, (.C&E		Rast	ended to Nov	romb	ar 1	5 201 9				
Form 990-T	/ E	xempt Orga	anization Bu	sine	ss In	come T	ax Retu	ırn	<u> </u>	OMB No 1545-0687
* * * * * * * * * * * * * * * * * * *	For cal	endar year 2017 or other tax	and proxy tax und	der se		6033(e)) and ending				2017
Department of the Treasury Internal Revenue Service		► Go to ww	w irs.gov/Form990T for i					1(3).	Ope 501/	in to Public Inspection for (c)(3) Organizations Only
A Check box if		Name of organization (DE	mployer Employe	identification number es' trust, see					
address changed B Exempt under section	-	The <u>Freder</u> Family Fou	ic C. Hamilt ndation	con				"	- 5 4	-2099318
X 501(c)(3(1)	or	or Number, street, and room or suite no. If a P.O. box, see instructions.								business activity codes uctions)
408(e) 229(e	η		way Suite 22 rovince, country, and ZIP (n noctal c	node .	<u> </u>	_		
408A530(a 529(a)	'	Denver, CO		or roreig	ii postai t	,oue		9 (2000	99
C Book value of all assets at end of year 29, 256,	240		mber (See instructions.)	▶	. T v	E01(c) trust	1 1 4 6	1/2\ tru	et	Other trust
H Describe the organizati	on's prima		ype ► 501(c) cor ctivity. ► From Pa			∫501(c) trust ips - S		1(a) tru dul e		Other trust
I During the tax year, wa	s the corp	oration a subsidiary in a	n affiliated group or a pare				Þ		Yes	X No
If "Yes," enter the name J The books are in care of		tifying number of the par		-		Telenh	one number 🕨	(30	131	863-3000
		de or Business Ir			(Ã) Income	(B) Expe		7	(C) Net
1a Gross receipts or sa				1	,	<u>*</u>		_		
b Less returns and all	owances		c Balance ▶	10						
2 Cost of goods sold			٨	2					_	
3 Gross profit. Subtra			<i>F</i>	3 4a		<1,526.				<1,526.
4 a Capital gain net inco		art II, line 17) (attach Fo	rm 4797)	4b		<u> </u>	1/9		_	
c Capital loss deduction			,	4c						
5 Income (loss) from	partnersh	ips and S corporations (attach statement)	5		40,241.	Stmt	12		40,241.
6 Rent income (Sched		(0.1.1.5)		6					_	
7 Unrelated debt-finar		ne (Schedule E) and rents from controlled	Corganizations (Sch. E)	7 8						
· · · · · · · · · · · · · · · · · · ·			organization (Schedule G	<u> </u>						
10 Exploited exempt ac			· · ·	10						
11 Advertising income	(Schedule	: J)		11		•				
12 Other income (See i				12		38,715.			-	38,715.
Part II Deducti		<u> </u>	ere (See instructions f	13 for limit			<u>.</u>			30,713.
(Except fo	contribu	utions, deductions mu	ust be directly connecte	ed with	the unre	lated busines	s income)	_		
14 Compensation of c	fficers, di	rectors, and trustees (Sc	chedule K)			RECE	IVFD	1 -	14	
15 Salaries and wages					1				15	
16 Repairs and mainte	enance				1312	NOV 1	3 2018		16 17	
17 Bad debts18 Interest (attach sch	nedule)				문	110 9 1	2010		18	
19 Taxes and licenses	•				1	OCDE	<u></u>	<u> </u>	19	
20 Charitable contribu	tions (See	e instructions for limitati	on rules) Stateme	ent	13	OGDE	N, UI	_) [2	20	18,858.
21 Depreciation (attac						21	•	<u> </u>	2b	
22 Less depreciation (23 Depletion	ciaimed or	n Schedule A and elsewh	iere on return			22a			23	
24 Contributions to de	ferred co	mpensation plans							24	
25 Employee benefit p	rograms	•							25	
26 Excess exempt exp	•	·						—	26	
27 Excess readership	•	•						-	27	
28 Other deductions (29 Total deductions.		·						<u> </u>	29	18,858.
		-	ing loss deduction. Subtra	ct line 2	9 from lin	ie 13		<u> </u>	30	19,857.
31 Net operating loss		(limited to the amount o	•					_	31	
			eduction. Subtract line 31 f		30			_	32	19,857.
			instructions for exception 3 from line 32. If line 33 is		than line	30 enter the co	naller of zero or	_ ⊢³	33	1,000.
34 Unrelated busines line 32	o idxadie	meeme. Subtract line 3	o nom mie 32. ii iiie 33 is	yı calcı	aran mic	oz, onto the SH	iunoi di 2010 Ul	_ a	34 _	18,857.
	For Paper	work Reduction Act Not	ice, see instructions.			•				Form 990-T (2017)

Part III	Tax Computation					
, 35 (Organizations Taxable as Corporations. See instru	ctions for tax computation.			٦	
C	Controlled group members (sections 1561 and 1563	3) check here 🕨 🔲 See instructions	and:		-:	
a E	nter your share of the \$50,000, \$25,000, and \$9,92	25,000 taxable income brackets (in that o	rder):			
	1) \$ (2) \$	(3) \$	· 1		•	
	nter organization's share of: (1) Additional 5% tax				 	
	2) Additional 3% tax (not more than \$100,000)	[\$			•	
	ncome tax on the amount on line 34	Ψ		•	35c	
	rusts Taxable at Trust Rates. See instructions for	tay computation. Income tay on the amou	int on line 34 from:		1.	
_			ant on line of non.		36	5,750.
_	·	11 1041)			37	
	Proxy tax. See instructions				38	
	Alternative minimum tax				 	
	ax on Non-Compliant Facility Income. See instruc				39	5,750.
	otal. Add lines 37, 38 and 39 to line 35c or 36, whi	cnever applies			40	5,750.
Part IV			144.1		т :	
	oreign tax credit (corporations attach Form 1118, to	rusts attach Form 1116)	41a		-	
	Other credits (see instructions)		41b		4	
-	General business credit. Attach Form 3800		41c		1	
d C	credit for prior year minimum tax (attach Form 8801	l or 8827)	41d			
e 1	otal credits. Add lines 41a through 41d				41e	
42 5	Subtract line 41e from line 40				42	5,750.
43 (Other taxes. Check if from Form 4255 F	Form 8611 L Form 8697 L Form	8866 Other (attach schedule)	43	
44 1	otal tax. Add lines 42 and 43				44	5,750.
45 a F	Payments: A 2016 overpayment credited to 2017		45a	<u>19,196.</u>	1	
b 2	017 estimated tax payments		45b]	
c T	ax deposited with Form 8868		45c]	
d F	oreign organizations. Tax paid or withheld at source	e (see instructions)	45d].	
e E	Backup withholding (see instructions)		45e]	
f (redit for small employer health insurance premium	s (Attach Form 8941)	45f] , [
g (Other credits and payments:	rm 2439			1	
	Form 4136 Oth	ner Total	► 45g		J	
46 1	otal payments. Add lines 45a through 45g				46	19,196.
47 E	stimated tax penalty (see instructions). Check if Fo	rm 2220 is attached 🕨 🗶			47	
	ax due. If line 46 is less than the total of lines 44 ar			>	48	
49 (Overpayment. If line 46 is larger than the total of line	es 44 and 47, enter amount overpaid		▶	49	13,446.
	nter the amount of line 49 you want: Credited to 26		3,446. Re	unded 🕨	50	0.
Part V	Statements Regarding Certain	Activities and Other Informa	ation (see instru	ctions)		
51 /	at any time during the 2017 calendar year, did the o	rganization have an interest in or a signat	ure or other authori	у		Yes No
c	ver a financial account (bank, securities, or other) i	n a foreign country? If YES, the organizat	ion may have to file			
	inCEN Form 114, Report of Foreign Bank and Finan					
	ere ►					X
52	During the tax year, did the organization receive a di	stribution from, or was it the grantor of, o	r transferor to, a for	eign trust?		X
į.	YES, see instructions for other forms the organiza	tion may have to file.				1
53 E	nter the amount of tax-exempt interest received or	accrued during the tax year > \$				
	Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	nd statements, and to	he best of my know	wledge and belief, i	t is true,
Sign	correct, and complete Declaration of preparer (other than	taxpayer) is based on all information or which pr	eparer nas any knowled	_	ay the IRS discuss	this return with
Here	In W w	-11/6/2018 N Th	ustee		e preparer shown b	
	Signature of officer	Ne Date Title		ins	structions)?	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Checkif	f PTIN	
Paid	. , ,	-		self- employed		
	au				1	
Prepar Use Or	I C I	-	<u> </u>	Fırm's EIN ▶		
USE OF	IIY					
	Firm's address			Phone no.		
		<u></u>			Form	990-T (2017

Schedule A - Cost of Good	s Sold, Enter	method of inver	ntory valuation N/A					
Inventory at beginning of year	1	metrod or miver	6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold. S		line 6	_		_
3 Cost of labor	3		from line 5. Enter here			•		
4a Additional section 263A costs	- *		line 2	, u		7		
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to		Yes	۷o
b Other costs (attach schedule)	46		property produced or	,	•			_
5 Total. Add lines 1 through 4b	5		the organization?		The state of the s		-	
Schedule C - Rent Income		Property an		Leas	ed With Real Pro	pert	y)	
(see instructions)	·							
1. Description of property								
(1)								_
(2)								
(3)			<u></u>					
(4)								
	2. Rent receiv	ed or accrued			0(1)0			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or it nt is based on profit or income)	tage f	3(a) Deductions directly columns 2(a) ar		ited with the income in attach schedule)	
(1)					-			
(2)								
(3)			<u> </u>					
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns		iter			(b) Total deductions. Enter here and on page 1,			_
here and on page 1, Part I, line 6, column Schedule E - Unrelated De		I Ingomo /occ		0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Universited De	bt-rinancet	income (see	Instructions)	т—	3. Deductions directly con	nected :	with or allocable	
			2. Gross income from		to debt-finance			
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)		· <u></u>	_	ļ				
(1)				 		+		
(2)				├─-		+		
(3)			-	 -		+		
	1 -	·	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	 	7 -	+	0	_
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(«	8. Allocable deductions column 6 x total of colum 3(a) and 3(b))	
(1)			%		-			
(2)			%					
(3)		-	%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)	
Totals			•		0		(ο.
Total dividends-received deductions in	ncluded in columi	1 8	•			.).

The Frederic C. Hamilton Form 990-T (2017) Family Foundation

				Exempt	Controlled Or	ganızatı	ons	.,			
Name of controlled organiza	tron	2. Emp identific num	cation		related income instructions)	4. Tot payn	al of specified nents made	Includ	rt of column 4 that is led in the controlling tation's gross income		6. Deductions directly connected with income in column 5
1)											
2)			-								
3)							<u>. </u>		_		
4)											
onexempt Controlled Organi	izations			·	1						
<u>_</u>		nrelated incom	o (long)	Q Total	of specified payr	nanta T	10. Part of colu	ımn Q tha	t is included	11 Dec	luctions directly connecte
7. Taxable Income		ee instructions		9, 100	made	iliania	in the control		nization's		income in column 10
1)	1										
2)											
3)		_			<u></u>						· ··
(4)										_	
					- '		Add colu Enter here an line 8,		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
otals Schedule G - Investme	ent Incor	ne of a	Section	n 501(c)(7). (9). or (<u> </u>	ganizatio		0.1		
	ructions)				- /, (-), -,						
1. Desc	cription of inco	me			2. Amount of	income	 Deduction directly connicated scheme 	ected	4. Set-a (attach se		5. Total deductions and set-asides (col 3 plus col 4)
1)											
(2)											
(3)		<u></u>									1
(4)											
					Enter here and o		2			1	Enter here and on page Part I, line 0, column (B
otals				•		0.	•		•		0
chedule I - Exploited	-	Activity	Incon	ne, Othe	r Than Ad		ng Incom	е			<u> </u>
1. Description of exploited activity	2. G unrelated income trade or t	business e from	directly with pi of ur	xpenses connected roduction related ss income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inc from activity is not unrela business inc	that ited	6. Expo attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	· · · · · · · · · · · · · · · · · · ·					1					
(2)	· -			,							
3)	 				 				_		
	1			<u> </u>	-						
(4)	Enter her page 1, line 10,	, Part I,	page	ere and on 1, Part I,), col (B)	, ,	,			•	٠,	Enter here and on page 1, Part II, line 26
otals >	na l====	0.		0.	<u> </u>						0
Schedule J - Advertisi Part I Income From					solidated	Basis					
i ai ci i i i i i i i i i i i i i i i i	. GIIOGIO	ais nep	or tou t								
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	d 2 minus iin, comput	5. Circula e incom		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						,					
(2)											
(3)					7						
(4)					٦_,						
otals (carry to Part II, line (5))	▶		0.	0							Form 990-T (20

Form 990-T (2017) Family Foundation 54-20993 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			·· -				
(2)	_						
(3)							
(4)							
Totals from Part I	•	0.	0.		<u> </u>		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			w. m. E	Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5)	•	0.	0.	,,		•	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

The	Frederic	c.	Hamilton	Family	Foundati
-----	----------	----	----------	--------	----------

54-2099318	8	3
------------	---	---

Form 990-T	Income (Loss) from Partnerships and S Corporations	Statement 12
Description		Amount
Schedule 2 Att	ached	40,241.
Total to Form	990-T, Page 1, line 5	40,241.

Form 990-T	Contributions Summary		Statement	13
Carryover of Prior Year	rs Unused Contributions			
For Tax Year 2012 For Tax Year 2013 For Tax Year 2014 For Tax Year 2015 For Tax Year 2016	6,813,045			
Total Carryover Total Current Year 50%	Contributions	6,813,045		
Total Contributions Ava		6,813,045 18,858		
Excess 50% Contribution Total Excess Contribut:		6,794,187 6,794,187		
Allowable Contributions	s Deduction		18,	858
Total Contribution Dedu	uction		18,	858