EXTENDED TO NOVEMBER 15, 201
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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	rcale	ndar year 2017 or tax year beginning		<u> </u>	, and ending	 		
N	ame o	f foundation	A Employer identification	number				
THIRY-O'LEARY FOUNDATION								
C/O KENT J THIRY Number and street (or P O box number if mail is not delivered to street ad						45-4059068		
				address)	Room/suite	B Telephone number		
	<u> 200</u>	0 16TH STREET			N.	(303)405-2	000	
Cı	ty or 1	town, state or province, country, and ZIP or	foreign p	ostal code	1	C If exemption application is p	ending, check here	
_1	DEN	WER, CO 80202		کیہ			`	
G	Chec	k all that apply: Initial return		Initial return of a fo	rmer public charity	D 1 Foreign organization:	s, check here	
		Final return		Amended return			•	
		Address change	9	Name change		2 Foreign organizations me check here and attach co	eeting the 85% test, proputation	
H	Chec	k type of organization: X Section 50	1(c)(3) ex	cempt private foundation	04	 E If private foundation sta	tus was terminated	
	□ se	ection 4947(a)(1) nonexempt charitable trus		Other taxable private founda	tion U	under section 507(b)(1		
ı F	aır m	arket value of all assets at end of year J	Account	ng method: X Cash	Accrual	F If the foundation is in a	•	
(from	Part II, col. (c), line 16)	O	ther (specify)		under section 507(b)(1		
	▶\$	27,436,001. (Pa	rt I, colur	nn (d) must be on cash basis	5.)	, ,,		
P	art	Analysis of Revenue and Expenses		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
		The total of amounts in columns (b), (c), and (d) necessarily equal the amounts in column (a))	may not	expenses per books	income	income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received		555,341.		N/A	ļ	
	2	Check If the foundation is not required to attac	h Sch B					
	3	Interest on savings and temporary cash investments	<u>سا</u>		4		1	
	4	Dividends and interest from securities	1	424,733.	424,733.	;	STATEMENT 2	
.	5a	Gross rents	4				}	
2019	1	Net rental income or (loss)					1	
	آم ا	Net gain or (loss) from sale of assets not on line 1	n	90,176.			STATEMENT 1	
FEB 14		Gross sales price for all 2,015,9						
— §	7	Capital gain net income (from Part IV, line 2)		,	1,143,292.		1	
出音	8	Net short-term capital gain			,			
	9	Income modifications						
A.	10a	Gross sales less returns						
SCANNED	١.	Less Cost of goods sold						
3		Gross profit or (loss)					1	
3	- 1	Other income		57,221.	57,221.		STATEMENT 3	
Ö	12	Total Add lines 1 through 11		1,127,471.	1,625,246.		!	
	13	Compensation of officers, directors, trustees, etc		0.	0.	D = 0	0.	
	14	Other employee salaries and wages				RECIEV	ED	
		Pension plans, employee benefits				0	70	
ď	3 162	Legal fees STMT	4	1.180.	0.	8 NOV 21 20		
2	2	Accounting fees STMT	_	24,790.	0.	8148		
Š	} ,	Other professional fees	-		3.		0.	
9	17	Interest		6.	6.	OGDEN, I	JT O.	
Administrative Expens	18	Taxes STMT	6	14,362.	14,362.		0.	
4	19		Ū	14,302.	14/5021		1	
	20	Occupancy		-			<u>'</u>	
Ę	21							
7	2 22	Printing and publications			,			
ř	0 22	Other expenses STMT	7	6,027.	4,551.		0.	
Onerating and	23	Total operating and administrative	,	0,0210				
7	2 24	expenses. Add lines 13 through 23		46,365.	18,919.		0.	
ć	2 25	Contributions, gifts, grants paid		2,108,111.	10,919.	<u> </u>	2,108,111.	
				2,100,111.			2,100,111.	
	20	Total expenses and disbursements.		2,154,476.	18,919.		2,108,111.	
_	07	Add lines 24 and 25		4,134,4/0.	10,313.		2,100,111.	
	Į.	Subtract line 26 from line 12:		-1 027 00E				
		Excess of revenue over expenses and disburseme		<1,027,005.			1	
		Net investment income (if negative, enter -0-)		1,606,327.	37 / 3	1	
		Adjusted net income (if negative, enter -0-)		<u> </u>		N/A		

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year		End of year		
Part II Balance Sneets column should be for end-of-year amounts only			(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		99,910			
	2	Savings and temporary cash investments	4,336,751.	2,678,642	2,678,642.		
	3	Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ►					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable	7				
	6	Receivables due from officers, directors, trustees, and other		•			
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts ▶					
₂	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges			,		
Ÿ	10a	Investments - U.S. and state government obligations					
	l	Investments - corporate stock STMT 8	11,601,124.	14,142,653	18,534,378.		
	l c	Investments - corporate bonds STMT 9	5,202,839.	2,695,212	2,619,659.		
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans		·			
	13	Investments - other STMT 10	2,725,000.	2,800,000	3,057,263.		
	14	Land, buildings, and equipment; basis ▶					
		Less accumulated depreciation					
	15	Other assets (describe ► STATEMENT 11)	23,245.	446,149	446,149.		
	16	Total assets (to be completed by all filers - see the		_			
		instructions. Also, see page 1, item I)	23,888,959.	22,862,566	27,436,001.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
ç	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
abi	21	Mortgages and other notes payable					
=	22	Other liabilities (describe)					
_	23	Total liabilities (add lines 17 through 22)	0.	0) <u>.</u>		
		Foundations that follow SFAS 117, check here					
"		and complete lines 24 through 26, and lines 30 and 31.					
ces	24	Unrestricted					
lan	25	Temporarily restricted					
Ä	26	Permanently restricted			_ 1		
Fund Balanc		Foundations that do not follow SFAS 117, check here					
		and complete lines 27 through 31.		_			
Assets or	27	Capital stock, trust principal, or current funds	0.		<u> </u>		
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0			
ţ	29	Retained earnings, accumulated income, endowment, or other funds	23,888,959.	22,862,566			
Net	30	Total net assets or fund balances	23,888,959.	22,862,566	<u> </u>		
			23,888,959.				
_	31	Total liabilities and net assets/fund balances	22,862,566	•			
P	art	Analysis of Changes in Net Assets or Fund B	alances	•			
$\overline{1}$	Total	linet assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1 23,888,959.			
2		r amount from Part I, line 27a	2 <1,027,005.				
		r increases not included in line 2 (itemize) NON DIVIDEN		3 612.			
		lines 1, 2, and 3		4 22,862,566.			
5	Decr	eases not included in line 2 (itemize)		[5 0.		
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		6 22,862,566.		
					Form 990-PF (2017)		

Form 990-PF (2017) C/O KENT J THIRY

P	Part IV Capital Gains	and Losses for Tax on I	nvestment	Income	_						
		the kind(s) of property sold (for exarehouse; or common stock, 200 st		te,	(b)	low ac - Purc - Dona	quired hase ation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
1a	· · · · · · · · · · · · · · · · · · ·										
b	SEE ATTACHED	STATEMENTS									
C)			_							_
ď											
е					<u> </u>						_
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale					ain or (loss s (f) minus		
a	. <u>.</u>									_	_
b								_			
C	<u> </u>										
d											
е	2,015,907.			872,61	5.					1,143,292	•
	Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69.					Col. (h) gain		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			CC		not less that (from col. (
a	ı										
b											
C											
d											
е	:			•						1,143,292	•
	-	∫ If gain, also ente	er in Part I, line	7	1						
2	Capital gain net income or (net ca	ipital loss) { If gain, also enter-	0- in Part I, line	7	<i>]</i> [2				<u>1,143,292</u>	•
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	nd (6):								
-	If gain, also enter in Part I, line 8,				<i>]</i> [
	If (loss), enter -0- in Part I, line 8				Л	3			N/A	·	
P	Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estm	ent In	come			
lf s Wa	section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the section liable for the sec	tion 1912 tax on the distributable at	mount of any yo	par in the base per		•				Yes X No	,
		y under section 1910(e). Do not co									_
1		each column for each year; see the	Instructions bei	fore making any e						(4)	_
	(a) Base period years	(b) Adjusted qualifying di	otributions	Net value of no	(c)	utabla	una annati	,	Distrib	(d) outlon ratio	
- 1	Calendar year (or tax year beginni	·· ·s ···/		ivet value of flo					(col. (b) div	rided by col. (c))	_
	2016		08,820.				$\frac{3,630}{3}$.06906	_
	2015		0,895.				3,98			.05404	
	2014		74,602.				7,17!	_		.04811	
	2013		3,805.				4,10			.05944	
	2012	56	51,474.		<u> </u>	<u>,67</u>	<u>6,16:</u>	3.		.07314	5
2	Total of line 1, column (d)							2		.30382	4
3	Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.0), or by the numbe	er of y	ears/					
	the foundation has been in existe	nce if less than 5 years						3		.06076	<u>5</u>
4	Enter the net value of noncharitab	ole-use assets for 2017 from Part X	, line 5					4	_2	6,049,446	•
5	Multiply line 4 by line 3							5		1,582,895	•
6	Enter 1% of net investment incon	ne (1% of Part I, line 27b)						_6		16,063	<u>•</u>
,	Add lines 5 and 6							,		1 500 050	
,	Add lines 5 and 6							7_		1,598,958	•
8	Enter qualifying distributions from	n Part XII, line 4						8		2,108,111	•
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	g a 19	% tax r	ate.				

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,_	(2017) C/O KENT J THIRY		4	<u>5-405</u>	<u>9068</u>	<u> </u>	Page 4
/i	Excise Tax Based on Investment Income (Section 4940		e), or 49	48 - see	instru	ction	<u>15)</u>
	operating foundations described in section 4940(d)(2), check here 🕨 📖 and en) -				"{
e of ru	uling or determination letter: (attach copy of letter if nece	ssary-see instructions)	-				
nestic	c foundations that meet the section 4940(e) requirements in Part V, check here 🕒	X and enter 1%	} _	1	<u> </u>	6,0	<u>63.</u>
art I,	line 27b (
other	domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part I, line 12, col. (b).	ノ _				
unde	er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	ers, enter -0-)		2			0.
	s 1 and 2		L	3	1	6,0	<u>63.</u>
	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; oth	nerc, enter -0)	L	4			0.
	ed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	1	6,0	<u>63.</u>
	Payments:						1
	timated tax payments and 2016 overpayment credited to 2017	6a 15,	898.				1
	foreign organizations - tax withheld at source	6b	0.				
-	with application for extension of time to file (Form 8868)	6c 13,	000.				İ
-	withholding erroneously withheld	6d	0.		_		
	dits and payments. Add lines 6a through 6d			7	2	8,8	98.
	y penalty for underpayment of estimated tax. Check here X if Form 2220 is attac	hed		8			0.
	If the total of lines 5 and 8 is more than line 7, enter amount owed		▶	9	••		
	ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	,		10	1	2.8	35.
	a amount of line 10 to be: Credited to 2018 estimated tax	12,835. Refun		11			0.
	A Statements Regarding Activities						
	he tax year, did the foundation attempt to influence any national, ctate, or local legisle	ntion or did it participate or	intorvono in			Yes	No
-	cical campaign?				1a		X
	end more than \$100 during the year (either directly or indirectly) for political purpos	es? See the instructions for	the definiti	on	1b		X
	swer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of						
	ed by the foundation in connection with the activities.	turiy matorialo poblicitos or					1
	coundation file Form 1120-POL for this year?				10		X
	e amount (if any) of tax on political expenditures (section 4955) imposed during the	vear'					<u> </u>
	the foundation. > \$ 0 . (2) On foundation managers.		0.				1
	o roimbursoment (if any) paid by the foundation during the year for political expendit						
		nie rax imposed on lounda	uon				
	rs.▶\$0.	co			2		X
	foundation engaged in any activities that have not previously been reported to the IR	3f			-	<u> </u>	
	attach a detailed description of the activities.						
	foundation made any changes, not previously reported to the IRS, in its governing in	istrument, articles of incorp	oralion, or		- <u>-</u> -		 -
	or other similar instruments? If "Yes," attach a conformed copy of the changes	0			3		X
	foundation have unrelated business gross income of \$1,000 or more during the year	•		BT / B	4a		
	has it filed a tax return on Form 990-T for this year?			N/A	4b		
	re a liquidation, termination, dissolution, or substantial contraction during the year?				5	 	X
•	attach the statement required by General Instruction T						
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:					
•	guage in the governing instrument, or						
	te legislation that offoctively amends the governing instrument so that no mandatory	directions that conflict with	n the state k	aw			
	n the governing instrument?				6	 -	X
	foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	ete Part II, col. (c), and Par	t XV		7	X	
the f						İ	
					-	١.	
	e states to which the foundation reports or with which it is registered. See instruction	15.			1	1 1	1 1
er the					-	ł	1
er the	e states to which the foundation reports or with which it is registered. See instruction swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At		te)		-		
or the O			te)		- 8b	<u>x</u>	
or the O ne ans	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designat		dar	8b	<u>x</u>	
or the O ne ans each s	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At state as required by General Instruction G? If "No," attach explanation	torney General (or designate		dar	8b 		

723531 01-03-18

Adamy time during the year, off the foundation, directly or indirectly, own a controlled entity within the meaning of section 51/20/(137) If 1/19/2, afterts schedule. See instructions	P	art VII-A	Statements Regarding Activities (continued)			
section 512(b) (13)? If IT'es, attach schedule. See instructions 10 ofth the foundation makes declivation to a denore adveced fund over which the foundation or a discussified person had adveory privilege? If Yes, attach statement. See instructions 13 ofth the foundation or empty with the public inspection regeroment for its annual returns and examption application? Website address > N/A 11 The books are in care of PRANK, RIMERMAN & CO. LLP Located at P 18 10 1 PACE MILL ROAD, PALO ALTO, CA 15 Section 4947(a)(1) nonexempt charitable trusts filing from 990-PF in less of Form 141-1-check here and either manumant of tax exempts interest received or accreated furning the year 16 A lary time during calendar year 2017, 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? 18 A lary time during calendar year 2017, 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? 19 Part VII-B (Statements Regardling Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 19 Journal by easy, did the foundation diether derectly or indirectly; 10 Lingage in the safe to exchange, or lessing of property with a disqualited person? 21 Service many from, lend money (or or otherwise extent ored) it of or accept in from) a disqualited person? 22 Service many from, lend money (or or otherwise extent ored) it of or accept in from) a disqualited person? 23 Furnish goods, services, or facilities to (or accept them from) a disqualited person? 24 Furnish goods, services, or facilities to (or accept them from) a disqualited person? 25 Furnish goods, services, or facilities to (or accept them from) a disqualited person? 26 Agree to pay rimeny or property to a government official? (Exception Check. No 27 Furnish goods, services, or facilities to a description or to empty		•			Yes	No
12	11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			_
12		section 51	2(b)(13)? If "Yes," attach schedule. See instructions	11		Х
If "res," attach statement, See instructions So did the foundation exemply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A The books are in care of FRANK, RIMERMAN & CO. LLP Telephone no. ► (650) 845 −810 0 Located at ► 1801 PAGE MTILL ROAD, PALO ALTO, CA 279.44 ► 943.04 So Section 4947(a)(1) nonexempt charable trusts filing form 990.9F in lieu of Form 1041 - check here and enter the amount of tax exemptin interact received or accrued during the year 16	12					
13 X			· · · · · · · · · · · · · · · · · · ·	12		X
Webste address \rightarrow \ri	13	-		_	x	
14 The books are in care of ▶ FRANK, RIMERMAN & CO. LIP Telephone no ▶ (650) 845-8100 Located at ▶ 1801 PAGE MILLI ROAD, PALO ALTO, CA 15 Section 497(a)(1) nonexempt charabbe trusts thing form 990-PF in the of form 1041-check here and enter the amount of the cavement effect received or accrued during the year 16. All any time during cleaner's year 2017, do the foundation have an interest in or a signature or other authority over a bank, securines, or other financial account in a foreign country? See the insertucions for exceptions and thing regular enters 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. 15 Uning the year, did the foundation (either directly or indirectly); 16 [In grape in the sale or exchange, or lessing of property with a disqualified person? 17 Egerow money from, land money to, or otherwise extend credit to (or accept it from) 28 Borrow money from, land money to, or otherwise extend credit to (or accept it from) 39 Egerow money from, land money to, or otherwise extend credit to (or accept it from) 30 Firmish goods, sevores, or facilities to (or accept them from) at disqualified person? 30 Firmish goods, sevores, or facilities to (or accept them from) at disqualified person? 30 Firmish goods, sevores, or facilities to (or accept them from) at disqualified person? 41 Pay compencation to, or pay or remburse the expenses of, a disqualified person? 42 Firmish goods, sevores, or facilities to (or accept them from) at disqualified person? 43 Firmish goods, sevores, or facilities to (or accept them from) at disqualified person? 44 Pay compencation in or, or pay or remburse the expenses of, a disqualified person? 45 Firmish and the foundation of the acception of the foundation of the person of the foundation of the acception of t	•		•			'
Located at № 1801 PAGE MILL ROAD, PALO ALTO, CA Section 4947(a)(1) nonexempt charactable trusts filting Form 990-PF in leve of Form 1041 - chock here and enter the amount of tax exempt infered 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 over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. ► Part VIII-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. 1a During the year, did the foundation (either directly or officially: (1) Engage in the sale oil exchange, oil leasing of property with a disqualified person? Yes Xec No (2) Borrow money from, lend money to, or otherwise extend ordefit to (or accept it form) a disqualified person? Yes Xec	14			845-	810	0
15 Section 4947(a)(1) nonexempt charatable trusts laing Form 990-PF in lieu of Form 1041 - check here and onter the amount of tax exempt interect 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 over a bank, securities, or other financial account in a foreign country? 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. 1a During the year, did the foundation (either directly or indirectly): 1) Cingage 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) Furneh goods, services, or facilities to (or accept them from) a disqualified person? 4) Yes No 2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 4) Yes No 2) Formeth goods, services, or facilities to (or accept them from) a disqualified person? 4) Yes No 2) Formeth goods, services, or facilities to (or accept them from) a disqualified person? 4) Yes No 2) Formeth goods, services, or facilities to (or accept them from) a disqualified person? 4) Yes No 3) Furneh goods, services, or facilities to (or accept them from) a disqualified person? 4) Yes No 4) Pay compencation to, or pay or remitter the manual and acception of either available for the benefit or use of a disqualified person? 5) Transfer any income or assets to a desqualified 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 poverment official? (Exception Check No 4) If we have a company of the acception of the directly of the directly of the directly of the direc	•					<u> </u>
and enter the amount of tax exempt interest reserved 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 over a bank, securities, or other financial account in a foreign country? 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. 1a During the year, did the foundation (either directly or indirectly). (1) Engage in the sale oil exchange, or leasing of properly with a disqualified person? Yes X No Yes	15				·	\Box
Securities, or other financial account in a foreign country	•			N	1/ Δ	
Securities, or other financial account in a foreign country? See the instructions for exceptions and filling 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. 1a Duming the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	16		- · · · · · · · · · · · · · · · · · · ·			No
See the nistructions 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. 1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay composition to, or pay or reimburs the exponses of, a disqualified person? Yes X 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) Yes X 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.) Yes X No b) If any answer is 'Yes' to Ta(1) (6), did any of the acts lat to quality under the exceptions described in Regulations coetion 53. 4911(a)-3 or in a current notice regarding discater accestance, check here Yes X No b) If the foundation angue in a prior year in any of the acts described in Ia, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? Yes X No c) Extra the year's Yes X No Yes X Ye	1			16		_
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Sa 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))? (2) Influence the outcome of any specific public election (see section 4945); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Provide for any purpose other than roligious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than roligious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) If any answer is Yes' to distinct or animals? (8) If any answer is Yes' to distinct or animals? (9) If any answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (9) ESE STATEMENT 13 X Yes No (1) If Yes, attach the statement required by Regulations section 53.4945-5(d). (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (1) If Yes, attach the statement required by Regulations section 53.4945-5(d). (8) Did the foundation, during the year, pean yeremiums, directly or indirectly, to pay premiums on a personal benefit contract? (1) If Yes, attach the statement required by Regulations are part to a prohibited tax shelter transaction? (1) If Yes, and the foundation diam and party to a prohibited tax shelter transaction? (1) If Yes to 8b, the Form B870. (1) If Yes to 8b, the Form B870. (2) If If If If If If If If If If If If If	Form 990-PF (2017) C/O KENT J THIRY Part VII-B Statements Regarding Activities for Which I	Form 4720 May Re I	Required (control	45-40590	068	Р	age 6
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Part VIII	,						
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average plotts per week devoted to position (if not paid, enter -0-). (if not paid,			Ye	<u> </u>		\dashv	15 111
Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Titls, and average hours per week devoided to position (it not paid, enter -0-). (b) Titls, and average hours per week devoided to position (it not paid, enter -0-). (c) Compensation (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other accounts (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other accounts (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other accounts (it not paid, enter -0-). (e) Expense account, other accounts (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other accounts (it not paid, enter -0-). (e) Compensation (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other accounts (it not paid, enter -0-). (e) Compensation (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other account, other allowances (it position). (e) Compensation (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other allowances (it position). (e) Compensation (it not paid, enter -0-). (d) Commensation (it not paid, enter -0-). (e) Expense account, other account, other allowances (it position). (e) Expense account, other account, other allowances (it position). (e) Compensation (it not paid, enter -0-). (f) Commensation (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, enter -0-). (it not paid, ente					7b		
(a) Name and address (b) Title, and average hours per week devoted to position (fill not paid). (fill not pa		ees, roungation wia	inagers, riigniy	y			
RENT J. THIRY	1 List all officers, directors, trustees, and foundation managers and t	heir compensation.					
2000 16TH ST	(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acc al) Expe ount, o lowan	nse other ces
DENVER, CO 80202	KENT J. THIRY	SECRETARY					
DENISE M. O'LEARY PRESIDENT	2000 16TH ST						
2000 16TH ST	DENVER, CO 80202	0.25	0.	0.			0.
DENVER CO 80202	DENISE M. O'LEARY	PRESIDENT					
MATTHEW THIRY 2000 16TH ST DENVER, CO 80202 CHRISTINA THIRY 2000 16TH ST DENVER, CO 80202 DENVER, CO 80202 O.25 O. 0. 0. 0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contrabuents to employee and deferred allowances (e) Expense account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000					l		
2000 16TH ST DENVER, CO 80202 CHRISTINA THIRY 2000 16TH ST DENVER, CO 80202 0.25 0.0.0.0.0.0.0.0.25 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee enter plants allowances of each employee paid more than \$50,000 (e) Expense account, other allowances of each employee paid more than \$50,000 (e) Expense exp	DENVER, CO 80202			0.			0.
DENVER, CO 80202 CHRISTINA THIRY TREASURER 2000 16TH ST DENVER, CO 80202 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation NONE (d) Compensation (d) Compensation (d) Compensation (e) Expense employee benefit plans account, other allowances (e) Compensation Total number of other employees paid over \$50,000		VICE PRESIDEN	ήT				
CHRISTINA THIRY 2000 16TH ST DENVER, CO 80202 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Commensation employees add deferred compensation and deferred compensation. (e) Expense account, other allowances.							
2000 16TH ST DENVER, CO 80202 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee pard more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other employees pard over \$50,000			0.	0.			0.
DENVER, CO 80202 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000		TREASURER					
2 Compensation of five highest-paid employees (other than those included on line 1). 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 NONE (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							_
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to enployee benefit plans account, other allowances (e) Expense enclosed account, other allowances NONE Total number of other employees paid over \$50,000				0.	<u> </u>		<u>0.</u>
(a) Name and address of each employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000	2 Compensation of live highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NUNE."	(d) Contributions to	10	Fyne	nse
Total number of other employees paid over \$50,000 ■ 0	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	acc	ount, d	other
	NONE						
					<u> </u>		
					İ		
					-		
			-				
	Total number of other employees paid over \$50,000				<u> </u>		
	יסינים וותוחוסבי כו סווובי בווויוסאבים משום טעפו שָסט,טטט	·-·		Form	990-	PF c	

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۹		/()	KENT		THIR

Part VIII Information About Officers, Directors, Trustees, Fo Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevan number of organizations and other beneficiaries served, conferences convened, research paper.	it statistical information such as the ore produced, etc.	Expenses
1 N/A		
2	•	
3		•
``		,
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax y	year on lines 1 and 2	Amount
1 N/A	ear on mies i and 2.	Amount
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.

Page 8

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	s, 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	1a	22,742,694.
	Average of monthly cash balances	1b	3,703,444.
C	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	26,446,138.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	26,446,138.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	396,692.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,049,446.
6	Minimum investment return Enter 5% of line 5	6	1,302,472.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certair	
1	Minimum investment return from Part X, line 6	1	1,302,472.
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.)]	
C	Add lines 2a and 2b	2c	16,063.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,286,409.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,286,409.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,286,409.
P	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	1a	2,108,111.
b	Program-related investments - total from Part IX-B	1b	0.
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:		1
а	Suitability test (prior IRS approval required)	3a	
Ь	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	2,108,111.
5	Foundations that qualify under section 1940(e) for the reduced rate of tax on net investment	-	
	income. Enter 1% of Part I, line 27b	5	16,063.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,092,048.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies 1	for the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

		(a)	· (b)	(c)	(d)
		Corpus	Years prior to 2016	2016	2017
1	Distributable amount for 2017 from Part XI,				
	line 7				1,286,409.
2	Undistributed income, if any, as of the end of 2017				
a	Enter amount for 2016 only			0.	
b	Total for prior years:		ĺ		
	,,		0.		
3	Excess distributions carryover, if any, to 2017:				
а	From 2012 179,194.				
þ	From 2013 259,732.				
C	From 2014 25, 497.				;
	From 2015 · 146,128.				
	From 2016 457, 318.				
	Total of lines 3a through e	1,067,869.			
	Qualifying distributions for 2017 from				
	Part XII, line 4: ► \$ 2,108,111.				
	Applied to 2016, but not more than line 2a			0.	
	Applied to undistributed income of prior		^		
	years (Election required - see instructions) Treated as distributions out of corpus	<u> </u>	0.		
	•	о.			
	(Election required - see instructions)			<u> </u>	1,286,409.
	Applied to 2017 distributable amount Remaining amount distributed out of corpus	821,702.			1,200,409.
_	Excess distributions carryover applied to 2017	0.			0.
	(If an amount appears in column (d), the same amount				
6	must be shown in column (a)) Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,889,571.			
	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.		
е	Undistributed income for 2016. Subtract line			_	
	4a from line 2a. Taxable amount - see instr.			0.	
	Undistributed income for 2017. Subtract				
	lines 4d and 5 from line 1. This amount must				_
	be distributed in 2018			<u> </u>	
	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election	ا م			
	may be required - see instructions)				
	Excess distributions carryover from 2012 not applied on line 5 or line 7	179,194.	,		
	Excess distributions carryover to 2018.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	Subtract lines 7 and 8 from line 6a	1,710,377.			
	Analysis of line 9:	<u> </u>			
	Excess from 2013 259, 732.		,		
	Excess from 2014 25, 497.				
	Excess from 2015 146, 128.				
	Excess from 2016 457,318.				
	Excess from 2017 821,702.				

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Form **990-PF** (2017)

	J THIRY				059068 Page 1
Part XIV Private Operating Fo			II-A, question 9)	<u>N/A</u>	· · · · · · · · · · · · · · · · · · ·
i a If the foundation has received a ruling or					,
foundation, and the ruling is effective for			· ▶∟		1010()(5)
b Check box to indicate whether the founda		ng foundation described		1912(j)(3) or	<u>1912(J)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(a) 2017	(6) 2010	(6) 2010	(4) 2014	(0) 10121
investment return from Part X for					
each year listed b 85% of line 2a	$\overline{}$				-
c Qualifying distributions from Part XII,		 	 	 /	
line 4 for each year listed					
d Amounts included in line 2c not	$\overline{}$		 		
used directly for active conduct of	`				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "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					
c "Support" alternative test - enter:			<u> </u>		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities, Joans (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		A - 48-1	if the formulation	- b - d 65 000	
Part XV Supplementary Infor			if the foundation	n nad \$5,000 or n	nore in assets
at any time during th	· — ·	ructions.)			
1 Information Regarding Foundation	-	11 00/(111-4-1	Ab., A		
a List any managers of the foundation who year (but only if they have contributed me			tributions received by ti	ne roundation before the c	lose of any tax
SEE STATEMENT 14					
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large por	tion of the ownership of a	partnership or
NONE_					
2 Information Regarding Contribution	n, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here 🕨 🗶 if the foundation on	ly makes contributions	to preselected charitable	organizations and does	s not accept unsolicited re	quests for funds. If
the foundation makes gifts, grants, etc., t	o individuals or organiz	ations under other cond	tions, complete items 2	a, b, c, and d.	
a The name, address, and telephone numb	er or email address of t	he person to whom appl	cations should be addre	essed:	
b The form in which applications should be	eubmitted and informs	tion and materials they s	pould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields	, kinds of institutions, o	r other factors:	

2 Create and Contributions Boid During the V		Downsont		<u> </u>
3 Grants and Contributions Paid During the Young Recipient	If recipient is an individual	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year		İ		
	-			
SEE STATEMENT ATTACHED		PC		
				2,108,111,
				_
	,			
•				
		1		
	,			
•				
Total		l	▶ 3a	2 100 111
b Approved for future payment			Ja Ja	2 108 111.
NONE				
		i		
Total	<u> </u>		▶ 3b	0.
			- 30	

C/O KENT J THIRY

P-1	Unrelated	business income	Evolu	ded by section 512, 513, or 514	1-1
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	-				
b	_	•			
C	_				
d e (-				
e	_)	
f	_				· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	424,733.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property				7	
		<u>-</u>	14	57,221.	•
7 Other investment income			1.4	, ,1,2210	
8 Gain or (loss) from sales of assets other	1		18	90,176.	
than inventory			1 10	90,170.	
9 Net income or (loss) from special events	-		+ -		
O Gross profit or (loss) from sales of inventory		•			
1 Other revenue:					
a				-	
b					
C			-		
d			1	-	
e	_				
2 Subtotal. Add columns (b), (d), and (e)		0	•	572,130.	, 0
3 Total Add line 12, columns (b), (d), and (e)				, 13	572,130
See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Acco			<u> </u>	
Line No Explain below how each activity for which income the foundation's exempt purposes (other that			A contrib	outed importantly to the accom	plishment of
		<u> </u>		 	
				 .	
				-	
					<u> </u>
					
-					
				 .	
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Form 99	0-PF (2	017)	C/0	KENT	¹ J	THIR	Y				45-4	1059068	Pa	age 13
Part	XVII					Transf	ers to a	and Transaction	ns ar	nd Relations	hips With Non	charitable)	
		Exemp										T 75	N	
		-						ng with any other organ		n described in sect	ion 501(c)		Yes	No
		-		-				g to political organizati	ons?			5	,	1
		from the repo	rting tol	ingation to	o a noi	ncnaritablo	exempt or	ganization of:				4 - (4)	18.00	
	Cash											1a(1)		X
	Other											1a(2)	7.	<u> </u>
		sactions.	nanaha	włabla aw								112	ا شد	X
		of assets to a			•	-						1b(1)		X
		nases of assets Il of facilities, e					anization					1b(2) 1b(3)		X
		bursement arra		•	ei a55t	; tS								X
		oursement arra s or loan guara	•	1115								1b(4) 1b(5)		X
		rmance of sen		members	hin or	fundraicin	a calicitati	ane.				1b(6)		X
		f facilities, equ										10(0)		X
				_				edule. Column (b) shou	ıld alw	vave ehow the fair i	market value of the or		ets	<u> </u>
								red less than fair marke		-	-		,	
		l) the value of t							· · · · · · · · · · · · · · · · · · ·	o in any iranouonoi	, or onering arrangem	ioni, onow in		
(a)Line n		(b) Amount in						e exempt organization		(d) Description	n of transfers, transaction	s, and sharing ar	rangeme	ents
	\top			_			N/A							
	\top						i	· · ·						
	<u> </u>									†				
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						1 .				<u>.l</u>				
								or more tax-exempt o	rganiz	ations described		<u> </u>	- 11 −	a
		501(c) (other			c)(3))	or in section	on 5277					Yes	LX	No
<u> </u>	res, co	mplete the fol		organizati				(h) Tune of organizat	tion I	· · · · · · · · · · · · · · · · · · ·	(c) Description of rela	atlanahın.		
		(a) N	N/A		011			(b) Type of organizat	lion	***	(c) Description of rea	attonship		
			IN/ F				··· -·· -···	 	\dashv		·-··································			
											··· ·····			
	· · · · · · ·								┉┼					
	···								-	 				
	Under	penalties of perjy	fry, i deci	are that I ha	ve exaл	nined this ret	turn, Includii	I ng accompanying schedule	s and s	statements, and to the	best of my knowledge		-	
Sign								n taxpayer) is based on all				May the IHS o	iscuss 1 prepar	er er
Here		$\mathbb{Z}^{\mathcal{X}}$	4	77		_/		11/12/18		TRUSTE	ϵ	shown below		No
	Sign	ature of office	r or trys	Kee	7) 		Date		Title				10
	<u> </u>	Print/Type pr	eparer's	name		Pi	reparer's s			Date	Check if	PTIN		
											self- employed			
Paid		KAREN	VAI	LADA	O	11	41	1ac		11/08/18		P00534	214	
Prepa	arer	Firm's name	▶FF	ANK,	R]	MERM	AN &	CO. LLP			Firm's EIN ▶ 94			

Form **990-PF** (2017)

Phone no. (650) 845-8100

Use Only

Firm's address ▶ 1801 PAGE MILL ROAD

PALO ALTO, CA 94304

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

2017

Employer identification number

-	THIRY-O'LEARY FOUNDATION C/O KENT J THIRY	4E 40E0069
Organization type (che		45-4059068
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	١
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cont	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 butor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1. Complete Parts I and II	3, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, conferred to children or animals. Complete Parts I, II, and III	, ,
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions to the refer the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000 If this box eligious, charitable, etc.
Caution: An organizatio	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedulon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or diet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	ule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

Name of organization

THIRY-O'LEARY FOUNDATION

45-4059068 C/O KENT J THIRY Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 KENT THIRY AND DENISE O'LEARY Person **Payroll** 555,341. Noncash 2000 16TH STREET (Complete Part II for noncash contributions.) DENVER, CO 80202 (d) (a) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Pavroll Noncash (Complete Part II for noncash contributions.) (d) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

THIRY-O'LEARY FOUNDATION C/O KENT J THIRY

45-4059068

art II	Noncash Property (see instructions) Use duplicate copies of P	art 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
	SEE STATEMENT ATTACHED		***
_1		\$\$	12/31/17
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of org			<u> </u>	Employer identification number
	-O'LEARY FOUNDATION			
	ENT J THIRY			45-4059068
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c	ributions to organizations described columns (a) through (e) and the follo	1 in section 501(c)(7), (8), o	r (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 o	or less for the year (Enter this info one	s _(e) ► \$
	Use duplicate copies of Part III if addition	al space is needed		
(a) No. from	(h) D	(a) Han ad =:40	400	the state of the same of the test of
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
				
			·	
				
, F		(e) Transfer of git	ft	
		(=, ===================================	•	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
<u></u>			Troid to the troid	
			,	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
				.
Ī		(e) Transfer of git		
		(o) Transier of gi	·•	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
			Trendsternering of a c	initial to a unificient
İ				·
			· · ·	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	•	(e) Transfer of gif	it	•
		-		
	Transferee's name, address, an	id ZIP + 4	Relationship of tra	insferor to transferee
l				
(a) No. from	(h) Dumana of with	(2) 112 2 24 254	(D D	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
L				
		(e) Transfer of gif		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
["				
j				

O KENT J THIRY 45-4059068 PAGE OF Part IV | .Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 1a 30000 SHS REDEMPTION VARIOUS |12/29/17 6000 SHS CHESAPEAKE ENERGY CO VARIOUS |10/13/17 c 5000 SHS SLM CORP VARIOUS 12/18/17 d 5000 SHS CHS/CMNTY HEALTH INC. VARIOUS 10/20/17 e 5000 SHS DISH DBS CORP VARIOUS 10/24/17 f 5000 SHS HCA INC VARIOUS 10/17/17 g 6000 SHS ISTAR INC 10/16/17 VARIOUS h 2000 SHS KINDRAD HEALTHCARE INC VARIOUS 10/16/17 4000 10/06/17 SHS MGM RESPORTS INTL VARIOUS 6000 SHS NRG ENERGY VARIOUS 12/14/17 5000 SHS RICE ENERGY INC VARIOUS 1 5000 SHS TESORO LOGISTICS LP VARIOUS 12/04/17 m 50000 SHS CATERPILLAR 09/01/17 VARIOUS n 551 SHS CLOVIS ONCOLOGY INC VARIOUS 05/12/17 o 63719 SHS CONOCOPHILLIPS VARIOUS 08/01/17 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) <u>32.</u> 31,414 31,382 a 6,240 226. b 6,014. 5,365 5,330. C 35. 4,906. 4,988. <82.> d 5,155. 4,809. 346. е 5,250 5,307. <57.> 6,000 5,955. 45. g 1,940. <25<u>.</u>> 1,965. h 4,402. 4,297. 105. 6,217. 6,029. 188. 5,234. k 5,034. 200. 5,153. 5,168. <15.> ١ 50,000. 50,000. 0. m <u>7,337.</u> 18, 26,064. 727. n 63,720. 64,113. <393.> Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 32. а 226. b 35. C đ <8<u>2.</u>> 346. <57.> f 45. g h <25.> 105. 188. 200. <15.> 0. m 18,727.n 0 <393.> If gain, also enter in Part I, line 7 { If (loss), enter "-0-" in Part I, line 7 } Capital gain net income or (net capital loss) 2

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

THIRY-O'LEARY FOUNDATION C/O KENT J THIRY

Part IV | Capital Gains and Losses for Tax on Investment Income 45-4059068 PAGE 2 OF 2

ட்	Capital Gaills and Los	2262 IOI TAX OII IIIVESIIIIEIII IIICOIIIE				
		describe the kind(s) of property solution discussions and stock and stock and stock are the stock and stock are the stock and stock are the stock and stock are the stock		(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
_		<u> </u>	UU SIIS. MILU UU.	D - Donation		07/17/17
-	75000 SHS DISN 309 SHS TABLEA					$\frac{07/17/17}{12/29/17}$
_		U INC VANGUARD TAX-MAN	AGED SMALL CAP			05/08/17
_		REX IMAGING CORP	AGED SMALL CAP			05/08/17
_	483 SHS CARE C			P		12/29/17
_	4574 SHS GROUP			P		05/12/17
_	9620 SHS RENAS					12/29/17
_	UBS #44507 - S			P		VARIOUS
_ <u></u>	UBS #44507 - L			P		VARIOUS
	CAPITAL GAINS					
k						
$\overline{}$						·
m)					
_n	1					
0	·					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) blus (f) minus (g)	
<u>a</u>	75,000.		75,000.			0.
b	20,959.		145.			20,814.
c	1,000,000.		257,879.			<u>742,121.</u>
d	79,485.		26,790.			<u>52,695.</u>
e	8,530.		2,911.			<u>5,619.</u>
f	27,905.					<u>27,905.</u>
9	391,638.		160,366.		· · · · · · · · · · · · · · · · · · ·	231,272.
h	109,393.		108,106.			1,287.
1	34,675.		33,690.			985.
بل	41,262.					41,262.
<u>k</u>						
ᆜ						
<u>m</u>	-					
<u>n</u> o						•
_	Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(1) L os	sses (from col. (h))	
_	· · · · · · · · · · · · · · · · · · ·	(i) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain over	r col. (k),
	(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but r	ot less than "-0-")	
a						0.
b						20,814.
c	·					742,121.
d						<u>52,695.</u>
е						5,619.
<u>f</u>	· ·					27,905.
g		· ·		=		231,272.
h				-		1,287.
						985.
<u>_</u>						41,262.
<u>k</u>						
<u>_</u>						
m						
<u>n</u> o			 			
<u> </u>				<u> </u>		
2	Capital gain net income or (net ca	ipital loss) { If gain, also enter If (loss), enter "-0	In Part I, line 7	2	1 .	143,292.
			`	_		
3	If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an column (c).	u (o).			
	If (loss), enter "-0-" in Part I, line 8			3	N/A	

FORM 99	0-PF	G	AIN OR	(LOSS)	FROM	SALE	OF	ASSETS		STA	TEMENT	1
DESCRIP	(A) TION OF	PROPERTY				,	1	MANNER ACQUIRED		TE IRED	DATE	SOLD
30000 S	HS REDE	MPTION					PU	JRCHASED	VARI	ous	12/2	29/17
,	GR	B) OSS PRICE	COST COTHER	OR	EXI	(D) PENSE SALE	OF	(E) DEPRE		GAIN	(F)	SS
		31,414.		31,382	•		0.		0.			32.
DESCRIP	(A) TION OF	PROPERTY					2	MANNER ACQUIRED		TE VIRED	DATE	SOLD
6000 SH	S CHESA	PEAKE ENE	RGY CO				PU	JRCHASED	VARI	ous	10/1	13/17
	GR	B) OSS PRICE	COST COTHER	OR		(D) PENSE SALE	OF	(E) DEPRE		GAIN	(F)	oss
·		6,240.		6,014	•	•	0 .		0.			226.
DESCRIP	(A) TION OF	PROPERTY					\ <i>1</i>	MANNER ACQUIRED		TE JIRED	DATE	SOLD
5000 SH	S SLM C	ORP	_	•			PU	JRCHASED	VARI	OUS	12/1	L8/17
	GR	B) OSS PRICE	COST OTHER	OR	EX	(D) PENSE SALE	OF	(E) DEPRE		GAIN	(F) I OR LO	oss
	·	5,365.		5,330	•		0	_	0.			35.

DESCRIPT	(A) ION OF PROPERTY				IANNER QUIRED	DATE ACQUIRED	DATE SOLD
5000 SHS	CHS/CMNTY HEAL	TH INC.		PUR	CHASED	VARIOUS	10/20/17
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. GAIN	(F) OR LOSS
_	4,906.	4,988.		0.		0.	<82.>
DESCRIPT	(A) ION OF PROPERTY				IANNER QUIRED	DATE ACQUIRED	DATE SOLD
5000 SHS	DISH DBS CORP	- -		PUR	CHASED	VARIOUS	10/24/17
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. GAIN	(F) 1 OR LOSS
_	5,155.	4,809.		0.	 	0.	346.
DESCRIPT	(A) ION OF PROPERTY HCA INC			AC	IANNER QUIRED	DATE ACQUIRED VARIOUS	DATE SOLD 10/17/17
	(B) GROSS SALES PRICE	(C) CÓST OR OTHER BASIS	(D) EXPENSE SALE		(E)		(F)
	5,250.	5,307.		0.		0.	<57.>
DESCRIPT	(A) ION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
6000 SHS	ISTAR INC	_		PUR	CHASED	VARIOUS	10/16/17
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. GAIN	(F) IOR LOSS

· (A) DESCRIPTION OF PROPERTY				IANNER CQUIRED		TE VIRED	DATE SOLI
2000 SHS KINDRAD HEALTH	CARE INC		PUR	CHASED	VARI	ous	10/16717
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C	CATN	(F) I OR LOSS
1,940.	1,965.		0.	DEFRE	0.	GAIN	<25.
(A) DESCRIPTION OF PROPERTY				IANNER QUIRED		TE VIRED	DATE SOLI
4000 SHS MGM RESPORTS I	NTL		PUR	CHASED	VARI	OUS	10/06/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) I OR LOSS
4,402.	4,297.		0.		0.		105.
(A) DESCRIPTION OF PROPERTY				IANNER QUIRED		TE VIRED	DATE SOLI
6000 SHS NRG ENERGY			PUR	CHASED	VARI	OUS	12/14/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C.	GATN	(F)
6,217.	6,029.		0.		0.		188.
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED		TE URED	DATE SOLD
5000 SHS RICE ENERGY IN	c _.		PUR	CHASED	VARI	ous	11/13/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)
5,234.	5,034.		0.		0.		200.

(A) DESCRIPTION OF PROPERT	Y			MANNER CQUIRED	DATE ACQUIRED	DATE SOLD
5000 SHS TESORO LOGIST	ICS LP		PUI	RCHASED	VARIOUS	12/04/17
(B) GROSS	(C), COST OR	(D) EXPENSE	OF	(E)		(F)
SALES PRICE	OTHER BASIS	SALE	0.	DEPRE		N OR LOSS
5,153.	5,168.		0.		0.	
(A) DESCRIPTION OF PROPERT	Y			MANNER CQUIRED	DATE ACQUIRED	DATE SOLD
50000 SHS CATERPILLAR			PUI	RCHASED	VARIOUS	09/01/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		(F) N OR LOSS
50,000.	50,000.		0.		0.	0.
(A) DESCRIPTION OF PROPERTY 551 SHS CLOVIS ONCOLOGY			A(MANNER CQUIRED RCHASED	DATE ACQUIRED VARIOUS	DATE SOLD 05/12/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE		(E)		(F)
26,064.	25,958.		0.	-	0.	106.
(A) DESCRIPTION OF PROPERTY	Y			MANNER CQUIRED	DATE ACQUIRED	DATE SOLD
63719 SHS CONOCOPHILLI	 PS		PUI	RCHASED	VARIOUS	08/01/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		(F) N OR LOSS
63,720.	64,113.		0.		0.	<393.>

DESCRIP	(A) TION OF PROPERTY	7			MANNER CQUIRED	DATE ACQUIR	
75000 S	HS DISNEY CO	-		PUF	RCHASED	VARIOU	07/17/17
,	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c. G	(F) GAIN OR LOSS
•	75,000.	75,000.		0.	•	0.	0.
DESCRIP	(A) TION OF PROPERTY	7			MANNER CQUIRED	DATE ACQUIR	
309 SHS	TABLEAU INC	_		PUF	RCHASED	VARIOU	JS 12/29/17
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c. G	(F) GAIN OR LOSS
-	20,959.	21,854.		0.		0.	<895.>
DESCRIP	(A)		•	N	IANNER	DATE	
	TION OF PROPERTY 77 SHS VANGUARD	_	LL CAP	_A(CQUIRED	ACQUIR VARIOU	RED DATE SOLD
		_	LL CAP (D) EXPENSE SALE	PUF	CQUIRED	ACQUIR 	RED DATE SOLD
	77 SHS VANGUARD (B) GROSS	TAX-MANAGED SMA	(D) EXPENSE	PUF	CQUIRED CCHASED	ACQUIR 	DATE SOLD O5/08/17 (F)
17946.8	77 SHS VANGUARD (B) GROSS SALES PRICE	TAX-MANAGED SMA (C) COST OR OTHER BASIS 998,026.	(D) EXPENSE	PUF OF	CQUIRED CCHASED	ACQUIR VARIOU	DATE SOLD O5/08/17 (F) GAIN OR LOSS 1,974.
17946.8	77 SHS VANGUARD (B) GROSS SALES PRICE 1,000,000.	TAX-MANAGED SMA (C) COST OR OTHER BASIS 998,026.	(D) EXPENSE	OF O.	CQUIRED CHASED (E) DEPRE	ACQUIR VARIOU O. DATE	DATE SOLD OS/08/17 (F) SAIN OR LOSS 1,974. EXECUTE DATE SOLD
17946.8	(B) GROSS SALES PRICE 1,000,000. (A) TION OF PROPERTY	TAX-MANAGED SMA (C) COST OR OTHER BASIS 998,026.	(D) EXPENSE	OF O. PUF	CQUIRED (E) DEPRE	VARIOU DATE ACQUIR VARIOU	DATE SOLD OS/08/17 (F) SAIN OR LOSS 1,974. RED DATE SOLD

(A) DESCRIPTION OF PROPER	ТY			MANNER CQUIRED	DAT ACQUI		DATE SOLD
483 SHS CARE COM INC			PUF	RCHASED	VARIO	US	12/29/17
(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)
SALES PRICE	OTHER BASIS	SALE		DEPRE	c	GAIN	OR LOSS
8,530	. 8,783.		0.		0.		<253.>
(A) DESCRIPTION OF PROPER	TY .			MANNER CQUIRED	DAT ACQUI		DATE SOLD
4574 SHS GROUPON INC			PUF	RCHASED	VARIO	US	05/12/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE			(F)
27,905	. 28,913.	-	0.		0.	,	<1,008.>
(A) DESCRIPTION OF PROPER	TY			MANNER CQUIRED	DAT ACQUI		DATE SOLD
9620 SHS RENASANT GRO	UP		PUF	RCHASED	VARIO	US	12/29/17
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE			(F) OR LOSS
391,638	. 398,220.		0.		0.		<6,582.>
(A) DESCRIPTION OF PROPER	ТY			MANNER CQUIRED	DAT ACQUI		DATE SOLD
UBS #44507 - ST			PUF	RCHASED	VARIO	US	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)
109,393			0.		0.		1,287.

•	··		-				
· (A) DESCRIPTION OF PROPE	ERTY			MANNER CQUIRED	DATE ACQUIRED	DATE S	OLD
UBS #44507 - LT			PU	RCHASED	VARIOUS	VARIO	US
(B) GROSS	(C) COST		(D) PENSE OF	' (E)		(F)	
SALES PRICE			SALE	DEPRE	C. GAI	N OR LOS	S
34,67	75. 3	3,690.	0.		0.	9	85.
CAPITAL GAINS DIVIDE	ENDS FROM PA	RT IV				41,2	62.
TOTAL TO FORM 990-PF	F, PART I, L	INE 6A				90,1	76.
	ı	-				.	
FORM 990-PF	DIVIDENDS	AND INTERES	T FROM S	ECURITIE	S ST.	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVEN PER BO	UE NET	(B) ! INVEST- !T INCOME	(C) ADJUST NET INC	
FRB #152523 - ACCRUED INTEREST PAID FRB #152523 - BOND PREMIUM	<604.>	0.	<	604.>	<604.>		
AMORTIZATION FRB #152523 -	<1,164.>	. 0.	<1,	164.>	<1,164.>		
INTEREST FRB #171064 - BOND PREMIUM	9,281.	0.	9,	281.	9,281.		
AMORTIZATION FRB #171064 -	<6,926.>	0.	<6 ,	926.>	<6,926.>		
DIVIDENDS FRB #171064 -	259,537.	41,262.	218,	275.	218,275.		,
INTEREST UBS #37645 - BOND PREMIUM	17,278.	0.	17,	278.	17,278.		
AMORTIZATION UBS #37645 -	<31,194.>	0.	<31,	194.>	<31,194.>		
DIVIDENDS UBS #37645 -	125,318.	0.	125,	318.	125,318.		
INTEREST UBS #44507 - ACCRUED INTEREST	71,133.	0.	71,	133.	71,133.		
PAID UBS #44507 -	<2,631.>	0.	<2,	631.>	<2,631.>		
ACCRUED INTEREST RECIEVED	1,531.	0.	1,	531.	1,531.		

THIRY-O'LEARY FOUNDATION	ON C/O	KENT J TH	IIR				45-4059	068
UBS #44507 - INTEREST 2	4,436.		0.	24,43	6.	24,436.		
TO PART I, LINE 4 46	5,995.	41,26	2.	. 424,73	3.	424,733.	•	
								
FORM 990-PF		OTHER I	NCOM	£		S	STATEMENT	3
DESCRIPTION			REVI	A) ENUE BOOKS	NET	(B) INVEST- INCOME		
UBS #44507				48.		48.		
GOLUB CAPITAL PARTNERS INTERNATIONAL 10, L.P.				57,173.		57,173.		
TOTAL TO FORM 990-PF, PA	RT I, L	INE 11	·	57,221.		57,221.		
FORM 990-PF		LEGAL	FEE	5		S	STATEMENT	4
DESCRIPTION		(A) XPENSES ER BOOKS		(B) INVEST- I INCOME		(C) DJUSTED T INCOME	(D) CHARITA PURPOS	BLE
LEGAL FEES		1,180.		0	- —			0.
TO FM 990-PF, PG 1, LN 1	6A	1,180.		0	•			0.
•			,		=			
FORM 990-PF		ACCOUNTI	NG FI	EES		S	STATEMENT	5
DESCRIPTION		(A) XPENSES ER BOOKS		(B) INVEST- I INCOME		(C) DJUSTED T INCOME	(D) CHARITA PURPOS	
ACCOUNTING FEES		24,790.		0	•			0.
							 	

24,790.

0.

TO FORM 990-PF, PG 1, LN 16B

FORM 990-PF	XAT	es ————————————————————————————————————	STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FOREIGN TAXES PAID	14,362.	14,	362.			0.
TO FORM 990-PF, PG 1, LN 18 =	14,362.	14,	362.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT MANAGEMENT FEES MISCELLANEOUS	4,551. 1,476.		551.			0.
TO FORM 990-PF, PG 1, LN 23	6,027.	4,	551.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	8
DESCRIPTION			вос	OK VALUE	FAIR MARKE	r
EQUITIES - SEE STATEMENT ATTA	14,142,653.		18,534,378.			
TOTAL TO FORM 990-PF, PART I	14,142,653.		18,534,378.			
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	9
DESCRIPTION			вос	OK VALUE	FAIR MARKE	r
FIXED INCOME - SEE STATEMENT ATTACHED				2,695,212.	2,619,659.	
TOTAL TO FORM 990-PF, PART I		2,695,212.	2,619,6	2,619,659.		

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN NINETEEN77 GLOBAL MULTI-STRATEGY LTD INVESTMENT IN GOLUB PARTNERS INTERNATIONAL	COST	2,100,000.	2,357,263.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	2,800,000.	3,057,263.
FORM 990-PF	OTHER ASSETS	1	STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DIVIDEND RECEIVABLE PROCEEDS RECEIVABLE INTEREST RECEIVABLE	2,178. 21,067. 0.	2,198. 443,931. 20.	2,198. 443,931. 20.
TO FORM 990-PF, PART II, LINE 15	23,245.	446,149.	446,149.
	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT 12
NAME OF CONTRIBUTOR	ADDRESS		
KENT J. THIRY AND DENISE O'LEARY	2000 16TH ST		

DENVER, CO 80202

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT

GRANTEE'S NAME

KT FAMILY FOUNDATION '

GRANTEE'S ADDRESS

1423 PACIFIC AVENUE TACOMA, WA 98401

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

75,000.

09/11/17

22,957.

PURPOSE OF GRANT

TO FUND SCHOLARSHIPS AWARDED TO THE CHILDREN OF DAVITA TEAMMATES ENROLLED IN FIFTH THROUGH ELEVENTH GRADE.

DATES OF REPORTS BY GRANTEE

ANNUAL

ANY DIVERSION BY GRANTEE

NO

FORM 990-PF PART XV - LINE 1A STATEMENT LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

KENT J. THIRY DENISE M. O'LEARY