



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



Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**

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

OMB No 1545-0052

**2016****Open to Public Inspection****For calendar year 2016 or tax year beginning** 4/01 , 2016, and ending 3/31 , 2017

THE RON AND KATHY COLBY FAMILY  
FOUNDATION  
6100 CLARION PASS  
MINNETONKA, MN 55343-8075

**A** Employer identification number  
20-3990862**B** Telephone number (see instructions)  
(952) 933-5705**C** If exemption application is pending, check here ▶ ☐**D 1** Foreign organizations, check here ▶ ☐**2** Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐**E** If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

**G** Check all that apply ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name change

**H** Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
▶ \$ 2,384,066.

**J** Accounting method ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))**(a)** Revenue and expenses per books**(b)** Net investment income**(c)** Adjusted net income**(d)** Disbursements for charitable purposes (cash basis only)

REVENUE

**1** Contributions, gifts, grants, etc., received (attach schedule)

20,547.

**2** Check ☐ if the foundation is not required to attach Sch B**3** Interest on savings and temporary cash investments

379.

379.

379.

**4** Dividends and interest from securities

70,069.

70,069.

70,069.

**5a** Gross rents**b** Net rental income or (loss)**6a** Net gain or (loss) from sale of assets not on line 10

50,944.

**b** Gross sales price for all assets on line 6a 221,557.**7** Capital gain net income (from Part IV, line 2)

50,944.

**8** Net short-term capital gain

2,436.

**9** Income modifications**10a** Gross sales less returns and allowances**b** Less Cost of goods sold**c** Gross profit or (loss) (attach schedule)**11** Other income (attach schedule)**12 Total** Add lines 1 through 11

141,939.

121,392.

72,884.

**13** Compensation of officers, directors, trustees, etc.

0.

**14** Other employee salaries and wages**15** Pension plans, employee benefits**16a** Legal fees (attach schedule)**b** Accounting fees (attach sch) SEE ST 1

995.

995.

**c** Other professional fees (attach sch)**17** Interest**18** Taxes (attach schedule)(see instrs)**19** Depreciation (attach schedule) and depletion**20** Occupancy**21** Travel, conferences, and meetings**22** Printing and publications**23** Other expenses (attach schedule)

SEE STATEMENT 2

25.

25.

**24 Total operating and administrative expenses.** Add lines 13 through 23

1,020.

1,020.

**25** Contributions, gifts, grants paid

105,282.

105,282.

**26 Total expenses and disbursements.** Add lines 24 and 25

106,302.

1,020.

0.

105,282.

**27** Subtract line 26 from line 12:**a** Excess of revenue over expenses and disbursements

35,637.

**b** Net investment income (if negative, enter -0-)

120,372.

**c** Adjusted net income (if negative, enter -0-)

72,884.

SCANNED AUG 18 2017

ADMINISTRATIVE EXPENSES

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
ASSETS	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	109,786.	130,687.	130,687.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	LIABILITIES	11	Investments – land, buildings, and equipment: basis		
		Less: accumulated depreciation (attach schedule)			
12		Investments – mortgage loans			
13		Investments – other (attach schedule) STATEMENT 4	2,193,228.	2,207,964.	2,253,379.
14		Land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
15		Other assets (describe )			
16		Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	2,303,014.	2,338,651.	2,384,066.
17		Accounts payable and accrued expenses			
18		Grants payable			
NET ASSETS OR FUND BALANCES	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	24	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	25	Unrestricted			
	26	Temporarily restricted			
	27	Permanently restricted			
	28	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
29	Capital stock, trust principal, or current funds				
30	Paid-in or capital surplus, or land, bldg, and equipment fund				
31	Retained earnings, accumulated income, endowment, or other funds	2,303,014.	2,338,651.		
32	Total net assets or fund balances (see instructions)	2,303,014.	2,338,651.		
33	Total liabilities and net assets/fund balances (see instructions)	2,303,014.	2,338,651.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,303,014.
2	Enter amount from Part I, line 27a	2	35,637.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	2,338,651.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	2,338,651.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a SEE STATEMENT 5</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) — [ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]	<b>2</b>	50,944.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8. ]	<b>3</b>	2,436.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015			
2014			
2013			
2012			
2011			

<b>2</b> Total of line 1, column (d)	<b>2</b>	
<b>3</b> Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	
<b>7</b> Add lines 5 and 6	<b>7</b>	
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

<b>1 a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	2,407.
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0.
<b>3</b> Add lines 1 and 2	<b>3</b>	2,407.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0.
<b>5</b> <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	2,407.
<b>6</b> Credits/Payments		
<b>a</b> 2016 estimated tax pmts and 2015 overpayment credited to 2016	<b>6 a</b>	2,520.
<b>b</b> Exempt foreign organizations – tax withheld at source	<b>6 b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6 c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6 d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d	<b>7</b>	2,520.
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b> <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	0.
<b>10</b> <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	113.
<b>11</b> Enter the amount of line 10 to be <b>Credited to 2017 estimated tax.</b> <b>113.</b> <b>Refunded</b>	<b>11</b>	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation <b>\$ 0.</b> <b>(2)</b> On foundation managers <b>\$ 0.</b>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$ 0.</b>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, col. (c), and Part XV</i>	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>MN</b>		
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation.</i>	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

BAA

Form 990-PF (2016)

**Part 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 section 512(b)(13)? If 'Yes,' attach schedule (see instructions)		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)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	X	
14 The books are in care of <u>RON COLBY</u> Telephone no <u>(952) 933-5705</u> Located at <u>6100 CLARION PASS MINNETONKA MN</u> ZIP + 4 <u>55343-8075</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>		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, securities, or other financial account in a foreign country?		X

See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)? Organizations relying on a current notice regarding disaster assistance check here <u></u>		N/A
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?		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))		
a 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? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect 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
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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?		X

BAA

Form 990-PF (2016)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

If 'Yes' to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RON COLBY 6100 CLARION PASS MINNETONKA, MN 55343	TRUSTEE 1.00	0.	0.	0.
KATHY COLBY 6100 CLARION PASS MINNETONKA, MN 55343	TRUSTEE 1.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

<b>Part VIII</b>	<b>Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors</b> <i>(continued)</i>
------------------	--

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
- - - - -		
- - - - -		
- - - - -		
- - - - -		
- - - - -		
- - - - -		
- - - - -		
- - - - -		
- - - - -		
Total number of others receiving over \$50,000 for professional services.	▶	0

## Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	<u>N/A</u>	
2		
3		
4		

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1		
N/A		
2		
All other program-related investments See instructions		
3		
<b>Total.</b> Add lines 1 through 3		0

**BAA**



**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1 a	2,176,778.
b	Average of monthly cash balances	1 b	133,556.
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	2,310,334.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,310,334.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	34,655.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,275,679.
6	Minimum investment return. Enter 5% of line 5	6	113,784.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	113,784.
2a	Tax on investment income for 2016 from Part VI, line 5	2 a	2,407.
b	Income tax for 2016 (This does not include the tax from Part VI)	2 b	
c	Add lines 2a and 2b	2 c	2,407.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	111,377.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	111,377.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	111,377.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	105,282.
b	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	105,282.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	105,282.

**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.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				111,377.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			104,532.	
b Total for prior years 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
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 ▶ \$ 105,282.				
a Applied to 2015, but not more than line 2a			104,532.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2016 distributable amount				750.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (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 deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				110,627.
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 (see instructions)	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				

BAA

Form 990-PF (2016)

<b>Part XIV</b>	<b>Private Operating Foundations</b> (see instructions and Part VII-A, question 9)
-----------------	--

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**Part XV** Supplementary Information (continued)**3. Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year				
<b>Total</b>			<b>▶ 3 a</b>	
<b>b</b> Approved for future payment				
<b>Total</b>			<b>▶ 3 b</b>	





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

Name of the organization **THE RON AND KATHY COLBY FAMILY  
FOUNDATION**

Employer identification number  
**20-3990862**

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☐ 501(c)( ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ 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.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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

THE RON AND KATHY COLBY FAMILY

Employer identification number

20-3990862

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RON COLBY 6100 CLARION PASS MINNETONKA, MN 55343	\$ 10,274.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	KATHY COLBY 6100 CLARION PASS MINNETONKA, MN 55343	\$ 10,273.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

THE RON AND KATHY COLBY FAMILY

20-3990862

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	80 SHARES OF AETNA INC NEW	\$ 10,274.	11/23/16
2	80 SHARES OF AETNA INC NEW	\$ 10,273.	11/23/16
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

THE RON AND KATHY COLBY FAMILY

Employer identification number

20-3990862

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	<div style="text-align: center;">(e) Transfer of gift</div> <div> <div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div> <div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div> <div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div> <div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div> <div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> </div>		

**FEDERAL STATEMENTS**  
**THE RON AND KATHY COLBY FAMILY**  
**FOUNDATION**

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	\$ 995.	\$ 995.		
<b>TOTAL</b>	<b>\$ 995.</b>	<b>\$ 995.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REGISTRATION FEES	\$ 25.	\$ 25.		
<b>TOTAL</b>	<b>\$ 25.</b>	<b>\$ 25.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: 501(C) 3  
 DONEE'S NAME: BLAKE SCHOOL  
 DONEE'S ADDRESS: 110 BLAKE ROAD  
 HOPKINS MN 55343  
 RELATIONSHIP OF DONEE: NONE  
 ORGANIZATIONAL STATUS OF DONEE: 501(C) 3  
 AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: 501(C) 3  
 DONEE'S NAME: ST STEPHEN'S EPISOPAL CHURCH  
 DONEE'S ADDRESS: 4439 WEST 50TH ST  
 EDINA MN 55424  
 RELATIONSHIP OF DONEE: NONE  
 ORGANIZATIONAL STATUS OF DONEE: 501(C) 3  
 AMOUNT GIVEN: 15,000.

CLASS OF ACTIVITY: 501(C) 3  
 DONEE'S NAME: COURAGE CENTER  
 DONEE'S ADDRESS: 3915 GOLDEN VALLEY RD  
 GOLDEN VALLEY MN 55422  
 RELATIONSHIP OF DONEE: NONE  
 ORGANIZATIONAL STATUS OF DONEE: 501(C) 3  
 AMOUNT GIVEN: 5,000.

CLASS OF ACTIVITY: 501(C) 3  
 DONEE'S NAME: THE AUTISM SOCIETY OF MN  
 DONEE'S ADDRESS: 2380 WYCLIFF ST #102  
 ST PAUL MN 55114  
 RELATIONSHIP OF DONEE: NONE  
 ORGANIZATIONAL STATUS OF DONEE: 501(C) 3

STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 1,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: RONALD MCDONALD HOUSE-MIDWEST  
DONEE'S ADDRESS: 818 FULTON ST SE  
MINNEAPOLIS MN 55414  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 5,500.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: SECOND HARVEST HEARTLAND  
DONEE'S ADDRESS: 1140 GERVAIS AVE  
ST PAUL MN 55109  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 6,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: COLLEGE OF ST SCHOLASTICA  
DONEE'S ADDRESS: 1200 KENWOOD AVE  
DULUTH MN 55811  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: UNION GOSPEL MISSION  
DONEE'S ADDRESS: 77 EAST 9TH STREET  
ST PAUL MN 55101  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 3,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: PACER CENTER  
DONEE'S ADDRESS: 8161 NORMANDALE BLVD  
MINNEAPOLIS MN 55437  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 4,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: MN LANDSCAPE ARBORETUM FOUNDATION  
DONEE'S ADDRESS: 3675 ARBORETUM DR  
CHASKA MN 55318  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 350.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: UNIVERSITY OF MICHIGAN  
DONEE'S ADDRESS: 3003 SOUTH STATE STREET SUITE 8000  
ANN ARBOR MI 48109  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3

STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: DOCTORS WITHOUT BORDERS  
DONEE'S ADDRESS: 333 SEVENTH AVENUE 2ND FLOOR  
NEW YORK NY 10001RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: SALVATION ARMY  
DONEE'S ADDRESS: 1010 CURRIE AVE N  
MINNEAPOLIS MN 55403RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 3,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: AMERICAN LEGION  
DONEE'S ADDRESS: PO BOX 1055  
INDIANAPOLIS IN 46206RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: GEORGE WASHINGTON UNIVERSITY  
DONEE'S ADDRESS: 2121 I STREET NW  
WASHINGTON DC 20052RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: ALZHEIMER'S ASSOCIATION  
DONEE'S ADDRESS: 225 N MICHIGAN AVE FL 17  
CHICAGO IL 60601RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 3,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: UNITED THROUGH READING  
DONEE'S ADDRESS: 1455 FRAZEE RD SUITE 500  
SAN DIEGO CA 92121RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: CRISTO REY JESUIT HIGH SCHOOL  
DONEE'S ADDRESS: 2924 4TH AVE SOUTH  
MINNEAPOLIS MN 55408RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3

STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 3,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: PANCREATIC CANCER ACTION NETWORK  
DONEE'S ADDRESS: 1500 ROSECRANS AVENUE SUITE 200  
MANHATTEN BEACH CA 90266  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,500.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: NORTHWESTERN UNIVERSITY  
DONEE'S ADDRESS: 2020 RIDGE AVENUE  
EVANSTON IL 60208  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: AIR WARRIORS COURAGE FOUNDATION  
DONEE'S ADDRESS: PO BOX 877  
SILVER SPRING MD 20918  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: THE DANO FUND  
DONEE'S ADDRESS: 12717 DIAMOND DR  
BURNSVILLE MN 55337  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 1,625.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: RAVINIA  
DONEE'S ADDRESS: 418 SHERIDAN ROAD  
HIGHLAND PARK IL 60035  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 550.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: HELPING PAWS, INC  
DONEE'S ADDRESS: P.O. BOX 634  
HOPKINS MN 55343  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 3,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: TEACH FOR AMERICA  
DONEE'S ADDRESS: 1202 W. EASTON ST  
TULSA OK 74127  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3

STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: STEP  
DONEE'S ADDRESS: 6812 W. LAKE ST  
ST. LOUIS PARK MN 55426  
RELATIONSHIP OF DONEE: NON  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: EAST SIDE NEIGHBORHOOD SERVICES  
DONEE'S ADDRESS: 1700 SECOND STREET NE  
MINNEAPOLIS MN 55413  
RELATIONSHIP OF DONEE: NON  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: ST. MATTHEW'S HOUSE  
DONEE'S ADDRESS: 2001 AIRPORT ROAD SOUTH  
NAPLES FL 34112  
RELATIONSHIP OF DONEE: NON  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: SOLID GROUND  
DONEE'S ADDRESS: 3521 CENTURY AVE N  
WHITE BEAR LAKE MN 55110  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 5,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: TRINITY CHURCH  
DONEE'S ADDRESS: 14040 BAGLEY ROAD  
MIDDLEBURG HTS OH 44130  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: BARABARA BUSH FOUNDATION  
DONEE'S ADDRESS: 516 N ADAMS ST  
TALLAHASSEE FL 32301  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: GILDA'S CLUB OF TWIN CITIES  
DONEE'S ADDRESS: 10560 WAYZATA BLVD  
MINNETONKA MN 55305  
RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3

STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: GIRLS ON THE RUN TWIN CITIES  
DONEE'S ADDRESS: 393 DUNLAP ST N  
ST PAUL MN 55104RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: LEAGUE FOR THE BLIND AND DISABLED  
DONEE'S ADDRESS: 5821 S ANTHONY BLVD  
FORT WAYNE IN 46816RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: SENIOR COMMUNITY SERVICES  
DONEE'S ADDRESS: 10201 WAYZATA BLVD #335  
MINNETONKA MN 55305RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: EXODUS LENDING  
DONEE'S ADDRESS: 2805 E LAKE ST STE 102  
MINNEAPOLIS MN 55406RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: KREMPELS CENTER  
DONEE'S ADDRESS: 100 CAMPUS DRIVE STE 24  
PORTSMITH NH 03801RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: PARK SQUARE THEATRE  
DONEE'S ADDRESS: 408 ST PETER STE 110  
ST PAUL MN 55102RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: OUR LADY OF PEACE HOSPICE  
DONEE'S ADDRESS: 2076 ST ANTHONY AVE  
ST PAUL MN 55104RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3



STATEMENT 3 (CONTINUED)  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: THE JUNGLE THEATER  
DONEE'S ADDRESS: 2951 LYNDALE AVE S  
MINNEAPOLIS MN 55408RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 400.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: PILLSBURY UNITED COMMUNITIES  
DONEE'S ADDRESS: 3501 CHICAGO AVE  
MINNEAPOLIS MN 55407RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: TREE HOUSE HUMANE SOCIETY  
DONEE'S ADDRESS: 1212 W CARMEN AVE  
CHICAGO IL 60640RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 450.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: FRANKIE'S FRIENDS  
DONEE'S ADDRESS: 2950 BUSCH LAKE BLVD  
TAMPA FL 33614RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 157.CLASS OF ACTIVITY: 501(C)3  
DONEE'S NAME: WESTBAY COMMUNITY CHARITABLE FOUNDATION  
DONEE'S ADDRESS: 4606 WEST BAY BLVD  
ESTERO FL 33928RELATIONSHIP OF DONEE: NONE  
ORGANIZATIONAL STATUS OF DONEE: 501(C)3  
AMOUNT GIVEN: 3,500.TOTAL \$ 105,282.

2016

**FEDERAL STATEMENTS**  
**THE RON AND KATHY COLBY FAMILY**  
**FOUNDATION**

PAGE 8

20-3990862

**STATEMENT 4**  
**FORM 990-PF, PART II, LINE 13**  
**INVESTMENTS - OTHER**

	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
<u>OTHER PUBLICLY TRADED SECURITIES</u>			
SECURITIES	MKT VAL	\$ 2,207,964.	\$ 2,253,379.
	TOTAL	\$ <u>2,207,964.</u>	\$ <u>2,253,379.</u>

**STATEMENT 5**  
**FORM 990-PF, PART IV, LINE 1**  
**CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

<u>ITEM</u>	<u>(A) DESCRIPTION</u>	<u>(B) HOW ACQUIRED</u>	<u>(C) DATE ACQUIRED</u>	<u>(D) DATE SOLD</u>
1	100 AETNA INC NEW	PURCHASED	12/15/2015	4/22/2016
2	2423.068 GROWTH FUND OF AMERICA	PURCHASED	12/11/2007	4/22/2016
3	567.859 INVESTMENT CO AMER	PURCHASED	1/09/2006	4/22/2016
4	100 AETNA INC NEW	PURCHASED	12/15/2015	6/06/2016
5	200 AETNA INC NEW	PURCHASED	12/15/2015	11/08/2016
6	160 AETNA INC NEW	PURCHASED	12/15/2015	11/29/2016
7	CAPITAL GAIN DISTRIBUTIONS	PURCHASED	1/01/2001	3/31/2017

<u>ITEM</u>	<u>(E) GROSS SALES</u>	<u>(F) DEPREC. ALLOWED</u>	<u>(G) COST BASIS</u>	<u>(H) GAIN (LOSS)</u>	<u>(I) FMV 12/31/69</u>	<u>(J) ADJ. BAS. 12/31/69</u>	<u>(K) EXCESS (I) - (J)</u>	<u>(L) GAIN (LOSS)</u>
1	11,265.		10,702.	563.				\$ 563.
2	100,000.		88,660.	11,340.				11,340.
3	20,000.		18,365.	1,635.				1,635.
4	11,901.		10,702.	1,199.				1,199.
5	22,229.		21,491.	738.				738.
6	20,629.		20,693.	-64.				-64.
7	35,533.		0.	35,533.				35,533.
							TOTAL	\$ <u>50,944.</u>