**Return of Private Foundation** 

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Sérvice

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

		ndar year 2017 or tax year beginning JAN	V	, 201	7, an <u>d</u>	ending	DEC	, 20 17	
	Name of fo						er identification number		
С	OLORAD	OO CARIBBEAN AMERICAN DIASPORA				27-4805211			
		nd street (or P O box number if mail is not delivered to street address)	<del></del>	Room	v/suite	B Telephone number (see instructions)			
2	581 S EA	GLE CIRCLE		1			720 934 9764		
		n, state or province, country, and ZIP or foreign postal code		<b></b>		C If exemp	tion application is pend		
Α	URORA	CO 80014						رك ١٥٠٠٠	
_			n of a former	public	charity	D 1. Foreia	n organizations, check	here . ▶□	
		☐ Final return ☐ Amended		,		_	· ·		
		☐ Address change ☐ Name cha	nge				n organizations meeting here and attach compu		
ιH	Check	type of organization: 🗸 Section 501(c)(3) exempt p	rivate found	ation	2	E If private	foundation status was	terminated under	
	] Section	on 4947(a)(1) nonexempt charitable trust   Other ta	xable private	found	dation	section 5	607(b)(1)(A), check here	. ▶∐	
ī	Fair n	narket value of all assets at   J Accounting method	t: 🗸 Cash	□ A	ccrual	E If the four	ndation is in a 60-mont	h tormination	
	end o	f year (from Part II, col. (c), Other (specify)				under se	ction 507(b)(1)(B), checi	k here . ▶ □	
_	line 16	6) ► \$ 7070.00 (Part I, column (d) must be	e on cash bası	s.)					
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue	and				(d) Disibursements	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses			investment come	(c) Adjusted net	for charitable purposes	
_		the amounts in column (a) (see instructions).)	books					(cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)		8904	1 %	X 17 11			
	2	Check ► ☑ If the foundation is <b>not</b> required to attach Sch. B	* 10	<i>*</i>	\$1. J.	/\!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(F. 47 - 47 - 47 - 47 - 47 - 47 - 47 - 47	\$\tag{\text{2} \text{2}	
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities						Alexa Na	
	5a	Gross rents							
	b	Net rental income or (loss)	Mr Arm	19	<b>%</b> . %	\$\\ \frac{1}{2}\(\).			
9	9 6a	Net gain or (loss) from sale of assets not on line 10		<u>-</u>			9 (1992) Br		
Device	b	Gross sales price for all assets on line 6a		***	1960 19. 1 1 1166 4	\$' 'A	M. Bakesill	y	
ò	7	Capital gain net income (from Part IV, line 2)	37.30	1.			* * * * * * * * * * * * * * * * * * *	100 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
0	-   -	Net short-term capital gain		<u> </u>	A	<b>%., %, 1</b>		\$ 64 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	9	Income modifications	2010 44		(%) %		<u> </u>		
	10a	Gross sales less returns and allowances	1 3 2 A 1/2	1.	<u>, ., ., </u>				
	b	Less: Cost of goods sold	\$ _X!o	\$ .	**				
	C	Gross profit or (loss) (attach schedule)				<u> </u>		36: 1178	
	111	Other income (attach schedule)	<u> </u>						
	12	Total. Add lines 1 through 11		8904					
ď	14	Compensation of officers, directors, trustees, etc.  Other employee salaries and wages	<del></del>						
Dences	15	<b>D</b>	}		<del></del>				
			<del> </del>						
ц	il h	Accounting food (attack ask ask (b)	<del></del>	_					
٥	C	Other professional fees (attach schedule)	<del> </del>						
į	17	Interest	<del></del>						
Ţ	18	Taxes (attach schedule) (see instructions)							
SK.	19	Depreciation (attach schedule) and depletion	<del></del>						
جَ	20	Occupancy	<del></del>				<u> </u>	W * W * V * V * V * V * V * V * V * V *	
₹ ₫	21	Travel, conferences, and meetings	<del></del>						
֝׆֖֖֖֖֖֖ ֓֞֞֞֞֞֞֓֞֞֞֞֞֩	22	Printing and publications							
	23	Other expenses (attach schedule)	ļ	4697					
₹.£	24	Total operating and administrative expenses.	<u> </u>						
. 2	:	Add lines 13 through 23		4697					
Operating and Administrative	25	Contributions, gifts, grants paid		.557	_ 1,1.1	, .	1812 3814	1647	
	26	Total expenses and disbursements. Add lines 24 and 25		4697				1647	
	27	Subtract line 26 from line 12	12. L. 1	4 50 00	., <u>₹</u> * :	, a <sub>0</sub>	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	12 1 3 5 J A 19	
	a	Excess of revenue over expenses and disbursements		4207	· . 1ga				
	b	Net investment income (if negative, enter -0-) .	-4 √ i + i	、 <sup>4</sup> %,					
	<u> </u>	Adjusted net income (if negative, enter -0-)	\$2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,5	. 12.03			13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

	art II 1 2. 3	Savings and tempor	bearing	8197	End o (b) Book Value 6712	(c) Fair Market Value
	2.	Savings and temporal Accounts receivable Less: allowance for	rary cash investments			7070
		Savings and temporal Accounts receivable Less: allowance for	rary cash investments	abuth the second		
	3	Accounts receivable Less: allowance for	doubtful accounts ▶			
		Less: allowance for	doubtful accounts ▶			
-						
-						
<del></del>						
-						
F						
	<u> </u>					
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₿.						
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· · · · · · · · · · · · · · · · · · ·						

	escribe the kind(s) of brick warehouse, or co				(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr.)
la ,N/A							
b							
<u>c</u>					<del> </del>	<del> </del>	<del></del>
<u>d</u>		<del></del>			<del>}</del>	<del></del>	
<u>e</u>		/f) Depression of	lowed	(a) Cost o	r etner book	(h) Gain	or (loss)
(e) Gross sales pr	ce	(f) Depreciation all (or allowable			r otner basis ense of sale		minus (g))
<u>а</u> b							
C							
<u>d</u>	<del></del>						
Complete only for	or assets showing g	iain in column (h	and owned	by the foundation	on 12/31/60		
- Complete only it	a assets showing g	(i) Adjusted ba					(h) gain minus less than -O-) <b>or</b>
(i) FMV as of 12/31	/69	as of 12/31/6			ss of col. (i) I (j), if any		om col (h))
<u>a</u>							
<u>b</u>							
d d	<del>+</del>	<del></del>					
<u>а</u> е							
<del></del>		<del></del>	f If gain.	also enter in Pa	art I, line 7		<del></del>
Capital gain ne	t income or (net	capital loss)		, enter -0- ın Pa		2	
	capital gain or (lonter in Part I, line	8, column (c)	. See instru	ctions. If (loss	), enter -0- ın <b>)</b>		
	ation Under Se				Net Investment	3 Income	<del></del>
ection 4940(d)(2) ap the foundation lia es," the foundatio	ible for the sectio	on 4942 tax on				pase period?	☐ Yes 🗸
						aking any entries.	<u>-</u>
(a)		(b		1	(c)	<del></del>	(d)
Base period ye alendar year (or tax yea		Adjusted qualifyi	•	s Net value o	of noncharitable-use as		ibution ratio vided by col. (c))
2016				N/A	<del></del>	<del></del>	
2015							
2014							
2013							
2012				<u> </u>			
Total of line 1,							
					n line 2 by 5.0, or ears		
Enter the net va	alue of noncharita	able-use asset	s for 2017 fi	rom Part X, line	5	. 4	
Multiply line 4 t	oy line 3					. 5	
Enter 1% of ne	t investment incc	ome (1% of Pai	t I, line 27b	)		. 6	
		·		•			
Add lines 5 and	16					.   7	

Part		nstructio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	,				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	N/A	<b> </b>			
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	3				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
3	Add lines 1 and 2					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0					
6	Credits/Payments:		, ,			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 <b>6a</b>					
b	Exempt foreign organizations—tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) . 6c		# E			
_d	Backup withholding erroneously withheld	. P. (2) Sa	أَدُّ 'الله .			
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	<del></del>	-			
11 Post	Enter the amount of line 10 to be Credited to 2018 estimated tax ► Refunded ► 11  VII-A Statements Regarding Activities		Ь			
ta.	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes	No			
	participate or intervene in any political campaign?	1a	1			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	"	<del>                                     </del>			
_	instructions for the definition	1b	1			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	W. A	135			
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c	1			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	* * * * * * * * * * * * * * * * * * *	(*)			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<b>  ✓</b>			
•	If "Yes," attach a detailed description of the activities.					
3	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? If "Yes," attach a conformed copy of the changes	3	*c* /			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	1			
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	1			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	1			
	If "Yes," attach the statement required by General Instruction T.		1 1/4/2			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or	3 33.	,			
	• 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?	6	<b>✓</b>			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 🗸				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶					
	COLORADO					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1. 🕹 🖠			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b ✓	ļ			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		12.			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"		,			
40	complete Part XIV	9	_			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses					
	names and addresses	10				

			Yes	No
1	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	11		✓
2	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		✓
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
	Website address ► WWW.CCAD-CO.ORG			
4	The books are in care of ► ERIC REYNOLDS Telephone no. ► 720	934	9764	
	Located at ► 2581 S EAGLE CIR AURORA CO ZIP+4 ►	8001	4	
5	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			
6	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		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	^:	3 \ 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8. .¥
	the foreign country ▶		11.18	
art	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
la	During the year, did the foundation (either directly or indirectly):	* 3	š./.	š.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No	, N.		^ >
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		1	1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes  No			] `{\bar{\bar{\chi}{\chi}}
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes  No			4
	(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		y á	\$ '
	foundation agreed to make a grant to or to employ the official for a period after	%.		10 3
	termination of government service, if terminating within 90 days.)			
ь			11.	N.
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	1118	
	Organizations relying on a current notice regarding disaster assistance, check here			78:
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
С	were not corrected before the first day of the tax year beginning in 2017?	<i>"</i> ·"	, , , , , , , , , , , , , , , , , , ,	3.4
n	· · · · · · · · · · · · · · · · · · ·	1c		<b>\</b>
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)):		*** C	
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?		( "Y)	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		3 3	
~	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		3,10	
	all years listed, answer "No" and attach statement—see instructions.)	2b	1. 22% A	1
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	3 %	\$* .s	1
·	► 20 , 20 , 20 , 20			Par S
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1 1 4	<b>:</b>
<b>-</b> a				
	at any time during the year?		1 5 × 1	`I` '^ '
`—				
	.,			
	•			

F	age 6	

Par	Statements Regarding Activities	tor v	vnich Form	4/20	мау ве н	equire	ea (contil	nuea)	<del></del>		
5a	During the year, did the foundation pay or incur	any am	ount to:						1	Yes	No
	(1) Carry on propaganda, or otherwise attempt t						☐ Yes	✓ No		,	15 44
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?									,	ľ
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									, ,	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
	section 4945(d)(4)(A)? See instructions								'	, ,	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational									'	
	purposes, or for the prevention of cruelty to children or animals?									£ 3.	,
h	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in									; ),	,
_	Regulations section 53.4945 or in a current notice					•			5b	بالمستر ترا	
	Organizations relying on a current notice regards	-	_					▶□	23	97 Ç	<del>, •</del>
С	If the answer is "Yes" to question 5a(4), does t	_								3	,
·	because it maintained expenditure responsibility				•			□No		含、	13. 13
	If "Yes," attach the statement required by Regula		_				[ 163		* .		13.00
60	Did the foundation, during the year, receive any					miumo			8- 1	1 3 3	1
6a	on a personal benefit contract?		•	-				√ No		713 3	
1.	•						Yes	_	11.11	× .	1
b	Did the foundation, during the year, pay premium	is, dire	cuy or indire	cay, on	a persona	peneti	contract		6b		<del>                                     </del>
_	If "Yes" to 6b, file Form 8870.				ti a		<b></b>		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
	At any time during the tax year, was the foundation a						Yes	☑ No	10000	- ·	
	If "Yes," did the foundation receive any proceeds								7b		
Par	VIII Information About Officers, Direc	tors,	rustees, r	ounaa	tion man	agers,	riigniy r	ald E	прюу	ees,	
	and Contractors			ن ما الم		ation (	Sa a la atau	tions			
_1_	List all officers, directors, trustees, and found				mpensation				·-		
	(a) Name and address	hou	e, and average rs per week	∐ (lfı	not paid,	emplo	Contribution byee benefit	plans (	(e) Expe	nse ac allowar	count, ices
		devot	ed to position	er	ter -0-)	and def	erred compe	ensation			
N/A				l		İ					
				ļ		<b> </b>					
						<b>-</b>					
						<b>!</b>		ļ			
								-			
						<u> </u>					
2	Compensation of five highest-paid employee	es (oth	er than tho	se incl	uded on li	ne 1—	see instr	uctions	s). If n	one,	enter
	"NONE."			_	_						
			(b) Title, and a	verage			(d) Contrib	utions to			
	(a) Name and address of each employee paid more than \$50,00	10	hours per v	veek	(c) Compe	nsation	employee	benetit   deferred	(e) Expe	nse ac allowar	count, ices
			devoted to p	osition			compen				
N/A											
			ľ								
			1		1						
			1								
			1		1		ļ	ļ			
	<del></del>		† <del></del>		<b> </b>						
			1		1						
					<del> </del>		<del> </del>		<del></del>		
			1		1		]	}			
Total	number of other employees paid over \$50,000 .		<del></del>		<u> </u>		<del></del>	. ▶			
			<u> </u>	<u></u>		<u> </u>	<del></del>	لحتن			

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Form	990-PF	(2017)
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Pari	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	oloyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE.	31
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A		
Total	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
3		
•		
4		
· D		
	IX-B 3 Summary of Program-Related Investments (see instructions) cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	N/A	Alloun
•		
2		
_	other program-related investments. See instructions	
3		
Total	Add lines 1 through 3	
		orm <b>QQD_PF</b> (2017)

Part		ign found	dations,
	see instructions.)	<del>,                                    </del>	- · · · · · · · · · · · · · · · · · · ·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	0
ь	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
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	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
, _	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	
Part	and certain foreign organizations, check here ▶ □ and do not complete this part.)	oundatio	ns 
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2017 from Part VI, line 5	\	
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	0
Pärt	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	P. A.	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1647
	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	\$	
	Suitability test (prior IRS approval required)	3a	
p	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	1647
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	1647
	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 whether	the foundation

art :	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
0	Undistributed income, if any, as of the end of 2017				6 11
2	Enter amount for 2016 only	Į			
a b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:	,			· /
а	From 2012				14.4
b	From 2013			, , ,	
G	From 2014				
ď	From 2015		, ,		
e	From 2016		* ***		
f	Total of lines 3a through e	0	* ,	, , , ,	
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	4			
а	Applied to 2016, but not more than line 2a.				
b	Applied to undistributed income of prior years (Election required—see instructions)	, ,			
C	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2017 distributable amount	A. A. N. A. Y.		*:	
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same 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				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
e	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				
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) .				
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
10	Analysis of line 9:		1,3,7,5,5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Excess from 2013	J , , , .			
b	Excess from 2014				
С	Excess from 2015		1 1 1 1 1 1 1 1		
d	Excess from 2016				
е	Excess from 2017		2 2 3 38 33	1 4 5 4 4	

	90-PF (2017)					Page 10		
Part					))			
1a	If the foundation has received a ruling							
_	foundation, and the ruling is effective fo	/A						
	Check box to indicate whether the four		operating tounda		ection	(3) or 4942(j)(5)		
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	ļ	Prior 3 years	· · · · · · · · · · · · · · · · · · ·	(e) Total		
	investment return from Part X for	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014			
	each year listed	ļ <u> </u>			//_	<del></del>		
b	85% of line 2a							
С	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.			1				
а	"Assets" alternative test-enter:			1				
	(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,	,	Y					
	dividends, rents, payments on securities loans (section	/						
	512(a)(5)), or royalties)							
	(2) Support from general public							
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							
	(3) Largest amount of support from an exempt organization							
	(4) Gross investment income							
Part	XV Supplementary Information	on (Complete th	nis part only if t	he foundation h	ad \$5,000 or m	ore in assets at		
	any time during the year-	-see instruction	ns.)					
1	Information Regarding Foundation	Managers:						
а	List any managers of the foundation					by the foundation		
	before the close of any tax year (but o	only if they have co	ontributed more th	nan \$5,000). (See s	ection 507(d)(2).)			
NONE								
þ	List any managers of the foundation					rge portion of the		
	ownership of a partnership or other ei	ntity) of which the	foundation has a	10% or greater int	erest.			
NONE								
2	Information Regarding Contribution							
	Check here ▶ ☐ if the foundation	only makes conti	ributions to prese	lected charitable	organizations and	does not accept		
	unsolicited requests for funds. If the f	oundation makes	gifts, grants, etc.,	to individuals or o	rganızations unde	r other conditions,		
	complete items 2a, b, c, and d. See ir		<del>-,,</del>					
а	The name, address, and telephone nu	ımber or email adı	dress of the perso	n to whom applica	itions should be a	ddressed:		
b	ne form in which applications should be submitted and information and materials they should include:							
_	applications of our		=o.manon and	atorials tries sile	ala moidde.			
С	Any submission deadlines:							
d	Any restrictions or limitations on av	vards, such as h	V deographical a	reas charitable fu	elds kinds of ins	titutions or other		
	factors.		, goograpinoai a	. Jao, Grantable III	olog Kiliug Of Illa			

Part XV Supplementary Information (con	tinued)			
3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	ruipose oi grant oi	Arnount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
SAINT MARY'S A CATHOLIC SCHOOL NORTH RIVER ROAD	N/A		SCHOOL SUPPLIES	\$1647.00
KINGSTOWN SAINT VINCENT, WEST INDIES				
		1		
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		}		
		į		
Total	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · ·	3a
b Approved for future payment	<del>† · · · · · · · · · · · · · · · · · · ·</del>	<del></del>	<u> </u>	Da
,				
				-
		!		
Total	<u></u>	L		Rb .

	gross amounts unless otherwise indicated.		siness income	Excluded by sect	on 512, 513, or 514	(0)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exemp function income (See instructions.
1	Program service revenue:					(See Inclidentions
	N/A					
	)		<del></del>			
1	)					
1	<u> </u>					
•						
				ļ		
	Fees and contracts from government agencies			<u> </u>		
	Membership dues and assessments			<u> </u>		
	nterest on savings and temporary cash investments		<del></del>			
	Dividends and interest from securities					
5	Net rental income or (loss) from real estate	~	·	. S. S. S.	with the the	
	Debt-financed property		<del></del>			
	Not debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events			l		
	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
ı	)					
•	·					
	Subtotal. Add columns (b), (d), and (e)					
	Explain below flow each activity for which	ccomplishme		<del></del>	-A contributed ii	nportantly to the
	N/A	poses (other than	by providing fun	ds for such purp	oses), (See Instruc	ctions.)
					~	

Day.	VAV/II	1	n Dogordin - Tron	oform to and Turns a star	Dalatianah	ina Mith Nanaha	wita b la		96 10
Part	XVII			sfers to and Transaction	ns and Relationsh	ips with Noncha	ritable	≠ ⊏xe	mpt
		Organizati			<del></del>	<del></del>			
1				ngage in any of the followin			1.	Yes	No
			ther than section	501(c)(3) organizations) or	in section 527, re	elating to political		,	:
	orgai	nızatıons?							
а	Trans	Transfers from the reporting foundation to a noncharitable exempt organization of						, Y	,
_		Cash		•			1a(1)	* ~~	✓
									<del></del>
	• •	ther assets					1a(2)	·	
b		r transactions:							'
				mpt organization			1b(1)		
				ble exempt organization .			1b(2)		
	(3) R	lental of facilities	, equipment, or other	assets			1b(3)	Ì	✓
							1b(4)		<b>√</b>
		oans or loan gua					1b(5)		<b>√</b>
	• •	_		p or fundraising solicitation			1b(6)		<u> </u>
_									<del></del>
C				ts, other assets, or paid em			1c		
d				," complete the following s					
				es given by the reporting for					
	value	in any transacti	on or sharing arrange	ement, show in column (d) ti	ne value of the goods	s, other assets, or se	ervices	recei	ved.
(a) Line	no	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Description of transf	iers, transactions, and sh	aring arra	angeme	ents
	_								
	-+				<del></del>				
					<del> </del>				
			<del></del>		<del></del>			_	
						<u></u>			
			<del></del>		<del></del>				
	<del></del>	-		<del></del>		<del></del>			
				·					
					<u></u>				
2a	Is the	e foundation dire	ctly or indirectly affi	liated with, or related to, o	ne or more tax-exen	npt organizations			
	desc	ribed in section 5	601(c) (other than sec	tion 501(c)(3)) or in section :	527?	[	☐ Yes	П	No
b	If "Ye	s," complete the	following schedule.			·			
		(a) Name of organ	<del></del>	(b) Type of organization		(c) Description of relation	nship		
					<del></del>	(-)			
		- <del></del>			<del></del>	<del></del>			
			<del></del>		<del></del>				
				<del></del>					
						<del></del>			
	T								
Di	Unde	er penalties of penury. T	declare that I have examined	this return, including accompanying son taxpayer) is based on all information	chedules and statements, ar	nd to the best of my knowle	dge and b	elief, it	is true,
Sign		or, and somplete treel	Displace totale that	_ \ \	_	May the	IRS discus	ss this	return
Here				105/14/18	PRESIPEN	with the	oreparer s	hown b	elow?
		ature of officer or trus	stee	Date Title		See instru	ictions [	Yes	⊔ио
<u> </u>		Print/Type preparer	's name	Preparer's signature	Date		PTIN		
Paid						Check [] if	•		
Prepa		<u> </u>		<del></del>		self-employed			
Use (	Only	Firm's name			<del> </del>	Firm's EIN ▶			
		Firm's address 🕨				Phone no			