

_	990-T	Ex	empt Organization				rn	OMB No 1545-0687
Form	390-1		`		der section 6033(@@ 4 **
فيره	Ì	For caler	ndar year 2017 or other tax year begin			· · ·	20	201/
	nent of the Treasury Revenue Service		► Go to www irs gov/Form9907				.,,,,,	Open to Public Inspection for \$50.5 St. 2016 (c)(3) Organizations Only
A	Check box if	Do Do	Name of organization (Check be		y be made public if your org ne changed and see instruction			over identification number
~	address changed		Name of organization (Check bu	JA II Hai	ne changed and see mondello	15 /		oyees' trust, see instructions)
B Eve	mpt under section	1	ERION FOUNDATION					
	501(C)()3)	Print	Number, street, and room or suite no	fa P O	hox see instructions		84-1	358074
	_ 	or	Trainbor, strong and room or some no	0	DOM, GOO MICHOGOTO			lated business activity codes
	408(e) 220(e) 408A 530(a)	lyhe	PO BOX 732					nstructions)
-	529(a)		City or town, state or province, country	v. and Z	IP or foreign postal code		1	
	k value of all assets	1	LOVELAND, CO 80539	,,			5313	90
at e	nd of year	F Gro	up exemption number (See instructi	ions)	>		٨	· · · · · ·
1	0,319,749.		ck organization type > X 501			c) trust	401(a)	trust Other trust
H De	scribe the organiz	zation's p	rimary unrelated business activity	IN	VESTMENT IN PASS	THROUGH E	NTITI	ES
			corporation a subsidiary in an affili					
	-		identifying number of the parent col	_		•		
			THE ORGANIZATION		Telepho	ne number > 97	70-669	-9525
Par	Unrelated	Trade	or Business Income		(A) Income	(B) Expe		(C) Net
1a	Gross receipts or	sales	11					
b	Less returns and allowa	ances	c Balance ▶	1c				
2	Cost of goods so	ld (Sched	ule A, line 7)	2				
3	Gross profit Sub	tract line	2 from line 1c	3			24 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4a	Capital gain net i	ncome (a	attach Schedule D)	4a	45,411.	76.000 CO		
ь			Part II, line 17) (attach Form 4797)	4b				
С			trusts ,	4c	24 060			
5		•	ps and S corporations (attach statement)	\vdash	-34,060.	ATCH S	Lagge 41 A	-34,060.
6				6		1		-
7			ncome (Schedule E)	7		 	<u>-</u>	
8	•		nts from controlled organizations (Schedule F)			 		
9			I1(c)(7), (9), or (17) organization (Schedule G)	10				
10			ncome (Schedule I)	11		 		
11 12			ctions, attach schedule)	12		196828.1923	366 E. 6.3	*
13	•		rough 12	13	11,351.	N. 14 10 10 10 10 10 10 10 10 10 10 10 10 10	Martin Colored	11,351.
			Taken Elsewhere (See inst			deductions)	Except	
			t be directly connected with			•		
<u></u>			directors, and trustees (Schedule K				14	
₹					LIE OF LATE	<u> </u>	15	5
16	Repairs and mail	ntenance		3	2010. A .2010	β	. 16	
17	Bad debts				NOV 2 0 2018	82	17	,
18 18	Interest (attach s	chedule)		Ш.		J≝	18	3
LL 19	Taxes and license	es		l	OGDEN UT		19)_
20 21 22 23 23 24	Charitable contri	ibutions (See instructions for limitation rules)	٠	<u>oabein 9</u>		20	
岁21			1 4562)				24	
Z 22	Less depreciatio	n claime	d on Schedule A and elsewhere on r	eturn	22a		22	b
2 3								3
6 724	Contributions to	deferred	compensation plans				· · 24	1
25			ns					
26			(Schedule I),					5
27			Schedule J)					1 634
28			schedule)					1 074
29			es 14 through 28					0 277
30			ble income before net operating					0 377
31			tion (limited to the amount on line 3					1 000
32			ole income before specific deduction				_	1 000
33			erally \$1,000, but see line 33 instruable income Subtract line 33 f					1,000.
34			or line 32		•			0.
	cuter the smaller	UI ZEIU C	4 IIIIQ JZ		<u></u>		3	· U.

Form	990-T (2017)		ERION FO	UNDAT	ION				84	-1358074	F	age 2
Par	t III Tax	x Computation	···	 								
35		ons Taxable as	Corporation	ns. See	instructions f	or tax cor	nputation	Controlled gro	oup			
	•	ections 1561 and 15	-		_		•	J	`	1		
a'	a' Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)											
-	(1) \$ (2) \$ (3) \$								1			
ь		zation's share of (1)		tay (not n			\$					
D	(2) Addition	20/ toy/pat mass t	has \$100,000		nore man \$11,7	30)	🕏					
_	(2) Additions	al 3% tax (not more t	nan \$100,000,)			· · · <u>ιΨ</u>		. ▶ 350			
		on the amount on line								' 		
30	36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of the amount on line 34 from. Tax rate schedule or. Schedule D (Form 1041)											
			-						1			
37	,,											
38									· · · —	+		
39		-Compliant Facility Ir								 		
40		nes 37, 38 and 39 to		6, whiche	ver applies		<u></u>	<u> </u>	40			
		x and Payment					1					
		credit (corporations								ļ		
		s (see instructions).										
С	General bus	siness credit. Attach I	Form 3800 (see	e instruction	ons)		. 41c	-				
		rior year minimum ta										
е		s Add lines 41a thro	_							<u> </u>		
42		e 41e from line 40										
43	Other taxes (Check if from Form	1 4255 Fo	orm 8611	Form 8697	Form 8	866	Other (attach schedu	ile) . 43			_
44		dd lines 42 and 43.						·	44			0.
45 a	Payments /	A 2016 overpayment	credited to 20)17			. 45a			ļ		
		ated tax payments.								1		
C		ed with Form 8868.										
d		anizations Tax paid								}		
е		nholding (see instruct								1		
f	Credit for si	mall employer health					. 45f					
9	Other credit	ts and payments		Form 243	39							
	Form	4136	brough 45g	Other		Total 🕽	► 45g					
46	Total paym	ents Add lines 45a t	hrough 45g .						46			
47		ax penalty (see instru										
48	Tax due, If	line 46 is less than th	ne total of line	s 44 and	47, enter amoun	lowed			. ▶ 48			
49	Overpayme	nt. If line 46 is large	r than the tota	l of lines	44 and 47, ente	amount ove	erpaid		. ▶ 49			
50		ount of line 49 you want						Refunde				
Pa	t V St	atements Rega	arding Cer	tain Ac	tivities and	Other Ir	<u>ıforma</u>	tion (see instru	ctions)			,
51	At any tim	ne during the 2017	' calendar ye	ear, did 1	the organizatio	n have an	ınterest	in or a signatu	re or oth	er authority	Yes	No
		ancial account (bai			•				-			
	FinCEN Fo	rm 114, Report of	f Foreign Ba	ink and	Financial Acce	ounts If Y	ES, ente	er the name of	the fore	ign country		
	here 🕨											X
52	During the	tax year, did the orga	anization recei	ive a distri	ibution from, or	was it the g	rantor of	, or transferor to, a	foreign t	rust?		X
	If YES, see I	nstructions for other	forms the orga	anization r	nay have to file							
53	Enter the a	mount of tax-exempt	interest receiv	ved or acc	rued during the	ax year 🕨 🤄	\$				<u> </u>	*
	Under	penalties of perjury, I decorrect and complete Declar	clare that I have	examined th	ns return, including	accompanying	schedules	and statements, and to	the best	f my knowledge	and bel	lief, it
Sig	n 📗			June 111411 107		.	·····c··· p··cp·	are, noo arry amornicage	May ti	ne IRS discuss	this	retum
He	· • · ·	G ERION	- KAU	<u> </u>	<u>11</u> /15/2	018 P	RESIDE	NT	with t	he preparer s	hown	below
	Signa	ture of officer			Date	Title			(see mst	ructions)? X Y	es	No
-		int/Type preparer's name	e v —		Preparer's signati	ire a	, 0	ate	Check	If PTIN		
Paid	F2.1	DAM R SMITH ,	CPA		alan	2 DM	H.	11/15/2018	self-emple		95896	56
	parer Fire	m's name ▶ BKD,	LLP						Firm's EIN	▶44-0160	260	
USE	Only F	m's address > 1801	CALIFORN	NIA ST	., STE. 29	00, DEN	VER,	CO 80202	Phone no	303-861	-454	15

Form 990-T (2017)



Form 990-T (2017)							Page 3		
Schedule A - Cost of Go	ods Sold. En	ter method	of invento	ry valuation	>				
1 Inventory at beginning of ye	ar 1			6 Inventory at end of year 6					
2 · Purchases	2					d. Subtract line	\$ (\$ C)		
3 Cost of labor	3		6 from line 5 Enter here and in						
4a Additional section 263A cos	sts		Part I, line 2						
(attach schedule)	4a					section 263A (v	with respect to Yes No		
b Other costs (attach schedule	1 1					or acquired for	- F 461 - (20) - F 1		
5 Total. Add lines 1 through 4	,						X		
Schedule C - Rent Income		roperty ar	nd Persor	al Property	Leased W	ith Real Prope	rty)		
(see instructions)	•					•	• .		
Description of property		*							
(1)									
(2)	· · · · ·								
(3)						BOOMISHED LAND LAND LAND LAND LAND LAND LAND LAN			
(4)									
	2 Rent recei	ved or accrue	ed .						
(a) From personal property (if the s		1		namonal namarty	(of the	3(a) Deductions d	- d		
for personal property is more than 10% but not percentage			From real and personal property (if the tage of rent for personal property exceeds or if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)				•			X 147		
(2)									
(3)									
(4)									
Total		Total							
(c) Total income Add totals of co	lumns 2(a) and 2(b) Enter				(b) Total deducted Enter here and o			
here and on page 1, Part I, line 6,						Part I, line 6, colu			
Schedule E - Unrelated De			e instructi	ons)		•			
4 December of debt				income from or	3 (nnected with or allocable to ced property		
Description of debi	t-inanced property		allocable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)									
(2)		•							
(3)				·					
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			4	6 Column 4 divided (column 2 x column 6)		Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%	<u> </u>				
(2)				%					
(3)				%					
(4)		-		%	 				
Totals			•	•	Enter he Part I, lir	re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Total dividends-received deducti	ons included in c	olumn 8							

Form 990-T (2017)

		Exen	npt Co	ntrolled Or	ganizatio	ns				
1 Name of controlled organization	2 Employer identification numbe	' '		ated income instructions)		of specifie	d included	1		6 Deductions directly connected with income in column 5
1)										
2)										•
3)										
4)					<u> </u>					
Nonexempt Controlled Organiz	rations									
7 Taxable Income	8. Net unrelated inc (loss) (see instruction			Total of specifical of specifi		ınclu	art of column ded in the cor ization's gross	ntrolling		Deductions directly ected with income in column 10
1)				·····						
2)						,				
(3)						-			ļ	
(4)							l columns 5 a			columns 6 and 11
Totals	come of a Sect		c)(7),	(9), or (17				ructions)	Part	1, line 8, column (B) 5 Total deductions
1 Description of income	2 Amount of	ncome		directly co (attach sc	nnected			l-asides schedule)		and set-asides (col 3 plus col 4)
(1)			+							
(2)			<u> </u>							
(3)										
	Enter here and o	1	P.366%	S. 20072007-2007-59-129	eck services	0. ²⁷ , 8*-104:100, 1	- New York (1985)	of the control of the	- 600-00 F	nter here and on page 1
Totals ▶ Schedule I - Exploited Exe	empt Activity Inc			an Advert		come	(see instru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirect connected production unrelated business in	ly d with on of , ed	from unrela or business 2 minus co If a gain, o cols 5 thr	ted trade (column slumn 3) compute	from :	oss income activity that t unrelated ess income	6 Expo attribut colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					-					
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertising Ir	ncome (see instru	ictions)								
Part I Income From Per	iodicals Report	ed on a C	onso	idated Ba	sis					
1 Name of periodical	2 Gross advertising income	2 Gross 3 Direct advertising advertising		4 Advertising v gain or (loss) (col		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
/45				Sec. 198190	-38553875	 		-		254 X 100 C 10 20 20 20 20 20 20 20 20 20 20 20 20 20
(1)						<u></u>			_	
(2)		-		-		<u></u>		-		
(3)		 	•					ļ		
(4)	•					/		 		
Totals (carry to Part II, line (5))										Form 990-T (201

ERION FOUNDATION

Form 990-T (2017) 84-1358074 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.)

,	advertising income	3 Direct advertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	costs (column 6 minus column 5, but not more than column 4)
1)						
2)				· · · · · · · · · · · · · · · · · · ·		
(3)		3				
4)	•					
Totals from Part I, ▶						
Fotals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

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

Form 990-T (2017)

•	ATTACHMENT 1
. FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
MCWHINNEY CCOB LAND INVESTMENTS FEIN 26-1616556 NP DEVELOPMENT, INC FEIN 46-3755354	-36,722. 2,662.
INCOME (LOSS) FROM PARTNERSHIPS	-34,060.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

ACCOUNTING FEES

1,974.

PART II - LINE 28 - OTHER DEDUCTIONS

1,974.

84-1358074

		Amount Used	Amount Used	Carryover to
				•
Year Ending	Original NOL	in Prior Years	in Current Year	Next Year
12/31/2008	20,305		-	20,305
12/31/2009	26,198		-	26,198
12/31/2010	34,352		-	34,352
12/31/2011	-	(16,294)	-	(16,294)
12/31/2012	-	(64,561)	-	(64,561)
12/31/2013	8,725		-	8,725
12/31/2014	769		-	769
12/31/2015	17,705		-	17,705
12/31/2016	28,609		-	28,609
12/31/2017			(8,377)	(8,377)
_	136,663	(80,855)	(8,377)	47,431