Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ~

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

Fo	r calen	ndar year 2017 or tax year beginning	, 201	7, and ending		, 20
N	ame of fo	undation	• '		loyer identification numb	er
R	EEL F	AMILY FOUNDATION, INC		26	-3442960	· f:
N	umber an	d street (or P O box number if mail is not delivered to street address)	Room		phone number (see instruc	tions)
5	600 S	. QUEBEC ST	148	B (3)	03)741-4949	
C	ity or tow	n, state or province, country, and ZIP or foreign postal code	1 + 10		emption application is pend	ding check here
Ε	NGLEW	OOD CO 80111 .		0 11 020	implion application is pent	sing, once there L.
			n of a former public	charity D 1 Fo	reign organizations, check	here 🌬 🗔
5		☐ Final return . ☐ Amended				
7		Address change Name cha			reign organizations meetin eck here and attach comp	
Ή	Check	type of organization: X Section 501(c)(3) exempt p			ate foundation status was	
~ □		on 4947(a)(1) nonexempt charitable trust Other ta			on 507(b)(1)(A), check here	▶ []
H H		narket value of all assets at J Accounting method				
<u>+</u>		f year (from Part II, col. (c), Other (specify)	out	j r ii uie	foundation is in a 60-mon r section 507(b)(1)(B), chec	th termination ck here ►
_		5) ► \$ 3, 202, 339. (Part I, column (d) must be	e on cash basis)			
	Part i	Analysis of Revenue and Expenses (The total of				(d) Disbursements
Z		amounts in columns (b), (c), and (d) may not necessarily equal	'(a) Revenue and expenses per	(b) Net investme		for chantable
	•	the amounts in column (a) (see instructions))	books	- income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1.			
d	2	Check ► ☐ if the foundation is not required to attach Sch B	SHE BUSINESS	TO ALL PONCES		307-1407-2-200-2-20
	3	Interest on savings and temporary cash investments	CANDERS OF THE PARTY OF THE PAR	77.7	4-94-96 4 1946-91	102102012/2014
	4	Dividends and interest from securities	'80,180.			PART PART
•	5a	Gross rents				18. G. C. V. S. LE. C.
	b	Net rental income or (loss)	Think is review	TO SOUTH A DE	OF STATE OF THE STATE	200
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	84,991.	TRUE WAST		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Revenue	b	Gross sales price for all assets on line 6a 2,730,621.		L.6a.Stmt	00 STEELSWAY 5 VAN	V4-74-74 34 54 5
Š	7	Capital gain net income (from Part IV, line 2)	######################################	84,99	PROPERTY OF THE PROPERTY OF THE PERSON OF TH	18-14-08-21-35-17-X
ă	8	Net short-term capital gain		WARRIAN	S.MACO	
,	9	Income modifications	CALL SECTION	STEEDS & SEXTER		
	10a	Gross sales less returns and allowances . *	TATION TO SHIP			14.201.201.
,	b	Less: Cost of goods sold	TO THE PARTY OF	PLANTAL MARKET		W. C.
	С	Gross profit or (loss) (attach schedule)		COUNTRACTOR	Á.	1941224
	11	Other income (attach schedule)				展出的沙
	12	Total. Add lines 1 through 11	165,171.	84,99	1. 84,991.	HAT DOWN
·	13	Compensation of officers, directors, trustees, etc.	14,000.			
oenses	14	Other employee salaries and wages				
ā	15	Pension plans, employee benefits				
	100	Legal fees (attach schedule)	4,000.		RECENT	
a.	b	Accounting fees (attach schedule) '	6,000.	10	PEIVED	<u> </u>
.≥	C	Other professional fees (attach schedule)		B076	IOV TO	
2	17	Interest		[40]	1 9 2018 E	3/
Š	18	Taxes (attach schedule) (see instructions)	•		\rightarrow μ	
. =	19	Depreciation (attach schedule) and depletion .			DEN UT	345 B 1 2 2
þ	20	Occupancy			7.01	
7	21	Travel, conferences, and meetings				
2	22	Printing and publications				
0	23	Other expenses (attach schedule) See Stmt.	51,879.		· · · · · · · · · · · · · · · · · · ·	
i te	24	Total operating and administrative expenses.				
Operating and Administrative Ex		Add lines 13 through 23	<u>~ 75,879.</u>	decorate metalistics	AND AND PARTY OF A PARTY OF THE	<u></u>
Ö	25	Contributions, gifts, grants paid	;180,000.	SEE SEE SEE SEE SEE	S. A. PARTINI S.	<u> </u>
_	26	Total expenses and disbursements. Add lines 24 and 25	255,879.	the property of the best of	CONT. I STAN AN ACCOUNTS A SERVICE WAY	y of grandens and said of the
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-90,708.	DESCRIPTION OF STREET		
	b	Net investment income (if negative, enter -0-)	THE SHARE THE PARTY OF THE PART	84,99	cally be	THE PROPERTY OF THE PARTY OF TH
	C	Adjusted net income (if negative, enter -0-)	DESCRIPTION OF THE PERSON OF T	1665年1666日本	84.991.	PARTIES AND

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

Pa	ŕt II	Balance Sheets	Deginning of year		L110 C	· · · · · · · · · · · · · · · · · · ·
		Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	ıe	(c) Fair Market Value
	1	Cash-non-interest-bearing '	94,120.	121,0	88.	121,088.
	2 .	Savings and temporary cash investments				,
١, ١	3	Accounts receivable ▶		96947 T		
		Less ⁻ allowance for doubtful accounts ▶ .				
	4	Pledges receivable >	FIG. WYST VI	SALES SALES	深等	
		Less. allowance for doubtful accounts ▶		ESSECTION OF THE PROPERTY OF THE	LC Territoria	MANAGE WARDS TO DESCRIPTION OF SURVEY
	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 schedule) ▶ .	NEW YEAR SHOW		SWEET.	12 to 12
		Less allowance for doubtful accounts	1			
ß	8	Inventories for sale or use				,
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				•
`	b	Investments—corporate stock (attach schedule)	2 602 150	2 051 0	7.0	2 051 076
	c	Investments—corporate bonds (attach schedule)	2,602,158. 747,986.	3,051,0 360,1		3,051,076. 30,175.
	11	Investments—land, buildings, and equipment basis ▶	747,986.	300,1		30,173.
	• •	Less accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans	•			
ŀ	13					•
	14	,			\$0700B	Crist - Maria : Andréi Albiet Eulis (11)
	. 14	Land, buildings, and equipment basis ▶				
- 1	45	Less accumulated depreciation (attach schedule)				
}	15 16	Other assets (describe ►) Total assets (to be completed by all filers—see the				
1	10	instructions Also, see page 1, item I)				
1 3			3,444,264.	3,532,3	<u>39.</u>	3,202,339.
	17	Accounts payable and accrued expenses	-			
es	18	Grants payable	ļ			
₫,	19	Deferred revenue				
ٳؙڡٙ	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
1	22	Other liabilities (describe ▶)				
_	23	Total liabilities (add lines 17 through 22)				
S		Foundations that follow SFAS 117, check here .				
alances		and complete lines 24 through 26, and lines 30 and 31.				
<u>a</u>	24	Unrestricted	···			
3a	25	Temporarily restricted				74 C. C.
ᄝ	26	Permanently restricted				
5		Foundations that do not follow SFAS 117, check here ▶ 🗵				
Net Assets or Fund		and complete lines 27 through 31.				
0	27	Capital stock, trust principal, or current funds				100
er F	28	Paid-in or capital surplus, or land, bldg., and equipment fund	.=			
SS	29	Retained earnings, accumulated income, endowment, or other funds				
4	30	Total net assets or fund balances (see instructions)	1	3,532,33	39	
او	31	Total liabilities and net assets/fund balances (see		,		
		instructions)	3,444,264.	3,532,3	39.	
	t III	Analysis of Changes in Net Assets or Fund Balances				
1	Tota	al net assets or fund balances at beginning of year-Part II, colu		st agree with		
	end-	-of-year figure reported on prior year's return)		_	1	3,550,473.
2		er amount from Part I, line 27a			2	-90,708.
3		er increases not included in line 2 (itemize) unrealized ap	preciation	- •	3	72,574.
4		lines 1, 2, and 3			4	3,532,339:
5	Doo	reases not included in line 2 (itemize) h		- •	5	3,332,333.
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b) II	ne 30 .	6	3 532 3391

Part	V Capital Gains and	Losses for Tax on Investm	ent Income			
		d(s) of property sold (for example, real es e, or common stock, 200 shs MLC Co)	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo_day_yr)
1a	THRU FIDELITY INVES	TMENTS		P	Various	12/31/2017
<u>b</u>	······································	N				
<u>C</u>						
<u>d</u>						
<u>е</u>		(6.000000000000000000000000000000000000		<u></u>	"	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) (f) minus (g))
<u>a</u>	2,730,621.			2,645,630.		84,991.
<u>b</u>				· · · · · · · · · · · · · · · · · · ·		<u> </u>
<u>c</u>						
<u>d</u> e						
	Complete only for assets show	ving gain in column (h) and owned b	by the foundation	on 12/31/69		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i)	col (k), but no	ol (h) gain minus ot less than -0-) or (from col (h))
a	0.	0.		0.		84,991.
<u>_</u>	0.	0.		<u>U.</u>		04,991.
			· · · · · · · · · · · · · · · · · · ·			
d			***************************************			
е				_		
2	Capital gain net income or		also enter in Pa enter -0- in Pai		2	84,991.
3	if gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instruc	tions. If (loss)			017551.
				<u> J</u>	3	84,991.
Par		er Section 4940(e) for Reduction at the foundations subject to the s				
Was t	tion 4940(d)(2) applies, leave he foundation liable for the s s." the foundation doesn't di	this part blank section 4942 tax on the distribute ualify under section 4940(e). Do	able amount of	any year in the l	oase period?	☐ Yes ☐ No
1		unt in each column for each yea	•	•	akıng anv entries	
Calı	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) f noncharitable-use a	snots Di	(d) stribution ratio divided by col (c))
	2016	177,00	10 .		(00) (0)	divided by cor (c)
	2015	3,490,94				······································
	2014	7,93				
	2013	18,00				
	2012					
2	Total of line 1, column (d)				. 2	
3		or the 5-year base period—divi				
		undation has been in existence i				
4	Enter the net value of nonc	haritable-use assets for 2017 fro	om Part X, line	5	. 4	3,488,285.
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			. 6	850.
7	Add lines 5 and 6				. 7	850.
8		ns from Part XII, line 4 . er than line 7, check the box in				3,532,339.
	Part VI instructions	2		., 55mpioto	part domig a	.,

3

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	48 — s	see in	ıstru	ctio	nś)
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	Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			5.0	
	here ► 🗵 and enter 1% of Part I, line 27b	4636		2. 14.15 O	3.U.	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			U.		
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		8	50.	
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		8	50.	800.00
6	Credits/Payments:			4.0		
a	2017 estimated tax payments and 2016 overpayment creditéd to 2017 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
c d	Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7	100	1921		2000
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached	8			23.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			73.	 -
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10			0.	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11				
Part '						·
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or di	d it	製物	Yes	No
	participate or intervene in any political campaign?			1a		×
b.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? instructions for the definition	See	the	1b		×
į	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any i	mater	ıals 🖁			35005
i	published or distributed by the foundation in connection with the activities.		of Lines			
С	Did the foundation file Form 1120-POL for this year?		. [1c		×
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$		G. Grand			7.4
e ^r	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in on foundation managers. ▶ \$	npose	ed S			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		×
_	If "Yes," attach a detailed description of the activities.		- 2			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	article	s of	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		×
_	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	•	ion.	5 50.88%	Att-in	X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		,			
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory direct	ions 1	that			
٠	conflict with the state law remain in the governing instrument?			6	and the second	- X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	d Part	χV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		List Line	10 % Xe		
			, , , , , , , , , , , , , , , , , , ,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	Gen	14	8b		×
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494	42(ı)(3	ļ	27.2	950	
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV.			ntatudi.	mandi di	
	complete Part XIV			9	×	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis	ting t	heir			
	names and addresses			10	<u>, </u>	×

Form **990-PF** (2017)

Pa	t VII-A Statements Regarding Activities (continued)			¥,
UFCI	Gratements Regarding Activities (continued)	3.10	Yes	,No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	2000 A	75	7.
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		×
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		×
[.] 13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A	L		
14	The books are in care of ► LOUISS J DAVIS Telephone no. ► (303)	741-	1949)
	Located at ▶ 5600 S QUEBEC GREENWOOD VILLAGE CO ZIP+4 ▶ 80111			
15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041—check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	v. wy s 32,4e	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		Z.X	
Dai		Self-	22 (1) ,02	SE SE
e de la	t VII-B: Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	`No
1a		Section .	755127	22.312
-	(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? Yes No			
	(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 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	termination of government service, if terminating within 90 days)			
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	MILES.	
	Organizations relying on a current notice regarding disaster assistance, check here	65/95.	D. N.	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			11400
	were not corrected before the first day of the tax year beginning in 2017?	1c	SPANNERS PARTIES	×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	COS	100	**************************************
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		113	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			1
	6e, Part XIII) for tax year(s) beginning before 2017?			250
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
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 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)	2b		
С	Man and the second seco	and the	- TH	
	► 20, 20, 20, 20			
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 2017 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		448	
	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 2017)		ZIE.	
4a		3b		
b		4a	P. Asia	X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	No. No.	X

Part	VII-B	Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	ed (continued	"	, age o
5a	During th	e year, did the foundation pay or incur a				-				Yes No
	(2) Influe	on propaganda, or otherwise attempt tince the outcome of any specific public	electi	on (see secti	on 495					
		ly or indirectly, any voter registration dr			•			☐ Yes ☒ I	- 1	
	(4) Provid	de a grant to an individual for travel, stu de a grant to an organization other than on 4945(d)(4)(A)? See instructions	ı a cha	ritable, etc.,	organız	es? ation desc	 rıbed ır		•	
	(5) Provid	de for any purpose other than religious, uses, or for the prevention of cruelty to co	charit	able, scientifi	c, litera	ary, or educ				
b	If any ans	swer is "Yes" to 5a(1)–(5), did any of the	transa	actions fail to	qualify	under the	excepti	ons described	- 1	5b
		tions relying on a current notice regardi								
С		swer is "Yes" to question 5a(4), does t it maintained expenditure responsibility						(□Yes □1	No.	
6a	Did the fo	attach the statement required by Regula oundation, during the year, receive any		directly or in	directly	, to pay pre	emiums			
ь		onal benefit contract? oundation, during the year, pay premiun	 Is dire		 atly on		 henefi	☐ Yes 区 I	Vo	6b ×
-		o 6b, file Form 8870.	is, dire	ony or maner	Juy, On	a personal	Dellell	Geomati.		
		e during the tax year, was the foundation a did the foundation receive any proceeds						☐ Yes 🗵 t	vio	
		Information About Officers, Direc		· · · · · · · · · · · · · · · · · · ·					Em	7b
		and Contractors					•	0 1		, ,
1	List all o	fficers, directors, trustees, and found					ation. S	See instructio	ns.	
		(a) Name and address	hou devot	e, and average rs per week ed to position	` (lf r	mpensation not paid, iter -0-)	emple	Contributions to byee benefit plans erred compensation	1.) Expense account, other allowances
	IS`J. D		PRES:	IDENT				_		_
5600	S. QUEE	BEC GREENWOOD VILLAGE CO 80111		5.00		24,000.		0	<u>:</u> _	0.
				•		·				
2	Compen "NONE."	sation of five highest-paid employee	s (oth	er than thos	se incl	uded on li	ne 1	see instructio	ns).	If none, enter
((a) Name and	address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to pe	veek	(c) Comper	nsation	(d) Contributions employee benefit plans and deferred compensation	t (e	Expense account, other allowances
NONE										
									+	
										ا ا ا ا ا
							٦.			
		- Anna							-	
Total	number of	other employees paid over \$50,000					•	<u>.</u> ▶	. 0	000 DE (00.17)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
(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.	f Expenses
1 PROVIDES CONTRIBUTIONS TO ORGANIZATIONS HELPING CHILDREN	
2 PROVIDES CONTRIBUTIONS TO VETERAN ORGANIZATION	18,970.
2 PROVIDES CONTRIBUTIONS TO VETERAN ORGANIZATION	-
	18,970.
3 HELPS ANIMAL CARE ORGANIZATIONS	20,010
	_
	18,970.
4 HELPS COLLEGES AND UNIVERSITIES	-
	- 10 070
Part IX-B Summary of Program-Related Investments (see instructions)	18,970.
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 SEEKS OUT APPROPRIATE ORGANIZATIONS	
	_
	3,532,339.
2	-
	-
All other program-related investments. See instructions	
3	
	-
	•
Total. Add lines 1 through 3	0,002,003.
DEVICENCE	Form 990-PF (2017

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			<u> </u>
Part		gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	3,541,406.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets (see instructions)	1c	0.
đ	Total (add lines 1a, b, and c)	1d	3,541,406.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	-	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,541,406.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions) ,	4	53,121.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,488,285.
6	Minimum investment return. Enter 5% of line 5	6	174,414.
Part		ounda	
	and certain foreign organizations, check here ▶ 🔀 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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,		
	<u>line 1 </u>	7	
Dart	XII Qualifying Distributions (see instructions)		
Far .	All Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
b	Program-related investments—total from Part IX-B	1b	3,532,339.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,532,339.
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	850.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,531,489.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Part.	XIII Undistributed Income (see instruction	ons)		¥	
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7	TO ALCOHOLD TO A CONTROL OF THE CONT			
2	Undistributed income, if any, as of the end of 2017.				
а	Enter amount for 2016 only			in the second and the second second second second	
b	Total for prior years 20 ,20 ,20		2001/21/27 X 45-99 (200) \$ 5-45 X (2) (\$500) \$4.7	17,27,117,10,27,117,127,17	
3	Excess distributions carryover, if any, to 2017.				
а	From 2012				
b	From 2013				
c	From 2014				
ď	From 2015				
e	From 2016			Populariants.	
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,		PALL GARAGE AND A	24224/F224/F224	
	line 4 ▶ \$ 3,532,339.				
а	Applied to 2016, but not more than line 2a.				
b	Applied to undistributed income of prior years		Condition of the Condition of the Conditions of the Condition of the Condi		
-	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election	THE THE PERSON ASSESSMENT ASSESSM		STREET STREET	
•	required—see instructions)				
d	Applied to 2017 distributable amount :		FEITHER BOARD HOUSE	enterological designation of the second desi	ALTERIAL CHIMANA TAN
<u>.</u>	Remaining amount distributed out of corpus	2 522 220			
5 ¹ ∤	Excess distributions carryover applied to 2017	3,532,339.	randistrono cur e ctorios. Securitorios de transcon	STANDARD CONTRACTOR	CONTROL FOR STANCES STAN
	(If an amount appears in column (d), the same				LPFS 144-55 KOMBO W
من م. د	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	3,532,339.			
b	Prior years' undistributed income. Subtract	New York William	303041-2 1 - 7 - crost 4 (c. 257 - 44-10-benefit.		
, , , , , , , , , , , , , , , , , , ,	line 4b from line 2b		, o.		
'C	Enter the amount of prior years' undistributed	77-97 C 97 C 97 C 97 C		15.112.01.01.01	
ij,	income for which a notice of deficiency has				
i,	been issued, or on which the section 4942(a)	The state of the s			
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable		•	CONTRACTOR	
•	amount—see instructions	Mark Comment	0.		
е	Undistributed income for 2016 Subtract line				WART STATE
	4a from line 2a Taxable amount—see				
	instructions			0.	
f	Undistributed income for 2017. Subtract lines				, ,
	4d and 5 from line 1. This amount must be				~
	distributed in 2018				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)				
8	Excess distributions carryover from 2012 not				
^	applied on line 5 or line 7 (see instructions) .	0.			THE SECOND SECON
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
40		3;532,339.	SECTION OF THE PARTY OF THE PAR		
10	Analysis of line 9.				
a	Excess from 2013 0:				
b	Excess from 2014				
C	Excess from 2015				
đ	Excess from 2016				
е	Excess from 2017	PROPERTY AND PROPERTY.			INC. AND DESCRIPTIONS OF THE PROPERTY OF THE P

Part	90-PF (2017) Private Operating Foundati	one less instance	otions and Dart	\/II	. 0\	Page 1
1a	XIV Private Operating Foundati If the foundation has received a ruling					
ıa	foundation, and the ruling is effective for 2			private operating		
b	Check box to indicate whether the found		•	ion described in	section / 4942(j)((3) or 4942(j)(
2a	Enter the lesser of the adjusted net	Tax year	operating loandat	Prior 3 years	/ / / /	
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for Leach year listed	(4) 2011	(0) 2010	(6) 2010	(0) 2014	
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 .					
е	Qualifying distributions made directly					
_	for active conduct of exempt activities					
	Subtract line 2d from line 2c	!		/		
3	Complete 3a, b, or c for the	-		/		
	alternative test relied upon			ĺ		
а	"Assets" alternative test – enter		/			
-	(1) Value of all assets .					
	(2) Value of assets qualifying under		/			
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3		/			
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter		/			
	(1) Total support other than gross		/			
	investment income (interest,					
	dividends, rents, payments on	,	1			
	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 Information	(Complete th	is part only if th	ne foundation	had \$5,000 or m	ore in assets
	any time during the year - s				·	
1	Information Regarding Foundation M	anagers:				
а	List any managers of the foundation w	no have contribu	ited more than 2%	6 of the total co	ntributions received	by the foundation
	before the close of any tax year (but on	ly if they have co	ntributed more th	an \$5,000). (See	e section 507(d)(2).)	
b	List any managers of the foundation w	ho own 10% oi	more of the stoc	k of a corporat	ion (or an equally la	rge portion of the
	ownership of a partnership or other ent	ity) of which the	foundation has a	10% or greater i	nterest.	
			_			
2	Information Regarding Contribution,	Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ► 🗵 If the foundation of	nly makes contr	butions to prese	lected charitabl	e organizations and	does not acce
	unsolicited requests for funds. If the for	undation makes	gıfts, grants, etc.,	to individuals of	r organizations unde	r other condition
	complete items 2a, b, c, and d. See ins	tructions.				
а	The name, address, and telephone nun	nber or email add	dress of the perso	n to whom appl	ications should be a	ddressed
b	The form in which applications should be	oe submitted and	Information and	materials they s	hould include	
	and the state of t					
C	Any submission deadlines					

Part XV Supplementary Information (contact) 3 Grants and Contributions Paid During	tinued) the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year SEE ATTACHED 5600 S. QUEBEC ST GREENWOOD VILLAGE CO 80111		501C3	. CHARITABLE PURPOSES TO 501C3 ORGANIZATIONS	180,000
Total			▶ 3a	180,000
b Approved for future payment				
	•		-	
Total	<u> </u>	·	▶ 3h	t

Pa	rt X\	/I-A Analysis of Income-Producing Ac	ctivities				
Ente	r gro	ss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(0)
1	Pro	gram service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•	a	gram corrido rovando.		.			
	b						
	C						
	ď	The state of the s					
	e				 		
	f						
	~	Fees and contracts from government agencies					
2							
_		mbership dues and assessmentsrest on savings and temporary cash investments					
3 4		dends and interest from securities				·····	
_							
5		rental income or (loss) from real estate:			<u> </u>		
		Debt-financed property					
_		Not debt-financed property					
6		rental income or (loss) from personal property				17.	
7		er investment income					
8		or (loss) from sales of assets other than inventory				-au-	84,991.
9		income or (loss) from special events					
10	Gro	ss profit or (loss) from sales of inventory					
11	Oth	er revenue. a					
	b						
	C	- 1-2464					
	ď						
	е				<u> </u>		
		total. Add columns (b), (d), and (e)					84,991.
		1 4 1 1 1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1					
		al. Add line 12, columns (b), (d), and (e)				13	84,991.
(See	wor	ksheet in line 13 instructions to verify calculation	ns)			13	84,991.
(See	wor	ksheet in line 13 instructions to verify calculation Relationship of Activities to the Activities t	ns) Accomplishm	ent of Exemp	t Purposes		
Pa Lin	wor	Asheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	ns) Accomplishm	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	ALL INCOME IS PASSIVE INCOME	ns) Accomplishm Income is report Income is report Income is report Incomplished in the incomplished in th	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	Asheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	ns) Accomplishm Income is report Income is report Income is report Incomplished in the incomplished in th	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	ALL INCOME IS PASSIVE INCOME	ns) Accomplishm Income is report Income is report Income is report Incomplished in the incomplished in th	ent of Exemp	t Purposes		
Pa Lin	work rt X\ e No.	ALL INCOME IS PASSIVE INCOME	ns) Accomplishm Income is report Income is report Income is report Incomplished in the incomplished in th	ent of Exemp	t Purposes		
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Pa Lin	work rt X\ e No.	ALL INCOME IS PASSIVE INCOME	ns) Accomplishm Income is report Income is report Income is report Incomplished in the incomplished in th	ent of Exemp	t Purposes		
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Pa Lin	work rt X\ e No.	ALL INCOME IS PASSIVE INCOME	ns) Accomplishm Income is report Income is report Income is report Incomplished in the incomplished in th	ent of Exemp	t Purposes		
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Firm's address ▶

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Part	XVII	Information Organization	n Regarding Tra ons	nsfers to	and Transa	actions	and F	Relationsh	ips Wi	ith Nonchai	ritable	Exe	mpt
1	ın se organ	he organization of ection 501(c) (on izations?	directly or indirectly other than section	501(c)(3)	organization	ns) or in	n sect	ion 527, re	nızatıo	n described to political		Yes	No
а	(1) C	ash	porting foundation								1a(1)		×
b	Othe	other assets r transactions.				•					1a(2)		×
	(1) S (2) P	ales of assets to urchases of asse	a noncharitable ex ets from a nonchari	empt orga table exem	nization . ipt organizatio	on .					1b(1) 1b(2)		×
			, equipment, or oth rrangements					, ,			1b(3) 1b(4)		×
	(5) L (6) P	oans or loan gua erformance of se	irantees ervices or members	ship or fund	 draising solicit	 tations					1b(5) 1b(6)		×
c d	If the	answer to any or	equipment, mailing I of the above is "Ye other assets, or servion on or sharing arrang	es," compl /ices given	ete the follow by the repor	ving scho ting four	edule. idation	Column (b)	should dation	l always show received less	than f	fair m	arket
(a) Line		(b) Amount involved	(c) Name of none							sactions, and sha			
					-								
	_		<u> </u>	···	-3.00.12								
	-+												
									· · · · · · · · · · · · · · · · · · ·				
	+			-									
2a b	desc	ribed in section 5	 ectly or indirectly a 501(c) (other than se e following schedule	ection 501					pt org] Yes	X	No
		(a) Name of organ	_		(b) Type of organ	nization			(c) Des	cription of relatio	nship		
					· · · · · · · · · · · · · · · · · · ·	<u> </u>							
													
Sign	Unde	er penalties of perjury, I	declare that I have examinaration of preparer (other t	ned this return, han taxpayer) i	including accomp	anying sche	edules an	d statements, an parer has any kno	d to the b				
Here		nature of officer or trus			11/14/2018 Date >	N .	SIDEN			May the it with the p See instru-	reparer s	hown b	elow?
Paid	1 2.9	Print/Type preparer		Preparer'	s signature			Date	, 1	Check I if	PTIN		
Prepare	arer				self-employed P013						1		
Use (din LLC Firm's EIN ▶ 27-4				EIN ► 27-47	3208	5		

CO 80111

Phone no (303) 741-4949

Form **990-PF** (2017)

5600 S. QUEBEC ST. SUITE 148B

GREENWOOD VILLAGE

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose	
investment fees	51,879.				
Total	51 879	· · · · · · · · · · · · · · · · · · ·			

Name	Employer Identification No
REEL FAMILY FOUNDATION, INC	26-3442960
Asset Information:	
Description of Property THRU_FIDELITY_INVESTMENTS	
Business Code Exclusion Code	
Date Acquired Various How Acquired . Purchased	
Date Sold12/31/17 Name of Buyer VARIOUS	
Check Box, if Buyer is a Business .	
Sales Price2, 730, 621. Cost or other basis (do not reduce by depreciation	on) <u>2,645,630</u> .
Sales Expense Valuation Method	
Total Gain (Loss) . 84, 991. Accumulated Depreciation .	
Description of Property	
Business Code Exclusion Code .	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciation	on).
Sales Expense Valuation Method	·
Total Gain (Loss)	
Description of Property	
Business Code Exclusion Code .	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciation	on)
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold . Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciation	on).
Sales Expense Valuation Method	
Total Gain (Loss) . Accumulated Depreciation .	•
Description of Property Business Code Exclusion Code	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold . Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciating	on)
Sales Expense Valuation Method	
Total Gain (Loss) . Accumulated Depreciation	.
-	
Totals:	
Total Gain (Loss) of all assets	
Gross Sales Price of all assets 2,730,621.	
Unrelated Business IncomeBusiness Code	
Excluded by section 512, 513, 514 Exclusion Code	
Related/Exempt Function Income 84,991.	
0.1.1.7h	
QuickZoom here to Form 990-PF, Page 1	
QuickZoom here to Form 990-PF, Page 12	•
	

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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

	FAMILY FOUNDA	26-3442960					
Organization type (check one):							
Filers o	Filers of: Section:						
Form 990 or 990-EZ		501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		☐ 527 political organization					
Form 99	00-PF						
		☐ 4947(a)(1) no	nexempt charitable trust treated as a private founda	tion			
		☐ 501(c)(3) taxable private foundation					
Check if	your organization is	covered by the Ge	eneral Rule or a Special Rule.				
Note: O instructi), (8), or (10) organ	ization can check boxes for both the General Rule a	ınd a Special Rule. See			
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 331/3% 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).

Name of organization	Employer identification number
REEL FAMILY FOUNDATION, INC	26-3442960

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) . Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					

Name of organization

REEL FAMILY FOUNDATION, INC

Employer identification number

26-3442960

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				
		\$					
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
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No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
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No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received -				
		\$					
No. com art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
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	rganization	•	.		Employer identification number			
	MILY FOUNDATION, INC				26-3442960			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	ne year from any one ns completing Part year. (Enter this info	ne contribute III, enter the to	or. Complete otal of exclusi	columns (a) through (e) and vely religious, charitable, etc.			
(a) No.	(b) Purpose of gift			(d) Do	navination of hour mife in hold			
from Part I	(b) Purpose or gift	(c) Use o	giit	(a) Des	scription of how gift is held			
		(e) Transfe	r of gift					
	Transferee's name, address, and	ZIP + 4	Rela	tionship of tra	nsferor to transferee			
/a\ NIa								
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Des	(d) Description of how gift is held			
					•			
-	(e) Transfer of gift							
		(c) Transie	r or gift					
	Transferee's name, address, and	tionship of tra	nsferor to transferee					
–	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	(d) Description of how gift is held			
-	(e) Transfer of gift							
	(e) Italister of Gilt							
	Transferee's name, address, and	ZIP + 4	Rela	tionship of tra	nsferor to transferee			
<u> </u>			Troublemp of transfer to transfer to					

(a) No.	(h) Durnous of sift	/a\ IIaa a		(d) Da				
from Part I	(b) Purpose of gift	(c) Use o	girt	(a) Des	scription of how gift is held			
		**						
Γ	(e) Transfer of gift							
L	Transferee's name, address, and ZIP + 4			tionship of tra	nsferor to transferee			
			•••					