

Return of Private Foundation

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

OMB No. 1545-0052

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

Open to Public Inspection

Fo	r caler	ndar year 2017 or tax year beginning	, 2017	7, and e	nding		, ,	20
Na	me of fo	pyndation			A Employe	r identification number	er	
WE	BER F	AMILY FOUNDATION INC		l		47-4455620		
		nd street (or P.O. box number if mail is not delivered to street address)	Room	/suite	B Telephon	e number (see instructi	ons)	· · · · · · · · · · · · · · · · · · ·
⁵ 57	15 GITA	ALONG RD				970-775-9021		
_		n, state or province, country, and ZIP or foreign postal code			C If event	tion application is pend	ing chec	k here ►
	-	ND, CO 80538		ŀ	O II exemp	non application is pend	ing, chec	K IIGIOP [_]
			of a former public	charity	D 4 Foreign	n organizations, check	horo	.□
4	Oneci	Final return Amended	•	Charty	D I. Foleigi	ii organizations, check	nere .	ا
፭		☐ Address change ☐ Name char		İ		n organizations meeting here and attach compu		
<u> </u>	Chack	k type of organization: Section 501(c)(3) exempt p		RUT		foundation status was		
ارستزر		on 4947(a)(1) nonexempt charitable trust			section 5	07(b)(1)(A), check here		▶□
╎╬		narket value of all assets at J Accounting method						
/			. El Casil El Ac	Ciuai		ndation is in a 60-mont ction 507(b)(1)(B), checl		
		· · · · · · · · · · · · · · · · · · ·	on sook basis \		under set	Ction 507 (b)(1)(b), Glicol	(11010	
<u> </u>		The state of the s	on cash basis.)	1			(1) 5 -1	
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	nvestment	(c) Adjusted net		ursements aritable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	ine	come	ıncome		poses asis only)
_			20000				,500.10	
1	1	Contributions, gifts, grants, etc., received (attach schedule)	88080					
<u> </u>	2	Check ► ☐ if the foundation is not required to attach Sch. B				5114		
14	3	Interest on savings and temporary cash investments	18		18	N/A		
<i>'</i> '	4	Dividends and interest from securities	696		696	N/A		A047
	5a	Gross rents	0		0	N/A	1	
	b	Net rental income or (loss) 0					10	-
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	5764				⊣ <u>ତ</u>	S P
ē	b	Gross sales price for all assets on line 6a 11570					ᆜᄆ	8
ě	7	Capital gain net income (from Part IV, line 2)			5764		一四	
Œ	8	Net short-term capital gain				N/A	12	
	9	Income modifications				N/A		ر 218
	10a	Gross sales less returns and allowances 0					1-	
	b	Less: Cost of goods sold 0					1	RS-OS
	С	Gross profit or (loss) (attach schedule)	0			N/A	-	
	11	Other income (attach schedule)	0		0	N/A		
	12	Total. Add lines 1 through 11	94558		6478	N/A		
es	13	Compensation of officers, directors, trustees, etc.	0		0	N/A		0
<u>3</u> 6	14	Other employee salaries and wages	0		0	N/A		0
ĕ	15	Pension plans, employee benefits	0		0	N/A		0
X	16a	Legal fees (attach schedule)	0		0	N/A		0
ē	b	Accounting fees (attach schedule)	0		0	N/A		0
Ħ	_ c	Other professional fees (attach schedule)	0		0	N/A		0
تز	17	Interest	0		0	N/A		0
nis	18	Taxes (attach schedule) (see instructions)	0		0	N/A		0
Administrative Expens	19	Depreciation (attach schedule) and depletion	0		0	N/A		
A	20	Occupancy	0		0	N/A		0
Ď	21	Travel, conferences, and meetings	0		0	N/A		0
a	22	Printing and publications	0		0	N/A		0
Operating and	23	Other expenses (attach schedule)	0		0	N/A		0
atil	24	Total operating and administrative expenses.	T					
ē		Add lines 13 through 23	0		0	N/A		0
Q	25	Contributions, gifts, grants paid	5500					5500
_	26	Total expenses and disbursements. Add lines 24 and 25	5500		0	N/A		5500
	27	Subtract line 26 from line 12:						-
	а	Excess of revenue over expenses and disbursements	89058					
	b	Net investment income (if negative, enter -0-) .			6478			
	C	Adjusted net income (if negative, enter -0-)				N/A		



Б	WA II	Attached schedules and amounts in the description column	Beginning of year	End o	r year
- P 6	art II	Balance Sheets Artached schedules and amounts in the description countries should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	0	0	0
	2	Savings and temporary cash investments	20561	26890	26890
	3	Accounts receivable ▶ 0			
		Less: allowance for doubtful accounts ▶0	0	0	0
	4	Pledges receivable ▶0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶ 0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
S	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
As	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
-	b	Investments—corporate stock (attach schedule)	20736	107750	107750
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment: basis ▶ 0			1
İ		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	I I I I I I I I I I I I I I I I I I I			
		Less: accumulated depreciation (attach schedule) 0	0	0	0
	15	Other assets (describe ► NONE)	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	41297	134640	134640
	17	Accounts payable and accrued expenses	0	0	
	18	Grants payable	0		
es	19	Deferred revenue	0	0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ap	21	Mortgages and other notes payable (attach schedule)	0		
3	22	Other liabilities (describe ► NONE	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
es		Foundations that follow SFAS 117, check here ▶ □			
2		and complete lines 24 through 26, and lines 30 and 31.	1		
ar	24	Unrestricted			
Ba	25	Temporarily restricted			
ğ	26	Permanently restricted			
Net Assets or Fund Balanc		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.	I I⊹		
ō	27	Capital stock, trust principal, or current funds	20736	107750	
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund	13624	6070	
SS	29	Retained earnings, accumulated income, endowment, or other funds	6937	20820	ì
4	30	Total net assets or fund balances (see instructions)	41297	134640	
É	31	Total liabilities and net assets/fund balances (see			
_		instructions)	41297	134640	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Tota	al net assets or fund balances at beginning of year-Part II, colur	mn (a), line 30 (must	agree with	
		-of-year figure reported on prior year's return)		1	41297
2		er amount from Part I, line 27a		2	89058
3	Othe	er increases not included in line 2 (itemize) CHANGE IN MARKET	VALUE	3	4285
4	Add	lines 1, 2, and 3		4	134640
5	Decr	reases not included in line 2 (itemize) ► NONE		5	0
	lota	I net assets or fund balances at end of year (line 4 minus line 5)-F	art II, column (b), line	30 6	134640

Part	IV Capital Gains and	Losses for Tax on Investm	ent Income			
		nd(s) of property sold (for example, real es se; or common stock, 200 shs. MLC Co.)	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED SECUR	RITIES				
b	:					
c						
<u>d</u>						
e						L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	r other basis ense of sale		n or (loss) (f) minus (g))
a	11570	0		5806		576
<u>b</u>						
<u>c</u>					·	
<u>d</u>						
<u> e </u>	2			40/04/00	<u></u>	
	Complete only for assets sho	wing gain in column (h) and owned b				t (h) gain minus t less than -0-) or
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69		ss of col. (i) l. (j), if any		rom col. (h))
а	N/A					
b						
<u>C</u>						
<u>d</u>						
е						
2	Capital gain net income or	(not capital locc)	also enter in Pa enter -0- in Pa		2	576
3		n or (loss) as defined in sections I, line 8, column (c). See instruc				
	Part I, line 8	<u> </u>	<u> </u>		3	
Part	V Qualification Und	er Section 4940(e) for Redu	ced Tax on N	let Investment	Income	
(For o	ptional use by domestic pri	vate foundations subject to the s	section 4940(a)	tax on net invest	ment income.)	21/2
If anot	tion 4040/d\/2\ applies loov	this part blank				NA
II Seci	tion 4940(d)(2) applies, leave	e this part blank.				
		section 4942 tax on the distribut ualify under section 4940(e). Do			pase period?	☐ Yes ☐ No
1	Enter the appropriate amo	unt in each column for each yea	r; see the instru	uctions before ma	aking any entries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b)		(c) f nonchantable-use as	Dist	(d) tribution ratio divided by col. (c))
	2016				(00): (5)	114 dod by 661. (6))
	2015					
	2014			·		· · · · · · · · · · · · · · · · · · ·
	2013					
	2012					
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period—divi				
		undation has been in existence i			. 3	
			,			··········
4	Enter the net value of none	charitable-use assets for 2017 fro	om Part X, line	5	. 4	· · · · · · · · · · · · · · · · · · ·
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	
-					- -	
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions	ns from Part XII, line 4 ter than line 7, check the box in	 Part VI, line 1b		. 8 hat part using a 1	% tax rate. See the

Part		nstru	ıctioı	าร)
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)			1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		N/A	
_	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).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u> </u>
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:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			i
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld			
_d	Business of the state of the st			
7	Total credits and payments. Add lines 6a through 6d			
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 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			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax			
	VII-A Statements Regarding Activities	-		
1a	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		~
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1
	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. ► \$ 0 (2) On foundation managers. ► \$ 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			!
	on foundation managers. > \$ 0			الــــا
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		~
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		•
•	If "Yes," attach the statement required by General Instruction T.			-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			-
	By state legislation that effectively amende the governing instrument as that he may determine the description that are reported to the governing instrument as that he may determine the description that he may determine the governing instrument as that he may determine the governing instrument as the description that he may determine the governing instrument as the governing instrument.	1 1		1
	• 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?			
7	· · · · · · · · · · · · · · · · · · ·	6		
, 8а	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 Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	7		
	COLORADO			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	~	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"		1	
	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	10	~	

Part	VII-A S	Statements Regarding Activities (continued)				,
-					Yes	No
11	meaning of	e during the year, did the foundation, directly or indirectly, own a controlled entity section 512(b)(13)? If "Yes," attach schedule. See instructions		11		•
12		ndation make a distribution to a donor advised fund over which the foundation or a advisory privileges? If "Yes," attach statement. See instructions	disqualified	12		
13	•	dation comply with the public inspection requirements for its annual returns and exemption	application?	13	/	
10		NAME OF THE PROPERTY OF THE PR			1	L
14		are in care of DEDWARD JOSEPH WEBER Telephone no.	▶ 970)-775-	9021	
• •		► 5715 GITALONG RD, LOVELAND, CO ZIP+4		538-9		
15	Section 494	7(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check he	re			▶ 🗆
		e amount of tax-exempt interest received or accrued during the year				
16	At any time	during calendar year 2017, did the foundation have an interest in or a signature or oth	er authority		Yes	No
	over a bank,	, securities, or other financial account in a foreign country?		16		~
		tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter	the name of			
	the foreign of	country >				
Part		Statements Regarding Activities for Which Form 4720 May Be Required				
		720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a		rear, did the foundation (either directly or indirectly):				
	(1) Engage i		Yes 🗹 No	!	1	
		money from, lend money to, or otherwise extend credit to (or accept it from) a	was Was			
	•	•	Yes ☑ No Yes ☑ No			
		goods, services, or facilities to (or accept them from) a disqualified person? \Box				
		npensation to, or pay or reimburse the expenses of, a disqualified person? \Box	162 F 140			
		efit or use of a disqualified person)?	Yes 🗸 No			
		p pay money or property to a government official? (Exception. Check "No" if the	<u> </u>		·	
	foundation	on agreed to make a grant to or to employ the official for a period after				
	terminat		Yes 🔽 No			
b		er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	Regulations			
	section 53.4	941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		
	Organization	ns relying on a current notice regarding disaster assistance, check here	. ▶□			
С		ndation engage in a prior year in any of the acts described in 1a, other than excepte	d acts, that			
		rrected before the first day of the tax year beginning in 2017?		1c		~
2		ailure to distribute income (section 4942) (does not apply for years the foundation was oundation defined in section 4942(j)(3) or 4942(j)(5)):	as a private			
а		of tax year 2017, did the foundation have any undistributed income (lines 6d and			1	
			Yes 🗹 No			
		the years ▶ 20, 20, 20, 20				
b		ny years listed in 2a for which the foundation is not applying the provisions of section				
		ncorrect valuation of assets) to the year's undistributed income? (If applying section 4 ted, answer "No" and attach statement—see instructions.)				ļ J
	•	·		2b		
C	> 20	ions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year	s nere.			
3a	Did the four	ndation hold more than a 2% direct or indirect interest in any business enterprise				
		- · · · · · · · · · · · · · · · · · · ·	Yes 🗸 No			
b	If "Yes." did	d it have excess business holdings in 2017 as a result of (1) any purchase by the for	_			[
-		persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period appro				
		ner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) to				
	the 10-, 15	-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to deten	mine if the			
	foundation h	nad excess business holdings in 2017.)		3b		Ĺ
4a		dation invest during the year any amount in a manner that would jeopardize its charitable		4a		~
b	Did the foun	dation make any investment in a prior year (but after December 31, 1969) that could je	opardize its			
	cnaritable pu	urpose that had not been removed from jeopardy before the first day of the tax year beginni	ng in 2017?	4b		V

Page	ŧ

Par	VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Be R	equire	ed (contil	nued)			
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry₄on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . ☐ Yes ☑ No										
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?								1		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(4) Provide a grant to an organization other than							F71.v.			
	section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious						Yes	<u>⊬</u> No			
	purposes, or for the prevention of cruelty to o	, Cham Shildrer	able, scientili n or animals?	ic, illera	ary, or educ	aliuiai	☐Yes	₩ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the							_	ł		
-	Regulations section 53.4945 or in a current notice								5b		
	Organizations relying on a current notice regardi	_	-					▶□			
С	If the answer is "Yes" to question 5a(4), does t					the tax		_			
	because it maintained expenditure responsibility						☐ Yes	☐ No	}		
	If "Yes," attach the statement required by Regula	ations s	section 53.49	455(d)).						:
6a	Did the foundation, during the year, receive any	funds,	directly or in-	directly	, to pay pre	emiums	;				
	on a personal benefit contract?						☐ Yes	✓ No			
b	Did the foundation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b		~
	If "Yes" to 6b, file Form 8870.						_	_			
7a	At any time during the tax year, was the foundation	a party	to a prohibited	tax sh	elter transac	tion?	☐ Yes	☑ No	l		
	If "Yes," did the foundation receive any proceed								7b		
Par	VIII Information About Officers, Direct	tors,	rustees, F	ounda	tion Mana	igers,	mignly i	'aid Ei	прюу	ees,	
1	and Contractors List all officers, directors, trustees, and found	lation	managers an	d their	compans	etion S	See inetn	ıctions			
	List all officers, directors, trustees, and found		e, and average		mpensation		Contribution				t
	(a) Name and address	hou	irs per week ed to position	Ì′(Hfr	not paid, iter -0-)		yee benefit erred compe		(e) Expe	allowar	ices
EDWA	ARD JOSEPH WEBER		DENT, 1 HR								
	GITALONG RD, LOVELAND, CO 80538				0			0			0
	MARIE WEBER	VP, SE	CRETARY &								
5715 (GITALONG RD, LOVELAND, CO 80538	TREAS	SURER, 1 HR	_				0			0
MARK	ALLAN WEBER		D MEMBER,		0			0			0
P.O. B	OX 97, CORA, WY 82925	1 HR			<u> </u>						
		L									
2	Compensation of five highest-paid employer "NONE."	es (oth	er than thos	se incli	uded on li	ne 1—	see instr 	uctions	s). If n	one,	enter
		_	(b) Title, and a	verage			(d) Contribu	utions to	(e) Expe	nse ac	count
	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to pe		(c) Comper	sation	plans and compens	deferred	other	allowan	ces
NONE			ļ					-			

	-		 			 					

	·										
Total	number of other employees paid over \$50,000 .		L						·		
				• •			· · ·				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NC	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE :	

***************************************	ĺ
Total number of others receiving over \$50,000 for professional services	•
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	of Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	LAPENSES
1 PROVIDED MONETARY SUPPORT TO 4 ANIMAL RELATED 501(c)(3) CHARITIES	
	5500
	·
2	
3	
	"
	·-
4	
	~
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
	_
All other program-related investments. See instructions.	
3	.
Total. Add lines 1 through 3	
	Form 990-PF (2017)

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		-
а	Average monthly fair market value of securities	1a	30781
b	Average of monthly cash balances	1b	22543
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	53324
e	Reduction claimed for blockage or other factors reported on lines 1a and		
·	1c (attach detailed explanation)))	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	53324
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
•	instructions)	4	800
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	52524
6	Minimum investment return. Enter 5% of line 5	6	2626
Part			
1	Minimum investment return from Part X, line 6	1	2626
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 0	1	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2626
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	2626
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	2626
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	 -	FEOO
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	5500
2 2	Program-related investments—total from Part IX-B	1b	0
4.	purposes		
2	•	2	0
J	Amounts set aside for specific charitable projects that satisfy the:		_
a	Suitability test (prior IRS approval required)	3a	0
ь 4	Cash distribution test (attach the required schedule)	3b	0
5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4	5500
•		_	_
6		5	0
U		6	5500
	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 t	ne foundation

	90-PF (2017)	/a.a. inatmostia				- raye o
Part	XIII Undistributed Income	(see instructio				
1	Distributable amount for 2017 f	rom Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7					2626
2	Undistributed income, if any, as of the			}	o	
a	Enter amount for 2016 only			0		
b	Total for prior years: 20,20_ Excess distributions carryover, if a					
3	From 2012	ariy, to 2017.				
a	From 2013					
0	From 2014					
d	From 2015	2937		ļ		
e	From 2016	4334			}	
f	Total of lines 3a through e		7271			
4	Qualifying distributions for 2017 1		7271			
•	line 4: ▶ \$ 5500	,				
а	Applied to 2016, but not more that	n line 2a			o	
	Applied to undistributed income of					·····
-	(Election required - see instruction		:	o		
С	Treated as distributions out of cor					
	required—see instructions)		0			
d	Applied to 2017 distributable amo					2626
e	Remaining amount distributed out		2874	-		
5	Excess distributions carryover ap		0			0
•	(If an amount appears in column					
	amount must be shown in column					
6	Enter the net total of each indicated below:	column as				
а	Corpus. Add lines 3f, 4c, and 4e. S	ubtract line 5	10145			
b	Prior years' undistributed incor line 4b from line 2b	ne. Subtract		0		
С	Enter the amount of prior years' income for which a notice of debeen issued, or on which the setax has been previously assessed	eficiency has ction 4942(a)		0		
d	Subtract line 6c from line	6b. Taxable				
	amount—see instructions			0		
е	Undistributed income for 2016. 4a from line 2a. Taxable a instructions	amount-see				
f	Undistributed income for 2017. S	J-			0	
·	4d and 5 from line 1. This amo distributed in 2018	unt must be				0
7	Amounts treated as distributions of	} -				
	to satisfy requirements imposed 170(b)(1)(F) or 4942(g)(3) (Elective required—see instructions)	by section on may be				,
٥	· · · · · · · · · · · · · · · · · · ·	Į_	0			·
8	Excess distributions carryover from applied on line 5 or line 7 (see inst		_			1
0		' L	0			
9	Excess distributions carryove Subtract lines 7 and 8 from line 6a		4445	į		
10	Analysis of line 9:	, , , , }	10145			· · · · · · · · · · · · · · · · · · ·
10	Excess from 2013	}]			
a	Excess from 2014					
b	Excess from 2015	2937		ſ		
d	Excess from 2016	4334		1		
e	Excess from 2017	2874	j	1	1	
		2074			•	

Form 99	0-PF (2017)					Page 1.0
Part					9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for	_	_		N.	
b	Check box to indicate whether the four		operating founda		ection	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	····	(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	each year listed					
b	85% of line 2a			<u> </u>		<u> </u>
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					L
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		1	<u> </u>		
e	Qualifying distributions made directly)			i -
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c				 	
3	Complete 3a, b, or c for the				1	
	alternative test relied upon:					
а	"Assets" alternative test—enter:				Į	
	(1) Value of all assets			*		
	(2) Value of assets qualifying under	i		7		
h	section 4942(j)(3)(B)(i)		1			
•	of minimum investment return shown in					j
_	Part X, line 6 for each year listed "Support" alternative test—enter:		 	 		
C	, ,					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on				Ì	
	securities loans (section 512(a)(5)), or royalties)			1	1	
	(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		ļ		†	
	an exempt organization			}	ì	\
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	nis part only if	the foundation l	had \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation	_				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	•	ontributed more t	han \$5,000). (See	section 507(d)(2).)	
	RD JOSEPH WEBER, LINDA MARIE WEI			-,,,-	,	
b	List any managers of the foundation					rge portion of the
NONE	ownership of a partnership or other en	idity) of writer the	roundation has a	1 10% or greater in	terest.	
NONE 2		Cront Ciff Las	- Cabalanakia			
2	Information Regarding Contribution Check here ▶ ☑ If the foundation					
	unsolicited requests for funds. If the fo	only makes cont	aifts arante etc	to individuals or	organizations and	does not accept
	complete items 2a, b, c, and d. See in		giris, grants, etc.	, to individuals of t	nganizations under	other conditions,
а	The name, address, and telephone nu		dress of the person	on to whom applie	ations should be a	dropped:
-	ramo, addicoo, and tolopholie m	or or ornali au	aroos or the helst	on to whom applica	auona anoulu de 20	aui 53560.
b	The form in which applications should	be submitted an	d information and	materials they sho	ould include:	
	• •					
С	Any submission deadlines.					
			·			
d	Any restrictions or limitations on aw	ards, such as b	y geographical a	areas, charitable fi	elds, kinds of ins	titutions, or other
	factors:					

Part XV Supplementary Information (conti				
3 Grants and Contributions Paid During t			ture Payment	
** Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year OLD DOG HOUSE, 3457 HIGHLAND MEADOWS DR., FLORISSANT, CO 80816		PC	CARE FOR & NURTURE ANIMALS	2500
LARIMER HUMANE SOCIETY, 3501 E. 71ST ST., LOVELAND, CO 80538		PC	CARE FOR & NURTURE ANIMALS	1000
DUMB FRIENDS LEAGUE, 2080 S. QUEBEC ST., DENVER, CO 80231		PC	CARE FOR & NURTURE ANIMALS	1000
HEARTS UNITED FOR ANIMALS, P.O. BOX 286, AUBURN, NE 68305		PC	CARE FOR & NURTURE ANIMALS	1000
Total				5500
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		▶ 3a	5500
NONE				
Total	<u> </u>		<u> </u>	·

Pa	t X	VI-A Analysis of Income-Producing Ac	ctivities				
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e)
	-	**	(0)	(h)	(c)	(d)	Related or exempt
			(a) Business code	(b) Amount	Exclusion code	Amount	function income (See instructions.)
1	Pro	gram service revenue:			<u> </u>		
	а		N/A		1		
	þ				<u> </u>		
	C					·······	
	d				<u> </u>		
	e						
	f				1		
	g	Fees and contracts from government agencies					
2	Me	mbership dues and assessments	N/A				
3	Inte	rest on savings and temporary cash investments			14	18	
4	Div	idends and interest from securities			14	696	
5	Net	rental income or (loss) from real estate:					
	а	Debt-financed property	N/A				
	b	Not debt-financed property	N/A		ļl.		
6		rental income or (loss) from personal property	N/A				
7		er investment income	N/A				
8		n or (loss) from sales of assets other than inventory		<u>_</u>	18	5764	
9		income or (loss) from special events	N/A		ļ		
10		ess profit or (loss) from sales of inventory	N/A		 		
11	Oth	er revenue: a	N/A		ļ		
	b				 		<u> </u>
	C		ļ		 		
	d				 		
	е		ļ				
	\sim 1	ototal. Add columns (b), (d), and (e)	L	(6478	<u> </u>
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	6478
13 (See	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	ns.)			13	6478
13 (See Pa	Tot wor	tal. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	tal. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	tal. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tot wor it X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm	ent of Exemp	ot Purposes		mportantly to the

		Organization	ons										
1	in se	•	lirectly or indirectly e ther than section			-	-					Yes	No
а	Trans	fers from the rep	orting foundation to	a noncharitable	e exempt org	anization	of:						
_											1a(1)		V
	` '										1a(2)		~
	• •							• •	• •		14(2)		<u> </u>
þ		r transactions:											لبحا
			a noncharitable exer								1b(1)		~
	(2) P	urchases of asse	ts from a noncharita	ble exempt org	anization .						1b(2)		
	(3) R	ental of facilities,	equipment, or other	assets							1b(3)		1
			rangements								1b(4)		~
		oans or loan gua	-								1b(5)		~
			rvices or membershi					• •		• •	1b(6)		~
_				•	_						1c		-
C			quipment, mailing lis								-	لــــا	
d			of the above is "Yes										
			ther assets, or service										
	value	in any transaction	on or sharing arrange	ement, show in	column (d) ti								
(a) Line	no. (b) Amount involved	(c) Name of nonch	arıtable exempt org	anization	(d) Descr	ption of transfe	ers, trar	saction	ns, and sl	haring arra	angeme	ents
N/A	1												
						_							
												_	
						-							
	<u> </u> -							-					
	_												
_						1	_						
			***·			_							
										-			
	∤-												
													
													
													
_													
2a	Is the	foundation dire	ctly or indirectly affi	liated with, or	related to, o	ne or mor	e tax-exem	pt or	aniza	ations			
			601(c) (other than sec								☐ Yes		No
b			following schedule.									اليحا	
		(a) Name of organi		(b) Type	of organization			(c) Dec	crintin	n of relati	ionehin		
		(a) Hamb or organi	zation	(5) 1) pc	Or Organization			(0) 000	criptio	ii oi reiati			
													
				···									
	Unde	r penalties of perjury, I	declare that I have examined	this return, including	accompanying s	chedules and	statements, and	to the	best of	my knowle	edge and i	pelief, it	is true,
Sign	corre	ct, and complete. Decla	aration of preparer (other than	n taxpayer) is based o	on all information	of which prep	arer has any kno	wledge.					
Here		al ilks a -	0-1.11	1	I IC DO	ESIDENT					IRS discu preparer s		
		ature of officer or trus	Tien Well	Date	Title	-310CN1					uctions. [
	J -911						I Data		!		D-70.		
Paid		Print/Type preparer	5 Haffle	Preparer's signatu	ire		Date		Check	〈 🔲 if Í	PTIN		
Prepa	arer			1		· · · · · · · · · · · · · · · · · · ·	<u> </u>		self-e	mployed			
Use (Firm's name ▶						Firm's	EIN ▶				
	Firm's address ▶							Phone					

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Weber Family Foundation Inc 47-4455620 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Weber Family Foundation Inc

Employer identification number 47-4455620

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Edward Joseph & Linda Marie Weber 5715 Gitalong Rd Loveland, CO 80538		Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Name of organization
Weber Family Foundation Inc

Employer identification number 47-4455620

Part II	Noncash Property (see instructions). Use duplicate cop	pies of Part II if additional space	ce is needed.
(a) No. from Part I	: (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	200 shares UNP	\$ 23088.00	09/22/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	200 shares UNP	\$\$	11/30/2017
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	300 shares UNP	\$ 40404.00	12/21/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·································		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

ı	امر	16	4

Employer identification number

Name of or	_			Employer identification number			
	nily Foundation Inc			47-4455620			
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the yea Use duplicate copies of Part III if additional	rear from any one of completing Part III, e r. (Enter this informa	contributor. Comple enter the total of exc	ete columns (a) through (e) and clusively religious, charitable, etc.,			
(a) No.			(-0	Description of how sift is held			
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held			
		(e) Transfer of					
	Transferee's name, address, and ZIP	+4	Helationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift					
-		(e) Transfer of	oift				
-	Transferee's name, address, and ZIP		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		: (d)	Description of how gift is held			
		·					
_							
ļ	(e) Transfer of gift						
-	Transferee's name, address, and ZIP	+4	Relationship of	transferor to transferee			
ļ			***************************************				
(a) No	·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held			
ļ-	(e) Transfer of gift						
	Transferee's name, address, and ZIP		Relationship of transferor to transferee				
}							
1							
_ [