

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

Open to Public Inspection

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.

For calendar year 2017 or tax year beginning 02/13/17, and ending Name of foundation Employer identification number AARDVARK FAMILY FOUNDATION <u>81-52471</u>26 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) P.O. BOX 6262 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here SHERIDAN WY 82801 G Check all that apply. Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation **H** Check type of organization |X| Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method. Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) line 16) ▶ \$ 476,646 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income ıncome purposes the amounts in column (a) (see instructions)) (cash basis only) 443,808 Contributions, gifts, grants, etc., received (attach schedule) 2 If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 6,460 Dividends and interest from securities 6,460 5a Gross rents Net rental income or (loss) STMT 1 12,675 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 495,623 Capital gain net income (from Part IV, line 2) 12,675 Net short-term capital gain Income modifications Gross sales less returns and allowances Less. Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11 948 19,140 Operating and Administrative Expenses 6102 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) 16a Accounting fees (attach schedule) STMT 2 600 450 Other professional fees (attach schedule) STMT 3 790 790 Taxes (attach schedule) (see instructions) STMT 4 937 87 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 28 21 23 Other expenses (att. sch.) Total operating and administrative expenses. Add lines 13 through 23 3,355 2,348 25 Contributions, gifts, grants paid SEE STATEMENT 5 300 23,300 Total expenses and disbursements. Add lines 24 and 25 26 23,457 26,655 2,348 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 436,293 Net investment income (if negative, enter -0-) 16,792 Adjusted net income (if negative, enter -0-)

Form 990-PF (2017

For Paperwork Reduction Act Notice, see instructions.

1	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	r art i	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		1,030	1,030
- {	2	Savings and temporary cash investments		10,913	10,913
J	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶		Į.	
	4	Pledges receivable ▶			=
		Less allowance for doubtful accounts ▶	1	Ī	
	5	Grants receivable			
1	6	Receivables due from officers, directors, trustees, and other			
}	-	disqualified persons (attach schedule) (see	1	·	
J		instructions)	1		
ļ	7	Other notes and loans receivable (att schedule)			:
Į	•	Less; allowance for doubtful accounts	1	Ī	•
	8	Inventories for sale or use			
ie ie	9	Prepaid expenses and deferred charges			
Assets	10a	Investments – U.S. and state government obligations (attach schedule)	 		
٦		Investments – corporate stock (attach schedule) SEE STMT 6		388,850	427,535
- {	b	Investments – corporate stock (attach schedule) SEE STMT 7	 	35,500	37,168
-	C	,		33,300	
- [11	Investments – land, buildings, and equipment basis	1	1	14 To 15 To
-		Less accumulated depreciation (attach sch.)	<u> </u>		
Ì	12	Investments – mortgage loans			
1	13	Investments – other (attach schedule)			E-
- 1	14	Land, buildings, and equipment basis		1	3
- {		Less accumulated depreciation (attach sch.)			
- {	15	Other assets (describe ▶)	+	
- [16	Total assets (to be completed by all filers – see the			186 646
4		instructions Also, see page 1, item I)	<u> </u>	436,293	476,646
1	17	Accounts payable and accrued expenses			
,,	18	Grants payable	ļ		
Ë	19	Deferred revenue	ļ		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	<u> </u>		# 1
ē	21	Mortgages and other notes payable (attach schedule)			•
-	22	Other liabilities (describe ▶)		74 9
4	23_	Total liabilities (add lines 17 through 22)	0	0	aan mada dii dada waxaa qayaa qayaa qayaa da d
- [Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted		436,293	
ē	25	Temporanly restricted			antitude viterani
	26	Permanently restricted	_		
Š		Foundations that do not follow SFAS 117, check here		•	16 m
빈		and complete lines 27 through 31.			
ွှု	27	Capital stock, trust principal, or current funds			i.
ě	28	Paid-in or capital surplus, or land, bldg, and equipment fund			AMOUNT TO THE PERSON OF THE PE
Net Assets or Fund Balar	29	Retained earnings, accumulated income, endowment, or other funds			
1	30	Total net assets or fund balances (see instructions)		436,293	¥ si
Ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	0	436,293	
_	Part I	Analysis of Changes in Net Assets or Fund Balances			
		net assets or fund balances at beginning of year Part II, column (a), line 30 (r	nust agree with		
		of-year figure reported on prior year's return)	-	1	0
2		amount from Part I, line 27a		2	436,293
		r increases not included in line 2 (itemize)		3_	
		ines 1, 2, and 3		4	436,293
5		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column	n (b), line 30	6	436,293
_					Form 990-PF (2017)

Part IV. Capital Gains ar	nd Losses for Tax on Investm	ent Income			
	he kınd(s) of property sold (for example, real estate, rehouse, or common stock, 200 shs MLC Co)	_	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a ALGER SPECTRA			P_	VARIOUS	05/11/17
b FIDELITY CAP GA	IN DISTR.				
_c					
_d					
<u>e</u>					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		n or (loss) (f) minus (g))
<u>a</u> 40,745			39,140		1,605
b 11,070					11,070
_ c		<u> </u>			
_ d					
e		L			
Complete only for assets showing	gain in column (h) and owned by the f	oundation on 12/31/6	39.	(I) Gains (Co	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 ''	s of col (ı) (ı), ıf any		t less than -0-) or rom col (h))
			<u> </u>	 -	1,605
_ a		 			11,000
_b		 			11,070
_ C	 	 			
_d		 			
_e	□ If som also extern	Port I les 7			
2 Capital gain net income or (net ca	ipital loss) If gain, also enter in				12,675
3. Not about town constal gain or floor	If (loss), enter -0- in	_	ł	2	12,010
	 s) as defined in sections 1222(5) and (incommon continuous). d) See instructions. If (loss), incommon continuous. 				
Part I, line 8	column (c) See instructions. If (loss), t	enter -0- III		a 1	1,605
	der Section 4940(e) for Reduc			_3	1,000
	on 4942 tax on the distributable amour fy under section 4940(e) Do not compl		pase penod?		N/A Yes No
1 Enter the appropriate amount in e	ach column for each year, see the instr	ructions before makir	ng any entries.		
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of nonchantable-use asset		tribution ratio divided by col (c))
2016					
2015					
2014					
2013					
2012					
			······································		
2 Total of line 1, column (d)				2	
	i-year base period – divide the total on l	line 2 by 5 0, or by th	ne		
	as been in existence if less than 5 years			3	
	·				
4 Enter the net value of noncharitab	le-use assets for 2017 from Part X, line	e 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1b	and complete that	nort using a 40/ 4	ata Saa tha	
Part VI instructions	inc 7, check the box in Part VI, line it	, and complete that	part using a 1% tax f	ale. See (IIE	
r art vi motiuctiono					

FOITH	990-PF (2017) AARDVARK FAMILY FOUNDATION 81-5247126		Pag	ge 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
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		
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1_	3	36
	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	1		
	Part I, line 12, col (b)	ľ		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0
	Add lines 1 and 2	3	3	36
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		0
	· · · · · · · · · · · · · · · · · · ·			36
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	J.	20
	Credits/Payments.	1		
	2017 estimated tax payments and 2016 overpayment credited to 2017	1	-	
	Exempt foreign organizations – tax withheld at source	1	-	
	Tax paid with application for extension of time to file (Form 8868) 6c	1		
d	Backup withholding erroneously withheld 6d 6d	#	•	
7	Total credits and payments. Add lines 6a through 6d	7		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	3:	<u> 36</u>
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
1	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶	11		
Par	t 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 1	No
	participate or intervene in any political campaign?			X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		· · · · · · · · · · · · · · · · · · ·	
	Instructions for the definition		16	Χ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		"	
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?			Χ
	·		1c	<u> </u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$			
		_		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			37
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	<u>X</u>
	f "Yes," attach a detailed description of the activities			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	ncorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	Χ_
	f "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	
	Nas there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u>X</u> _
1	f "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 language in the governing instrument, or			
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?		6 X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Par	1 XV	7 X	
	Enter the states to which the foundation reports or with which it is registered. See instructions	• • • • • • • • • • • • • • • • • • • •		
	WY			
b I	f 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 General Instruction G? If "No," attach explanation			
			8b X	
	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1 1 1	
-	1942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes," complete Part XIV			v
	Annuele Fac AlV		9	Λ
C	·		 	
0 [Old any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their sTMT	•	10 X	

<u> </u>	art VII-A Statements Regarding Activities (continued)			· · · · · · · · · · · · · · · · · · ·		
11	At any time during the core did the foundation dispatily or indirectly, our a controlled coat within the				Yes	No
• •	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			 ' ' 		
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		13	Х	
	Website address ► N/A					
14		phone no. I	•			
	1811 SO SHERIDAN AVE					
	Located at ▶ SHERIDAN WY	ZIP+4	82801	L		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ □
	and enter the amount of tax-exempt interest received or accrued during the year	▶ [15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		•		Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country ▶			<u> </u>		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			r	,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			ļ	Yes	No
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	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ v	X No			
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	-		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		<u> </u>			
	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		<u></u>			
	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			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula	tions				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ [
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2017?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		₹ 7			
	6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ▶ 20 , 20 , 20 , 20	Yes	X No			
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions.)		N/A	2b		Ī
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		247 23			
	▶ 20 , 20 , 20 , 20				:	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				'	
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			-		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				:	
	foundation had excess business holdings in 2017)		N/A	3b_	<u> </u>	 -
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			4a_	ļ	<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				·	v
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2	017?		4b	00 12"	X (2017)
			ſ	orm 9	7U-1	(2017)

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	ing Activities for Which Fo	orm 4720 May Be R	Required (con	tinued)	-	······
5a During the year did the foundation pay of			Π,	v ▽ N		
(1) Carry on propaganda, or otherwise a				Yes X No		1
(2) Influence the outcome of any specif		b), or to carry on,	Г,	Yes X No		
directly or indirectly, any voter regist		0	=	===		
(3) Provide a grant to an individual for to				Yes X No		
(4) Provide a grant to an organization o		zation described in	п.			1
section 4945(d)(4)(A)? See instruction			□ '	Yes X No		
(5) Provide for any purpose other than r	=	ary, or educational	С.	. . .		
purposes, or for the prevention of cr	*		ш.	Yes 🗓 No		
b If any answer is "Yes" to 5a(1)–(5), did a	- ·	· ·	lescribed in	37 / 73		
Regulations section 53.4945 or in a curr	• •			N/A	5b	-+
Organizations relying on a current notice				▶ 📖		
c If the answer is "Yes" to question 5a(4),	•	ion from the tax	N7 /70 🗀 .			
because it maintained expenditure response			N/A 📋 🕻	Yes ∐ No		1
If "Yes," attach the statement required b		•				
Did the foundation, during the year, rece	ive any funds, directly or indirectly	, to pay premiums		. (51 l	-	
on a personal benefit contract?				Yes 🗓 No		
b Did the foundation, during the year, pay	premiums, directly or indirectly, or	a personal benefit contr	ract?		6b	X
If "Yes" to 6b, file Form 8870				चिंग		
'a At any time during the tax year, was the				res X No		-
b If "Yes," did the foundation receive any p				N/A	7b	
	ficers, Directors, Trustees	s, Foundation Mana	agers, Highly	Paid Employe	ees,	
and Contractors						
List all officers, directors, trustees, and	foundation managers and their	compensation. See ins	structions.			
(a) Name and a	ddress	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense account allowances
RICHARD D HALL	SHERIDAN	PRESIDENT				
P.O. BOX 6262	WY 82801	0.50	0	0	,	
CLAUDIA L HALL	SHERIDAN	SECRETARY				
P.O. BOX 6262	WY 82801	0.50	0	0		
DEREK HALL	SHERIDAN	VICE PRESIDE				
48_INDIAN PAINTBRUSH ROAD	WY 82801	0.50	0	0	1	
JENNA RAE AKERS	SHERIDAN	TREASURER				
1323 COTTONWOOD CIRCLE	WY 82801	0.50	0	0		
2 Compensation of five highest-paid en "NONE."			tructions). If non	e, enter		
(a) Name and address of each employee (oald more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense account allowances
NONE						
						<u> </u>
				<u> </u>	-	

	017) AARDVARK FAMILY FOUNDATION	81-524/126	Page Page
Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	lation Managers, Hignly Paid I	-mpioyees,
3 Five high	est-paid independent contractors for professional services. See instru	uctions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
			}
			
otal number of	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities during the tax year. Include relevant statistical information s other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
, -			
2			
3			
•			
4			
Part IX-B	Summary of Program-Related Investments (see instru	ctions)	<u> </u>
·····	urgest program-related investments made by the foundation during the tax year on lines 1 and 2	CUOTIS	Amount
1 N/A			
			<u> </u>
2			
All other program-re	elated investments. See instructions		<u> </u>
3			
			<u> </u>
otal. Add lines	1 through 3	•	

P	art X. Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	İ	<u>;</u>
	purposes	ļ	
а	Average monthly fair market value of secunties	1a	447,795
b	Average of monthly cash balances	1b	10,030
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	457,825
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3_	457,825
4	Cash deemed held for chantable activities. Enter 1½% of line 3 (for greater amount, see	ľ	
	instructions)	4	6,867
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	_ 5	450,958
6	Minimum investment return. Enter 5% of line 5	6	19,892
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	, four	ndations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	19,892
2a	Tax on investment income for 2017 from Part VI, line 5	1	
b	Income tax for 2017. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	336 19,556
3	Distributable amount before adjustments Subtract line 2c from line 1	3	19,556
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	_ 5	19,556
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	19,556
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	23,457
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	23,457
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	· —	
	Enter 1% of Part I, line 27b See instructions	_5_	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,457
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

_P:	ut XIII Undistributed Income (see instructions)		,	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years pnor to 2016	2016	2017
	line 7				19,556
2	Undistributed income, if any, as of the end of 2017				1
а	Enter amount for 2016 only				
b	Total for prior years. 20 , 20 , 20				=
3	Excess distributions carryover, if any, to 2017				
a	From 2012				
b	From 2013				· .
С	From 2014				
d	From 2015				<u> </u>
е					
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,			-	1
	line 4. ▶ \$23, 457			:	
а	Applied to 2016, but not more than line 2a				-
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				.:
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
	Applied to 2017 distributable amount	······································		·	19,556
е	Remaining amount distributed out of corpus	3,901			
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				:
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	3,901			:
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of pnor years' undistributed				
	income for which a notice of deficiency has			`	A
	been issued, or on which the section 4942(a)			-	y and a second
al.	tax has been previously assessed		_ -		
a	Subtract line 6c from line 6b. Taxable	1			
_	amount – see instructions				19
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount – see	-	-		ė.
					-
£	instructions Undistributed income for 2017 Subtract lines				<u> </u>
•	4d and 5 from line 1. This amount must be			•	
	distributed in 2018				0
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section			` ` ` ` · · · · · · · · · · · · · · · ·	
	170(b)(1)(F) or 4942(g)(3) (Election may be			=	1
	required—see instructions)				
8	Excess distributions carryover from 2012 not		······································		
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.				
_	Subtract lines 7 and 8 from line 6a	3,901	-	-	
10	Analysis of line 9	3,301			
a	Excess from 2013			-	3
b	Excess from 2014				
c	Excess from 2015				
d	Excess from 2016		,		ala aliga di aliga di
e	Excess from 2017 3, 901		·		

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year 1ST UNITED METHODIST CHURCH 215 WEST WORKS 501 (C) 3 CHURCH SHERIDAN WY 82801 22,300 UNIVERSITY OF NO. COLORADO 501 20TH ST 501 (C) 3 GREELEY CO 80639 EDUCATION 1,000 23,300 Total ▶ 3a **b** Approved for future payment N/A

▶ 3b

Total

Par AVER	Analysis of income-Producing Ac	civities				
Enter gross am	ounts unless otherwise indicated	Unrelated (a)	business income (b)	Excluded (c)	by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program se	ervice revenue:	Business code	Amount	Exclusion code	Amount	function income (See instructions)
a		_				
		. L				-
С						
f	······································					
o Fees ar	nd contracts from government agencies				-	
_	dues and assessments			1		
1	savings and temporary cash investments			14	5	-
	and interest from securities			114	6,460	
	ncome or (loss) from real estate:	-		+	0,700	
	•					<u></u>
	anced property			+		
	ot-financed property			┥		
	ncome or (loss) from personal property				 }	
7 Other inves				+ - +		
•	s) from sales of assets other than inventory			18	12,675	
	or (loss) from special events	\		+-+		
10 Gross profit	or (loss) from sales of inventory	ļ				
11 Other reven	ne. a	-				
b		-	·			
е						
·						
	dd columns (b), (d), and (e)			ol I	19,140	
12 Subtotal Ad	Id columns (b), (d), and (e) Ine 12, columns (b), (d), and (e)			0	19,140 13	
12 Subtotal Add I	ine 12, columns (b), (d), and (e)			0	19,140 13	
12 Subtotal Add I 13 Total. Add I (See worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)	ccomplishme			13	
12 Subtotal Ad 13 Total Add I (See worksheet Part XVI-B	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A		nt of Exempt I	Purposes	13	19,140
12 Subtotal Add I 13 Total. Add I (See worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
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12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140
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12 Subtotal Ad 13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in col	nt of Exempt I	Purposes 1-A contribu	13ted importantly to the	19,140

•			Exempt	Organiza	ations										
1	Did th					age in any of	the follo	wing with an	other organiza	tion desc	cribed			Yes	No
		_		-				=	relating to poli						
	organ	nization	ıs?												1
а	Trans	sfers fro	om the repo	orting found	ation to a r	nonchantable	exempt	organization	of.						1
	(1) C	Cash											1a(*	<u> </u>	X
	(2) O	Other as	ssets										1a(2	<u>2) </u>	X
b	Other	r transa	actions												1
	(1) S	sales of	f assets to	a noncharita	able exemp	ot organizatio	n						1b(<u> </u>	X
	(2) P	urchas	ses of asse	ts from a no	nchantable	e exempt org	anızatıoı	n					1b(:		X
	(3) R	Rental c	of facilities,	equipment,	or other as	ssets							1b(:		X
				rangements	;								1b(4		X
			r loan guar										1b(X
					•	or fundraising	_						1b(0		X
		-	•	-	•	other assets	•		46.5 4 - 14		L		<u>1c</u>		X
a									umn (b) should						
									If the foundatio						
	value (a) Line r			nt involved		me of nonchantal			of the goods, of				ved. and shanng arrange		
N/	`		(b) Alloui	III III VOI VEG	(0) 1481	The of Horichanita	ole exempt	organization	(0)	Description	or transfers, tra	ansactions, a	and sharing arrange	TIETIUS	
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			-												
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_		!									-				
Za						n 501(c)(3)) (x-exempt orga	nizations				Yes X	Z) No
h				ollowing sch		11 50 1(6)(3)) (or in sec	UON 5277						162 [2]	7 140
) Name of orga		ieduje.	(b) 1	Type of org	anization	1		(c) Descrip	tion of relati	onship		
ì	N/A		<u>- </u>			 	,						<u> </u>		
									1 -						
					_										
	Ur	nder pena	alties of perjur	y, I declare that	it I have exam	nined this return,	including a	accompanying s	hedules and staten	nents, and t	o the best of	my knowled	lge and belief, it is t	rue,	
			^	/	oparar (otrici	and it taxpayory	20000 0.		Willow proparer ve	25 dily kilon	neugo		ay the IRS discuss thi		
Sigr				, //									th the preparer showr	Yes	No
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	- -		ture of officer of				_ 	Da	te —		Title				
		Print/Typ	oe preparer's n	ame			- 1	Preparer's signa	ture /	^			Date	Check	
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Prep	arer 🗀	TEVE		RKER, C		TINCED			· CAPON	<u> </u>	<u> </u>	<u> </u>	P0015		5
Jse (Only	Firm's na	dress ▶			<u>LINGER</u> RIDAN		S, LLC				PTIN			
		5 20	Jui 535 🚩	SHERI			801-	6103				Firm's Ell	207 ($\frac{7000}{72-1}$	<u>, 78</u> 1
				<u> </u>	DAN	02	OOI	0100		 -		Phone no		000 P	

81-5247126		Federal St	ederal Statements		2
	Statement 1	I - Form 990-PF, P	Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets	of Assets	
Description	-	How Received	-		
Whom Date Sold Acquired	ed Sold	Sale	Cost	Expense Depreciation	Net Gain / Loss
OTS	2/17/17			' က' ၂	ا ا ب
TOTAL		\$ 443,808 \$	443,808 \$	\$ 0	\$ 0
	Statement 2 - Form	Form 990-PF, Part I,	Line 16b -	Accounting Fees	
Description	İ	Total	Net Investment	Adjusted Net	Charitable Purpose
HARKER MELLINGER CPAS LLC TOTAL		009	\$ \$ 450	w w	\$ 150
St.	Statement 3 - For	- Form 990-PF, Part I, L	Part I, Line 16c - Other Professional Fees	ofessional Fees	
Description		Total	Net Investment	Adjusted Net	Charitable Purpose
STIFEL INVESTMENT FEES TOTAL	[∞] [∞]	1,790	\$ 1,790 \$ 1,790	w w	w w
	Statement 4		Form 990-PF, Part I, Line 18 - Taxes	Taxes	
Description		Total	Net Investment	Adjusted Net	Charitable Pumose
INITIAL IRS APPLICATION FEE FOREIGN TAX TOTAL	₀ , ₀ ,	850 87 937	\$ 87	w w	\$ \$
					1-4

ì

81-5247126		Federal Statements	atements		
	Statement 5 - Form 99	rm 990-PF, Part I, Line 25	- Noncash Contr	0-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants	SΙ
Amount 22, 300 1, 000	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date 3/28/17 8/28/17
	Statement 6 - Form	Form 990-PF, Part II, Line 10b - Corporate Stock Investments	e 10b - Corporate	Stock Investments	
Descr FRONTIER #4976 TOTAL	Description	Beginning of Year	End of Year \$ 388,850 \$ 388,850	Basis of Valuation COST	Fair Market Value \$ 427,535
	Statement 7 - Form	Form 990-PF, Part II, Line 10c - Corporate Bond Investments	e 10c - Corporate	Bond Investments	
Description FRONTIER #4976	iption	Beginning of Year	End of Year \$ 35,500	Basis of Valuation COST	Fair Market Value
: : : :					

\$ 37,168	
\$ 35,500	
٠ ٧	
TOTAL	

Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

City, State, Zip

SHERIDAN WY 82801

Address		BOX 6262
		Ö,
	FAMILY	Д.
	AND	
	HALL	
	RICHARD	

Name

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017

81-5247126 AARDVARK FAMILY FOUNDATION 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 501(c)(3) exempt private foundation 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2. to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

AARDVARK FAMILY FOUNDATION 81-5247126

Part i	Contributors (see instructions). Us	se duplicate copies of Pa	art i ir additionai space is n	eeaea.
(a) No.	(b) Name, address, and ZIP	+4	(c) Total contributions	(d) Type of contribution
1	RD HALL FAMILY LLC P.O. BOX 6262 SHERIDAN	WY 82801	\$ 443,808	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP	+4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP	+4	(c) Total contributions	(d) Type of cont∎ibution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP	+4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP	+4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP	+ 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
AARDVARK FAMILY FOUNDATION

Employer identification number 81-5247126

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	LAND		
		\$ 443,808	02/17/17
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei∨ed
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei √ ed
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei √ ed
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei √ ed
		\$	
n) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei √ ed
		\$	