications, charch have Cut or exemption applications Cut or exemption Cut or e) Room/suite	B Teleph	none nu	ımber (see ınstruction	ns)
Control (2015), CC 63244 CC 6324				(970) 48	32-4322	2		
Final return					C If exe	mption	application is pendin	g, check here
Month city per of part and management Month city per of part and part Month city per of	G Cl	neck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. For	eign or	ganızatıons, check he	ere 🖫 🔲
H Check type of organization			\square Final return \square Amended return		2. Fo	reign o	rganizations meeting	the 85%
## Check type of organization Market on 501(c)(3) exempt private foundation Section 497(c)(1) nonexempt channels trust Collection Section 497(c)(1) nonexempt channels trust Collection Coll			Address change Name change			•		· -
Fair market value of all assets at end of large set and of lower (fem. 26) \$\frac{1}{2}\$ \$\frac{1}		,						
Analysis of Revenue and Expenses (from Part II), coling (g) GPart I, column (d) must be on cash basis GPart I, column (d) must be on cash basis GPart I, column (d) must be on cash basis GPart I, column (d) must be on cash basis GPart I, column (d) must be on cash basis GPart III (d) G	<u></u>	Section	1 4947(a)(1) nonexempt charitable trust Other taxable					
Part Analysis of Revenue and Expenses (//he holds) Part Country (a) must be on cash basis			- / tooo an tanking through	☑ Cash ☐ Accru				
Pari Analysis of Revenue and Expenses (The Initial of Analysis of Revenue and Expenses) (a) neverme and expenses per books (b) Net investment (c) Adjusted net (d) Datumements for charitable received (cash bass only)			. s 9.181.839	<u> </u>	unde	sectio	11 307(b)(1)(b), cliec	k liele - —
of amosurus in columns (b), (c), and (d) may not necessarily expenses per beauty and the amosurus in columns (b), (c), and (d) may not necessarily expenses per beauty and the amosurus in columns (a) (see instructions) 1			(Part 1, column (a) must	t be on cash basis)				
Schedule 2	Pa	rt I	of amounts in columns (b), (c), and (d) may not necessarily	expenses per	` '			for charitable purposes
Sch 8 3 Interest on savings and temporary cash investments 468 343 468 348		1						
1		2						
1000 1000		_		469		242	160	
Sa Gross rents		_	- · · · · · · · · · · · · · · · · · · ·					
Description		-					-	
100 100						30,277	050,217	
Description Part	ω			-				
Net short-term capital gain	Ĕ	١.	- , ,	,				
Net short-term capital gain	eve			3				
9 Income modifications	\simeq	7	· · ·			39,336		
10a Gross sales less returns and allowances		_	· -					
Description		9	Income modifications					
C Gross profit or (loss) (attach schedule)				<u>]</u>				
11 Other income (attach schedule) 12 Total. Add lines 1 through 11 10 10 10 10 10 10 10				<u> </u>				
12 Total. Add lines 1 through 11 760,397 760,291 721,080								
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages		11		760 307	7	60 201	721.090	
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 22,886 22,886 24,301				760,397	/	60,291	721,080	
15								
16a Legal fees (attach schedule) 16a Leg								
23 Other expenses (attach schedule)	Se		. , , ,	47.187	•	22,886	22,886	24.301
23 Other expenses (attach schedule)	<u>e</u>							·
23 Other expenses (attach schedule)	Ë						·	
23 Other expenses (attach schedule)	Ve		Tutuust	330			257	2,3
23 Other expenses (attach schedule)	rat			30.238				24.940
23 Other expenses (attach schedule))] S		, , , , , , , , , , , , , , , , , , , ,	25,230				2.,510
23 Other expenses (attach schedule)	Ξ			340 028	3	11 095	311 095	28 933
23 Other expenses (attach schedule)	Ad		, ,	340,020	 	,000	311,033	20,555
23 Other expenses (attach schedule)	Ē							
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	e bi			163,314	1	58,416	158,416	4,898
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	atı		Total operating and administrative expenses.					
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	<u> </u>		•	585,247	4	96,604	496,604	83,345
25	Ö	25	Contributions, gifts, grants paid	210,909				210,909
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		26		706 156		96 604	106 601	201 251
a Excess of revenue over expenses and disbursements b Net investment income (If negative, enter -0-) c Adjusted net income(If negative, enter -0-)		27		7,50,130		20,004	430,004	254,234
b Net investment income (If negative, enter -0-) c Adjusted net income(If negative, enter -0-)				-35,759				
c Adjusted net income(ıf negative, enter -0-)		 			1	63 697		
			, ,		-	JJ,U0/	224 476	
	For			<u>I</u>	Cat No. 1	1289	· ·	

1,427,670

4.539.942

110 000

6,859,333

101,419

101,419

6,757,914

6,757,914

6,859,333

2

3

4

5

6

6,962,661

6,926,902

168,988

6,757,914 Form **990-PF** (2016)

-35,759

5,500

1,787

1,427,670

6,862,448

110,000

9,181,839

5,500

2,085

1,553,333

4,655,018

110,000

96,419

96.419

6,962,661

6,962,661

7.059.080

7,059,080

(\$0

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

.

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted

Investments—other (attach schedule)

	5
	6
	7
S	8
Assets	9
As	10a
	b
	С

11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

28

29 Net

30

31

Part III

2

3

Liabilities

Balances

Fund 26

ŏ

Assets 27

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Managers, Highly F	aid Employees,
3 Five highest-paid independent contractors for professional se	ervices (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include	le relevant statistical information such as the numb	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (s	see instructions)	
Describe the two largest program-related investments made by the foundation dur	<u> </u>	Amount
1 N/A		
2		
		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2016)

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

5

294,254

Form **990-PF** (2016)

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

5

294,254

98,914

Form **990-PF** (2016)

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t XIII		Un

101111 330-F1 (2	010)
Part XIII	Ur

FORM 990-PF (2	пто
Part XIII	L

,										
Undistributed Income (see instructions)										
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d						

134.727

98.914

35,813

35,813

35.813

Page 9

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

a Enter amount for 2015 only.

b Total for prior years

3 Excess distributions carryover, if any, to 2016 a From 2011.

b From 2012. . . .

95,184 c From 2013. . d From 2014. e From 2015.

39.543 f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$

a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years

(Election required—see instructions).

required—see instructions).

same amount must be shown in column (a))

c Treated as distributions out of corpus (Election

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

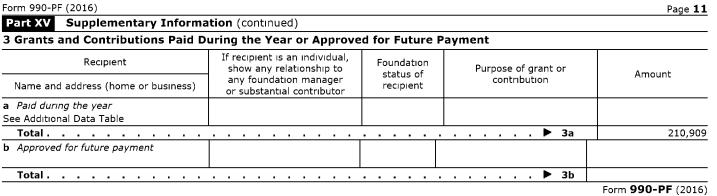
10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. .

c Excess from 2014. . . d Excess from 2015. . e Excess from 2016. .

Subtract lines 7 and 8 from line 6a

indicated below:



	A Analysis of Income-Producing	ACCIVICIOS				
nter gross a	amounts unless otherwise indicated	Unrelated be	usiness income	Excluded by section	1 512, 513, or 514	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
g Fees ar	nd contracts from government agencies					
	ship dues and assessments					
	t on savings and temporary cash			14	468	
4 Dividend	s and interest from securities			14	24,335	
	al income or (loss) from real estate					
	nanced property bt-financed property			16	228,673	
	tal income or (loss) from personal property			10	220,073	
	vestment income.					
	(loss) from sales of assets other than					
	ry			14	39,317	
	me or (loss) from special events ofit or (loss) from sales of inventory					
	venue a					
b						
с						
	Add columns (b), (d), and (e).				202 702	
					292,793	
3 Total. A	dd line 12. columns (b). (d). and (e).			1	3	292.793
See workshe	eet in line 13 instructions to verify calculation	ns)			3	292,793
3 Total. A See workshe Part XVI-	B Relationship of Activities to th	^{ns}) <mark>e Accomplish</mark>	nment of Exem	pt Purposes		292,793
See workshe Part XVI-	eet in line 13 instructions to verify calculation	ns) e Accomplish Income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	uted importantly to	292,793
See workshe Part XVII- Line No.	B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	uted importantly to	292,793
See workshe Part XVII- Line No.	B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	uted importantly to	292,793
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See workshe Part XVII- Line No.	B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is report	nment of Exem ed in column (e) o	pt Purposes f Part XVI-A contribu	uted importantly to purposes) (See	292,793

. (20	
	nformation Regarding Transfers To and Transactions and Relationships With Noncharitable
4 4 4	
111	xempt Organizations

Pa	rt XVI	Information Re Exempt Organiz	garding Ti zations	ransf	ers To	and Trans	saction	ns and	Relatio	nships With No	ncharit	able		
		organization directly or in-	directly enga								tion 501		Yes	No
•	•	s from the reporting foun		-	•		•	-	p =					
(1) Cas	h										1a(1)		No
(2) Oth	er assets										1a(2)		No
		ansactions												
-	-	es of assets to a nonchari	•	-							• •	1b(1)		No
•	•	chases of assets from a n Ital of facilities, equipmen										1b(2) 1b(3)		No No
	-	mbursement arrangemen	•									1b(3)		No
•	•	ns or loan guarantees.										1b(5)		No
•	•	ormance of services or m										1b(6)		No
c 9	haring	of facilities, equipment, m	nailing lists, d	ther a	assets, or	paid emplo	yees.					1c		No
		swer to any of the above												
		oods, other assets, or serv ansaction or sharing arra										e		
	,					•								
(a) ∟	ine No	(b) Amount involved	(c) Name of	noncha	iritable exe	empt organiza	ition	(d) Des	cription of	transfers, transaction	s, and shai	rıng arra	ngemen	its
	+													
		undation directly or indire									_	٦	□ 1	
		d in section 501(c) of the	•	than s	section 50	01(c)(3)) or	r ın secti	on 5277.			L	⊥ Yes	✓ N	0
D I	r Yes,	complete the following so (a) Name of organization		1	(b) Type of or	nanizatioi	n	I	(c) Descriptio	on of relatio	nshin		
		(-,				-, .,,,	<u></u>			(-)				
	Un	der penalties of perjury,	I declare that	t I hav	/e examir	ned this reti	urn, incli	udina acc	companyi	ng schedules and s	statement	s. and	to the	best
	of	my knowledge and belief	, it is true, co											
Sig	""	uch preparer has any kno *****	wledge			l 		\ ****			May the II	C diamin		atuun
He	re	*****				2017-11-1	10	_ _	****		with the p			
		Signature of officer or ti	rustee			Date		▼ Tı	tle		(see ınstr)? 🗹 Y	es 🗆 N	lo
		Print/Type preparer's	name	Prens	arer's Sigi	nature		Data			PTIN			
		7 Tillio 13 pe preparer s	Harric	ı .epe	c. 3 Jigi	. rature		Date		Check if self-		P00217	7764	
		LAUREN L LONG						2017	-11-14	employed 🕨 🗹		PUU21/	204	
Pai								2017-11-14						
	pare	Thin Shamer Toll	OCK TAX & A	CCOL	JNTING L	LP					Firm's E	IN ▶27	-34189	959
USE	e Onl	-	01 S SHIELD	SSTI	BI DG LL S	TE 200								
											Phone n	n (970) 484-	6266
		FO	RT COLLINS,	. CO 8	80526209	96					1 110116 11	- (5/0	, -ru - r	-200
		1									l			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS & GIRLS CLUB OF LARIMER NON-RELATED 501(C)(3) SUPPORT OF YOUTH CENTER 1,500 COUNTY 103 SMOKEY STREET FORT COLLINS, CO 80525 446 BOYS & GIRLS CLUB OF LARIMER NON-RELATED 501(C)(3) SUPPORT OF YOUTH CENTER COUNTY 103 SMOKEY STREET

FORT COLLINS, CO 80525				
BPOE 804 CHARITABLE TRUST 1424 E MULBERRY FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	HIGH SCHOOL AFTERPROM	5,000
CASA OF LARIMER COUNTY 201 LAPORTE AVE FORT COLLINS, CO 80521	NON-RELATED	501(C)(3)	TO HELP ABUSED / NEGLECTED CHILDREN	1,998
CATHOIC CHARITIES	NON-RELATED	501(C)(3)	HOMELESS SHELTER & SENIOR	1,250

210,909

SERVICES

Total . 3a

460 LINDEN CENTER DR

FORT COLLINS, CO 80524

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

,				
CITY OF FORT COLLINS 300 LAPORTE AVENUE FORT COLLINS, CO 80521	NON-RELATED	170	STAFF CHRISTMAS PARTY	53,478
CITY OF FORT COLLINS 300 LAPORTE AVE FORT COLLINS, CO. 80521	NON-RELATED	170	SUPPORT OF COMMUNITY GARDENS	1,983

300 LAPORTE AVE FORT COLLINS, CO 80521			GARDENS	
CROSSROAD SAFEHOUSE PO BOX 993 FORT COLLINS, CO 80522	NON-RELATED	501(C)(3)	DOMESTIC VIOLIENCE SHELTER & SUPPORT	400
CSU ATHLETIC DEPT COLORADO STATE UNIVERSITY	NON-RELATED	501(C)(3)	SUPPORT OF COLLEGE ATHLETICS	2,744

FORT COLLINS, CO 80522	NON NEEVIES	301(0)(3)	& SUPPORT	100
CSU ATHLETIC DEPT COLORADO STATE UNIVERSITY FORT COLLINS, CO 80523	NON-RELATED	501(C)(3)	SUPPORT OF COLLEGE ATHLETICS	2,744
CSU FOUNDATION	NON-BELATED	501(C)(3)	CSIL FLOWER TRIAL GARDEN	5 000

CSU ATHLETIC DEPT COLORADO STATE UNIVERSITY FORT COLLINS, CO 80523	NON-RELATED	501(C)(3)	SUPPORT OF COLLEGE ATHLETICS	2,744
CSU FOUNDATION 601 S HOWES SUITE 410	NON-RELATED	501(C)(3)	CSU FLOWER TRIAL GARDEN	5,000

FORT COLLINS, CO 80523			ATTLETICS	
CSU FOUNDATION 501 S HOWES SUITE 410 FORT COLLINS, CO 80521	NON-RELATED	501(C)(3)	CSU FLOWER TRIAL GARDEN	5,000

The state of the s				
CSU FOUNDATION 601 S HOWES SUITE 410 FORT COLLINS, CO 80521	NON-RELATED	501(C)(3)	CSU FLOWER TRIAL GARDEN	5,000
Total				210,909

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DISABLED RESOURCE SERVICES 1017 ROBERTSON ST UNIT B FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	SERVING DISABLED INDIVIDUALS	749
EDUCO LEADERSHIP ADVENTURES PO BOX 271422 FORT COLLINS, CO 80527	NON-RELATED	501(C)(3)	LEADERSHIP ADVENTURES / SCHOLORSHIPS	12,000
EDUCO LEADERSHIP ADVENTURES PO BOX 271422 FORT COLLINS, CO 80527	NON-RELATED	501(C)(3)	LEADERSHIP ADVENTURES / CAMP	902
FAMILY CENTER 309 HICKORY ST	NON-RELATED	501(C)(3)	CHILD CARE & EDUCATION	2.703

FORT COLLINS, CO 80527			SCHOLORSHIPS	
EDUCO LEADERSHIP ADVENTURES PO BOX 271422 FORT COLLINS, CO 80527	NON-RELATED	501(C)(3)	LEADERSHIP ADVENTURES / CAMP	902
FAMILY CENTER 309 HICKORY ST FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	CHILD CARE & EDUCATION SUPPORT	2,703
FOOTHILLS GATEWAY 301 SKYWAY DR	NON-RELATED	501(C)(3)	SERVING DISABLED	2,441

INDIVIDUALS

210,909

FORT COLLINS, CO 80525

Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

FORT COLLINS LINCOLN CENTER 417 W MAGNOLIA ST FORT COLLINS, CO 80521	NON-RELATED	170	SUPPORT OF CULTURAL ART CENTER	43,183
FORT COLLINS MUSEUM OF DISCOVERY 408 MASON CT	NON-RELATED	501(C)(3)	SCIENCE CENTER SUPPORT	1,000

FORT COLLINS MUSEUM OF DISCOVERY 408 MASON CT FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	SCIENCE CENTER SUPPORT	1,000
FORT COLLINS MUSEUM OF DISCOVERY 408 MASON CT	NON-RELATED	501(C)(3)	MUSEUM SUPPORT	19,374
FORT COLLING CO. COESA				

FORT COLLINS, CO 80524				
FORT COLLINS MUSEUM OF DISCOVERY 408 MASON CT FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	MUSEUM SUPPORT	19,374
ET COLLINS MUNICIPAL PAILWAY	NON-RELATED	501(C)(3)	DONATIONS TO MAINTAIN	500

408 MASON CT FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	MUSEUM SUPPORT	19,374
FT COLLINS MUNICIPAL RAILWAY PO BOX 635 FORT COLLINS CO. 80522	NON-RELATED	501(C)(3)	DONATIONS TO MAINTAIN RAILWAY	500

FT COLLINS MUNICIPAL RAILWAY PO BOX 635 FORT COLLINS, CO 80522	NON-RELATED	501(C)(3)	DONATIONS TO MAINTAIN RAILWAY	500
FT COLLINS MUNICIPAL RAILWAY	NON-RELATED	501(C)(3)	DONATIONS TO MAINTAIN	4,273

FORT COLLINS, CO 80522			RAILWAY	
FT COLLINS MUNICIPAL RAILWAY PO BOX 635	NON-RELATED	\ - / \ - /	DONATIONS TO MAINTAIN RAILWAY	4,273

FORT COLLINS, CO 80522				
FT COLLINS MUNICIPAL RAILWAY PO BOX 635	NON-RELATED	501(C)(3)	DONATIONS TO MAINTAIN RAILWAY	

PO BOX 635 FORT COLLINS, CO 80522	WOW NEED WED	301(0)(0)	RAILWAY	1,273
Total				210,909

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HABITAT FOR HUMANITY NON-RELATED 501(C)(3) **BUILDING HOMES** 20,457 1600 PALM DR

HODELD/ES		==+(=)(=)		
HOMELESS GEAR 1305 DUFF DRIVE 5 FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	HOMELESS ASSISTANCE	
FORT COLLINS, CO 80526				

FORT COLLINS, CO 80524				1
HOPELIVES 2629 REDWING RD SUITE 260 FORT COLLINS, CO 80525	NON-RELATED	501(C)(3)	FUNDRAISER FOR BREAST CANCER	

HOPELIVES 2629 REDWING RD SUITE 260 FORT COLLINS, CO 80525	NON-RELATED	501(C)(3)	FUNDRAISER FOR BREAST CANCER	2,159
IMDSA PO BOX 354	NON-RELATED	501(C)(3)	SUPPORT INDIVIDUALS WITH	519

FORT COLLINS, CO 80525				
IMDSA PO BOX 354 TRENTON, OH 45067	NON-RELATED	501(C)(3)	SUPPORT INDIVIDUALS WITH DOWN SYNDR	519
FOOD BANK OF LARIMER COUNTY 1301 BLUE SPRUCE DR	NON-RELATED	501(C)(3)	COMMUNITY SUPPORT	400

TRENTON, OH 45067	THOM RED TED	301(3)(3)	DOWN SYNDR	313
FOOD BANK OF LARIMER COUNTY 1301 BLUE SPRUCE DR FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	COMMUNITY SUPPORT	400

FORT COLLINS, CO 80524		l
Total	 	 210,909

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
LARIMER COUNTY HUMANE SOCIETY 3501 E 71ST ST LOVELAND CO. 80538	NON-RELATED	501(C)(3)	FUNDRAISING	1,017

3501 E 71ST ST LOVELAND, CO 80538	NON-REATED	301(0)(3)	TONDICATORNO	1,017
LARIMER COUNTY 200 W OAK ST FORT COLLINS, CO 80521	NON-RELATED	170	VICTIM RESPONSE TEAM & ADDICTION	2,315

LARIMER COUNTY 200 W OAK ST FORT COLLINS, CO 80521	NON-RELATED	170	VICTIM RESPONSE TEAM & ADDICTION	2,315
LIBERTY COMMONS SCHOOL 2745 MINNESOTA DRIVE FORT COLLINS, CO 80525	NON-RELATED	501(C)(3)	SCHOOL SUPPORT	302

LIBERTY COMMONS SCHOOL 2745 MINNESOTA DRIVE FORT COLLINS, CO 80525	NON-RELATED	501(C)(3)	SCHOOL SUPPORT	302
LIFE FOR THE INNOCENT PO BOX 542 WHEATON, IL 60182	NON-RELATED	501(C)(3)	RESCUE CHILDREN HUMAN TRAFFICKING	597

FORT COLLINS, CO 80525				
LIFE FOR THE INNOCENT PO BOX 542 WHEATON, IL 60182	NON-RELATED	501(C)(3)	RESCUE CHILDREN HUMAN TRAFFICKING	597
MATTHEWS HOUSE 400 MASON CT 133	NON BELATED	E01(C)(3)	VOLING ADULTS & FAMILIES	400

LIFE FOR THE INNOCENT PO BOX 542 WHEATON, IL 60182	NON-RELATED	501(C)(3)	RESCUE CHILDREN HUMAN TRAFFICKING	597
MATTHEWS HOUSE 409 MASON CT 123 FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	YOUNG ADULTS & FAMILIES SUPPORT	499

THE/TIGIT, IE GOTOE			TI O II I I EKIING	<u> </u>
MATTHEWS HOUSE 409 MASON CT 123 FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	YOUNG ADULTS & FAMILIES SUPPORT	
				242.22

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MCKEE MEDICAL CENTER FOUNDATION NON-RELATED 501(C)(3) **HEALTH & WELLNESS SUPPORT** 623 1805 E 18TH ST 9 LOVELAND, CO 80538

	1			
MIRAMONT CARES FOUNDATION 901 OAKRIDGE FORT COLLINS, CO 80525	NON-RELATED	501(C)(3)	COLORADO MOVES TO END CANCER	1,178
PARTNERS MENTORING YOUTH 530 S COLLEGE AVE FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	YOUTH MENTORING	405
GARTH ENGLUND BLOOD DONATION CENTER 1025 PENNOCK PLACE FORT COLLINS, CO 80524	NON-RELATED	501(C)(3)	BLOOD DONATION CENTER SUPPORT	6,979
GARTH ENGLUND BLOOD DONATION CENTER 1025 PENNOCK PLACE FORT COLLINS, CO 80524	NON-RELATED		EVENTS	1,500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
RAMSTRENGTH LUBICK FOUNDATION 2221 BALDWIN STREET FORT COLLINS, CO 80528	NON-RELATED	501(C)(3)	CANCER SURVIVOR SUPPORT	2,001
RESPITE CARE INC 6203 S LEMAY AVE FORT COLLINS, CO 80525	NON-RELATED	501(C)(3)	SUPPORT CHILDREN WITH DISABILITIES	2,500

FORT COLLINS, CO 80525			DISABILITIES	
ST ELIZABETH PARISH 5450 S LEMAY AVE FORT COLLINS, CO 80525	NON-RELATED	CHURCH	PARISH SUPPORT	840
THE TOWN OF WELLINGTON 3800 WILSON AVENUE	NON-RELATED	170	TOWN ACTIVITIES	500

FORT COLLINS, CO 80525				
THE TOWN OF WELLINGTON 3800 WILSON AVENUE WELLINGTON, CO 80549	NON-RELATED	170	TOWN ACTIVITIES	500
THE TRUE BLUE FOUNDATION 120 WHITNEY CT WINDSOR. CO. 80550	NON-RELATED	501(C)(3)	LOCAL NON-PROFITS SUPPORT	291

Total				210,909
THE TRUE BLUE FOUNDATION 120 WHITNEY CT WINDSOR, CO 80550	NON-RELATED	501(C)(3)	LOCAL NON-PROFITS SUPPORT	291
3800 WILSON AVENUE WELLINGTON, CO 80549	NON-RELATED	170	TOWN ACTIVITIES	300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Traine and dualess (nome or pasiness)	or substantial contributor			
a Paid during the year				
ZONTA CLUB OF FORT COLLINS	NON-RELATED	501(C)(3)	ADVANCING THE STATUS OF	3,500

ZONTA CLUB OF FORT COLLINS PO BOX 272914 FORT COLLINS, CO 80527	NON-RELATED	501(C)(3)	ADVANCING THE STATUS OF WOMEN	

Name and address (home or business)

FORT COLLINS, CO 80527		WOMEN	
Total		•	210 909

ORT COLLINS, CO 80327		
Total	 	210,909

efile GRAPHIC print - DO NOT PR	OCESS As Filed	i Data -	Di	LN: 93491319038417				
TY 2016 Accounting Fees Schedule								
Name: DON & MAY WILKINS CHARITABLE TRUST C/O BRAD MARCH								
EIN: 84-6336318								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

3,950

3,950

INDIRECT ACCOUNTING FEES

Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.									
TY 2016 Depreciation Schedule									
		Name: [on & may wj	ILKINS CHARITABI	SLE TRUST				
	C/O BRAD MARCH								
	EIN: 84-6336318								
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not

Expense

DLN: 93491319038417

Included

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

110,000

2003-12-16

EDUCO REV INTEREST

DLN: 93491319038417

Name: DON & MAY WILKINS CHARITABLE TRUST

C/O BRAD MARCH

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EIN: 84-6336318

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ADVANSIX INC	2015-10	PURCHASE	2016-10		3	3				
ADVANSIX INC	2015-10	PURCHASE	2016-11		16	13			3	
ALASKA ATR GROUP INC	2015-10	DUDCHASE	2016-04		1 570	1 600			-22	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319038417					
TY 2016 Investments Corporate Stock Schedule							
Name:	DON & MAY WILKINS CHARITABLI	E TRUST					
	C/O BRAD MARCH						

EIN: 84-6336318		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
GANNETT CO	93,798	93,798
JANUS MONEY MERCURY FUND	764,245	764,245
TEGNA INC	413,255	413,255
RBC WEALTH MGT	156,372	156,372

TY 2016 Investments - Land Schedule	
TY 2016 Investments - Land Schedule	

DLN: 93491319038417

6,862,448

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Name: DON & MAY WILKINS CHARITABLE TRUST

C/O BRAD MARCH EIN: 84-6336318

2,322,506

4,539,942

	LIM. 04 0330310	,		
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

6,862,448

efile GRAPHIC print - DO NOT PROC	ESS As Filed Da	ta -	DLN	: 93491319038417			
TY 2016 Land, Etc. Schedule							
Name: DON & MAY WILKINS CHARITABLE TRUST C/O BRAD MARCH EIN: 84-6336318							
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value			
	110,000		110,000	110,000			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491319038417
TY 2016 Legal Fees Schedule				
Name:	DON & MAY	WILKINS CHARITA	ABLE TRUST	
C/O BRAD MARCH				
EIN:	84-6336318			
Category	Amount	Net Investment	Adjusted Net	Disbursements
		Income	Income	for Charitable Purposes

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TY 2016 Other Assets Schedule						
Namo. [`````````````````````````````````````	VINC CHADITARI E TDI ICT				

Name: DON & MAY WILKINS CHARLIABLE IRUST

Other Assets Schedule					
Description	Beginning of Year -	End of Year - Boo			
	Book Value	Value			

ook

5,500

End of Year - Fair Market Value

5,500

CANNON

EIN: 84-6336318

C/O BRAD MARCH

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319038417		
TY 2016 Other Decreases Schedule					
Name:	DON & MAY W	VILKINS CHARITABLE TRUST			
	C/O BRAD MAI	,RCH			
EIN:	84-6336318				
Dr	escription		Amount		
UNREALIZED GAIN ON ASSETS			168,988		

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TY 2016 Other Expenses Schedule					
Name:	DON & MAY WII	KINS CHARITAB	LE TRUST		
	C/O BRAD MARCH				
EIN: 84-6336318					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
SMOKEY BUILDING					
INSURANCE	2,520	2,520	2,520		
INVESTMENT DEPRECIATION	8,677	8,677	8,677		

132,627

4,898

1,907

12,685

132,627

1,907

STEELE'S BUILDING

INVESTMENT DEPRECIATION

INVESTMENT EXPENSES

INSURANCE

EXPENSES

INSURANCE

4,898

12,685

132,627

1,907

As Filed Data -		D	LN: 93491319038417		
TY 2016 Other Liabilities Schedule					
DON & MAY WILI	KINS CHAF	RITABLE TRUST			
C/O BRAD MARCH					
84-6336318					
ı		Beginning of Year - Book Value	End of Year - Book Value		
		43,750	48,750		
		52,669	52,669		
	Jule DON & MAY WIL C/O BRAD MARC 84-6336318	Jule DON & MAY WILKINS CHAF C/O BRAD MARCH 84-6336318	DON & MAY WILKINS CHARITABLE TRUST C/O BRAD MARCH 84-6336318 Beginning of Year - Book Value 43,750		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319038417		
TY 2016 Other Notes/Loans Receivable Short Schedule					
Name:	DON & MAY W	ILKINS CHARITABLE TR	RUST		
	C/O BRAD MA	RCH			
EIN:	84-6336318				
Name of 501(c)((3) Organization	n	Balance Due		
NOTE TO FIONA'S DELICATESSEN			130,952		
EDUCO LINE OF CREDIT					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491319038417	
TY 2016 Other Professional Fees Schedule					
Name: DON & MAY WILKINS CHARITABLE TRUST C/O BRAD MARCH EIN: 84-6336318					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TRUSTEE EXPENSES	530	257	257	273	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	<u>-</u>	DL	N: 93491319038417	
TY 2016 Taxes Schedule					
				1	
Name:	DON & MAY	WILKINS CHARITA	ABLE TRUST	1	
	C/O BRAD M	C/O BRAD MARCH			
FTN.	·				
	IN : 84-6336318				
Category	Amount	Net Investment	Adjusted Net	Disbursements	
		Income	Income	for Charitable Purposes	
PROPERTY TAXES - ALL PROPERTIES	24,940		1	24,940	
INCOME TAXES	5,298		1		