			dar year 2017 of tax-year beginning FEB	s.gov/Form990PF for instr 1, 2017		JAN 31, 2018	Open to Public Inspection
			foundation	1, 2017	, and ending	A Employer identification	numbor
			Tourist Control of the Control of th			A chipioyer identification	iiuiiiuei
	TI	ΙE	JOHN AND SOPHIE OTTENS	86-0911121			
	Numi	oer an	d street (or P O box number if mail is not delivered to street a	B Telephone number			
•	P	0.	BOX 4389		<u></u>	212-889-92	50
			wn, state or province, country, and ZIP or foreign p			C If exemption application is pe	nding, check here
			F SEDONA, AZ 86340-4389				
	G CI	neck	all that apply: Initial return		ormer public charity	D 1 Foreign organizations	, check here
S			Final return Address change	Amended return	(Foreign organizations mee check here and attach cor	eting the 85% test,
Z Z	H CI	neck	type of organization: X Section 501(c)(3) ex	Name change			
JENVELOPE POSTMARK DATE	<u> </u>			Other taxable private founda	ation ()—	E If private foundation stat under section 507(b)(1)(
5 M	l Fai		rket value of all assets at end of year J Accounting		Accrual	F If the foundation is in a 6	
Ħ				her (specify)		under section 507(b)(1)	
Z	_▶	_	14,481,463. (Part I, colun	ın (d) must be on cash bası	s.)	· · · · · · · · · · · · · · · · · · ·	
VON	Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
8				expenses per books	Income		(cash basis only)
90			Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. 8	ر الماريخ الم		A CONTRACTOR	The state of the s
2018)		Check A II interest on savings and temporary cash investments	an Paris - Santagan Siring the marker of	المهام المناه عام المهام المناهد المناهدة الماهدة الما	I wat of to pure of the best for	2. 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
∞ ")		Dividends and interest from securities	274,669.	274,669.		STATEMENT 1
5	-		Gross rents	2,2,0050			CHECK PROPERTY OF STATES
2019			Net rental income or (loss)	المراجعة ال المراجعة المراجعة ال	はたはないないはないない		运行证据的经验的
24		6a	Net gain or (loss) from sale of assets not on line 10	421,934.	おいいは、ほどいいとはあり、ほ		
82		b	Gross sales price for all assets on line 8a 1,379,617.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	子與意外心是被計學的改	APPENDED TO SEE THE SECOND OF THE SECOND	是自己可以是是自己的
α	evenu	7	Capital gain net income (from Part IV, line 2)		421,934.		
FEB	E	8	Net short-term capital gain		The second secon		
Ω		-	Income modifications Gross sales less returns		And the state of t	There is the first than the state of the Ta	
Щ			and allowances	TO ANTANEST SERVICES	A STATE OF THE PROPERTY OF THE	The state of the s	「大きない。」というでは、 「大きない」というでは、 「大きない」というできます。 「大きない」というない。 「大きない」というない。 「大きない」というない。 「大きない」というない。 「大きない」というない。 「大きない」というない。 「大きない。 「たない。
SCANNED			Less Cost of goods sold	and the second second	1 5 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ALL MARKS A MARKET MARK	A STATE OF THE STA
Ϋ́	l		Gross profit or (loss) Other income	5,411.	5,411.		STATEMENT 2
$\widetilde{\mathbf{S}}$	ļ		Total. Add lines 1 through 11	702,014.	702,014.		
	\neg		Compensation of officers, directors, trustees, etc	156,000.	156,000.		0.
			Other employee salaries and wages				
		15	Pension plans, employee benefits			RECEIVE	ח ח
	Ses	16a	Legal fees			TILOLIVE	
	Expenses		Accounting fees STMT 3	3,500.	3,500. 51,836.	0 0 0	0.
	EX		Other professional fees STMT 4	51,836.	51,836.	DEC 03 20	8 0 0.
	tve		Interest Taxes STMT 5	9,306.	9,306.		
	Administrative	18 19	Taxes STMT 5 Depreciation and depletion	9,300.	9,300.	OGDEN, L	4
	inis	20	Occupancy				at the state of the state of the state of
	Adr		Travel, conferences, and meetings				
	and /	22	Printing and publications				
			Other expenses STMT 6	11,529.	11,529.		0.
	atin	24	Total operating and administrative	· · · · · · · · · · · · · · · · · · ·			
	Operating		expenses Add lines 13 through 23	232,171.	232,171.		0.
	0		Contributions, gifts, grants paid	2,026,848.	· 「「なっている」では、「これは、「これは、「これは、」	,其中国医院工员区对新公司	2,026,848.
		26	Total expenses and disbursements.	2 250 010	222 171		2 026 040
	\dashv		Add lines 24 and 25	2,259,019.	232,171.	· 我是想到了京阳是在1975年,1975年的成为	2,026,848.
			Subtract line 26 from line 12:	-1,557,005.	The same of the sa	· 大學之子是其一個	からないでする。 一番できていると ないというでは、大きなない
			Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		469,843.	A Secretary of the second of t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_		Adjusted net income (if negative, enter -0-)	The control of the state of the	更加的""。		通知,不是是一种的一种。

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		•
	(must agree with end-of-year figure reported on prior year's return)	1	13,747,363.
2	Enter amount from Part I, line 27a	2	-1,557,005.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	12,190,358.
5	Decreases not included in line 2 (itemize) ► SEE STATEMENT 7	5	21,776.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	12,168,582.

	JOHN AND	SOPHIE	OTTENS	FOUNDA					-091		Page
Part IV Capital Gains a					_	E ATTA	$\overline{}$		ATEM:		
(a) List and describe t 2-story brick wa	the kind(s) of proper rehouse; or commo			te,	1 · P	How acquired - Purchase - Donation	1 10	Date ad mo., day		(d) Dat (mo., d	
)											
<u> </u>				<u></u>	<u> </u>						
d					_		<u> </u>				
e							<u>.</u>]				
(e) Gross sales price	(f) Depreciati (or allov			st or other basis expense of sale			((n or (loss (f) minus		
a		··· — · ·		· · · · · · · · · · · · · · · · · · ·							
b											
<u> </u>											
<u>d</u>											
1,379,617.				957,68	33.					421	,934
Complete only for assets showing	g gain in column (h) and owned by the							l. (h) gain		
(i) FMV as of 12/31/69	(j) Adjuste as of 12/			cess of col. (1) col. (1), if any			coi. (k	osses (f	t less tha rom col. (n -u-) or (h))	
\]						
b]]						
<u> </u>											
d											
e										<u>421</u>	<u>,934</u> ,
Capital gain net income or (net cap	oital loss)	If gain, also enter If (loss), enter -0-	in Part I, line	7	}	2				421	,934.
	•			•						-	
Net short-term capital gain or (los If gain, also enter in Part I, line 8,		10015 1222(5) 8110	u (o).		}				N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	adar Sastian	4040/a) far	Paduaad	Tay on Not	Invio	stment l	200m	_	N/A		
as the foundation liable for the sect "Yes," the foundation doesn't qualify					rıod?					Yes	X No
Enter the appropriate amount in e	ach column for eac	h year; see the in	structions bef	ore making any e	ntries.	<u> </u>					
(a) Base period years Calendar year (or tax year beginnir	ng in) Adjus	(b) ted qualifying dist	ributions	Net value of n	(c) onchai	ritable-use as:	sets	(0	Distril col. (b) div	(d) bution ratio vided by col.	(c))
2016		1,64	2,714.			,159,2					1601'
2015			<u>6,778.</u>			,809,2	$\overline{}$				9847
2014			8,106.			<u>,299,0</u>					8139
2013			7,959.			<u>,169,6</u>					8258
2012		1,55	2,329.	<u></u> _	16	<u>,714,9</u>	97.			. 0	92870
Total of line 1, column (d)							Į	2		.4	71343
Average distribution ratio for the 5 the foundation has been in exister			on line 2 by 5.0	0, or by the numb	er of y	/ears	ļ	3		0:	9426
Enter the net value of noncharitab			ine 5				Ī	4	1	3,845	
Multiply line 4 by line 3		, , , , , , , , , , , , , , , , , , ,					Ī	5		1,305	
	- (40) - (D-+ ()	. 0751					ļ		-		,698
Enter 1% of net investment incom	e (1% oi Part I, line	: 2/0)					ţ	6			
Add lines 5 and 6							ŀ	7		1,309	
Enter qualifying distributions from							ί	8		2,026	, 848
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the b	ox in Part VI, line	1b, and comp	olete that part usin	ng a 1	% tax rate.					
23521 01-03-18					_			•	1	Form 990-	PF (20

	1990-PF (2017) THE JOHN AND SOPHIE OTTENS FOUNDATION 86-091 rt;VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(c), or 4948 - see in the section 4940(a), 4940(b), 4940(b)		Page 4
	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	4,6	98.
C	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		Tr. St.
3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4	4,69	98.
5 6	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments:	4,69	98.
b	2017 estimated tax payments and 2016 overpayment credited to 2017 Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6a 7,857. 6b 0. 2,200.		
d	Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d 7	10,05	57.
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10	5,35	0.
_11	Enter the amount of line 10 to be: Credited to 2018 estimated tax 5,359 Refunded 11 rt VII-A. Statements Regarding Activities		0.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a 1b	No X X
	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?	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$	2	X
3	If "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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
b	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	4a X 4b X	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	5	X
	 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 Part XV	7 X	- , ', ', ', ', ', ', ', ', ', ', ', ', '
	Enter the states to which the foundation reports or with which it is registered. See instructions. AZ , CO If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	1	
	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 10 is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendar	8b	X
10	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses F.	9 10 orm 990-PF ($\frac{\mathbf{x}}{\mathbf{x}}$

| 4b | X | Form 990-PF (2017)

3b

4a

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Yes X No

N/A

Form 990-PF (2017) THE JOHN AND SOPHIE OTTE	NS FOINDATION		86-09111	21	Daga 6
Part VII-B Statements Regarding Activities for Which I				<u> </u>	Page 6
5a During the year, did the foundation pay or incur any amount to:		Contain		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		ŀ		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No	ĺ	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			}	
4945(d)(4)(A)? See instructions			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t		[2]	.	1
the prevention of cruelty to children or animals?	dos the avacetions described		es 🔀 No	j	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur section 53.4945 or in a current notice regarding disaster assistance? See instr		n Regulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check				30	╁─
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption is		ned		ļ	ļ
expenditure responsibility for the grant?			s 🗀 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				ļ	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?	, , ,	Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	Х
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s 🗓 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly			
i dia Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
1 List all officers, directors, trustees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exc	ense
List all officers, directors, trustees, and foundation managers and t (a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Exc account allowa	ense , other
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	ense , other nces
(a) Name and address HENRY O. HOOPER	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	ense , other nces
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	ense , other nces
(a) Name and address HENRY O. HOOPER P.O. BOX 429	(b) Title, and average hours per week devoted to position PRESIDENT/DIR	(If not paid, enter -0-) ECTOR		(e) Exc account allowa	nces_
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR	(If not paid, enter -0-) ECTOR 69,000.	0.	(e) Exp account allowa	nces_
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00	(If not paid, enter -0-) ECTOR 69,000.	0.	(e) Exp account allowa	nces_
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR	(If not paid, enter -0-) ECTOR 69,000.	0.	(e) Exp account allowa	O.
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE	(If not paid, enter-0-) ECTOR 69,000. 9,000. ASURER/DIR	0. 0. RECT	(e) Exc account allowa	0 ·
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE	(If not paid, enter -0-) ECTOR 69,000.	0.	(e) Exc account allowa	O.
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE	(If not paid, enter-0-) ECTOR 69,000. 9,000. ASURER/DIR	0. 0. RECT	(e) Exp account allowa	0 ·
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIR	0. RECT 0.	(e) Exp account allowa	0 · 0 · 0 ·
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR 7.00	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIE 69,000.	0. 0. RECT	(e) Exc account allowa	0 ·
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR 7.00 SIUDITIES TO THE TO T	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIE 69,000.	0. RECT 0.	allowa	0. 0.
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR 7.00	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIE 69,000.	0. RECT 0.	(e) Exc account allowa	O. O.
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 2 Compensation of five highest-paid employees (other than those incompleted)	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR 7.00 cluded on line 1). If none, thours per week	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIR 69,000. 9,000. enter "NONE."	0. RECT 0. O. O.	(e) Expanding	O. O.
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR 7.00 cluded on line 1). If none, thours per week	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIR 69,000. 9,000. enter "NONE."	0. RECT 0. O. O.	(e) Expanding	O. O.
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR 7.00 cluded on line 1). If none, thours per week	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIR 69,000. 9,000. enter "NONE."	0. RECT 0. O. O.	(e) Expanding	O. O.
(a) Name and address HENRY O. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 JEANNE R. HOOPER P.O. BOX 429 RIDGWAY, CO 81432 STEVEN K. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF 499 PARK AVENUE NEW YORK, NY 10022 CYNTHIA L. ARONOFF (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT/DIR 20.00 DIRECTOR 7.00 SECRETARY/TRE 15.00 DIRECTOR 7.00 cluded on line 1). If none, thours per week	(If not paid, enter -0-) ECTOR 69,000. 9,000. ASURER/DIR 69,000. 9,000. enter "NONE."	0. RECT 0. O. O.	(e) Expanding	O. O.

Total number of other employees paid over \$50,000

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	13,793,197.
b	Average of monthly cash balances	1b	13,793,197. 263,092.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	14,056,289.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	14,056,289.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	210,844.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	13,845,445.
6	Minimum investment return Enter 5% of line 5	6	692,272.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	692,272.
2a			
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	6,102.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	686,170.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	686,170.
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	686,170.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0 006 040
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,026,848.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b		3b	2 026 040
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,026,848.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	A 600
	income. Enter 1% of Part I, line 27b	5	4,698.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,022,150.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies f	or the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				686,170.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	·
b Total for prior years:		•		
		0.		
3 Excess distributions carryover, if any, to 2017:		i		
a From 2012 726,881.				
b From 2013 596,574.				
c From 2014 573, 259.				
d From 2015 777, 375. e From 2016 939, 038.				
	3,613,127.			
f Total of lines 3a through e 4 Qualifying distributions for 2017 from	3,013,1270			
Part XII, line 4: \$ 2,026,848.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				686,170.
e Remaining amount distributed out of corpus	1,340,678.			
5 Excess distributions carryover applied to 2017	0.			0.
(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:		:		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,953,805.			
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			_0.	
f Undistributed income for 2017. Subtract				
lines 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	0			
may be required - see instructions)	0.		<u> </u>	
8 Excess distributions carryover from 2012	726,881.			
not applied on line 5 or line 7	720,001.	,		<u> </u>
9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a	4,226,924.			
ī	±, 220, 324.	<u> </u>	<u> </u>	
10 Analysis of line 9: a Excess from 2013 596,574.				
b Excess from 2014 573, 259.				
c Excess from 2015 777, 375.				
d Excess from 2016 939, 038.				
e Excess from 2017 1,340,678.				
				Form 990-PF (2017)

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Form 990 RF (2017) THE JOH	N AND SOPHI	E OTTENS FO	UNDATION		911121 1	Page 10
Part XIV Private Operating F			I-A, question 9)	N/A		
1 a If the foundation has received a ruling of foundation, and the ruling is effective for						
b Check box to indicate whether the found			in section	4942(J)(3) or	4942(J)(5)	
2 a Enter the lesser of the adjusted net	Tax year	g loundation described	Prior 3 years	1 4942(J)(3) UI1	1942()(3)	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total	
investment return from Part X for	(4)	(0)	(4/2211	(0,001)	(0) 10101	
each year listed					1	
b 85% of line 2a				 	 	
c Qualifying distributions from Part XII.					 	
line 4 for each year listed			1			
d Amounts included in line 2c not					 	
used directly for active conduct of				}		
exempt activities						
e Qualifying distributions made directly					†	
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the					 	
alternative test relied upon:						
a "Assets" alternative test - enter:(1) Value of all assets	}					
, ,					†	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	/					
b "Endowment" alternative test - enter					<u> </u>	
2/3 of minimum investment return				\vee		
shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross						
investment income (interest,	[
dividends, rents, payments on]					
securities loans (section 512(a)(5)), or royalties)					1	
(2) Support from general public						
and 5 or more exempt organizations as provided in						
organizations as provided in section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from				-		
an exempt organization			Ì		`	
(4) Gross investment income						$\overline{}$
Part XV Supplementary Info	rmation (Complet	e this part only	if the foundation	had \$5,000 or mo	re in assets	
at any time during t	he year-see instr	uctions.)				
1 Information Regarding Foundation	on Managers:					
a List any managers of the foundation wh	no have contributed more t	han 2% of the total cont	ributions received by the	e foundation before the clo	se of any tax	
year (but only if they have contributed r	nore than \$5,000). (See so	ection 507(d)(2).)				
NONE						
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation	(or an equally large port	ion of the ownership of a j	artnership or	
other entity) of which the foundation ha	s a 10% or greater interes	t.				
NONE					<u>.</u>	
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:			
				not accept unsolicited req	uests for funds. If	
the foundation makes gifts, grants, etc.	to individuals or organiza	tions under other condit	ions, complete items 2a	, b, c, and d.		
a The name, address, and telephone num		e person to whom applic	cations should be address	ssed:		
HENRY O. HOOPER, 970						
P.O. BOX 429, RIDGWA	Y, CO 81432		·	·		
b The form in which applications should be	oe submitted and informat	ion and materials they s	hould include:			
c Any submission deadlines:						
				<u></u>		
d Any restrictions or limitations on award		I areas, charitable fields	, kinds of institutions, or	other factors:		
SEE STATEMENT ATTACH	ED					
					- 000 5-	
723601 01-03-18					Form 990-PF	(2017)

_	ი	91	1	1	2	1	Page	11

2 Create and Contributions Baid During the				
3 Grants and Contributions Paid During the	If recipient is an individual	ayment	<u> </u>	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
			ļ	
			}	
SEE STATEMENT ATTACHED				2,026,840.
				2,020,040.
	}			
THROUGH MESIROW FINANCIAL PRIVATE EQUITY				8.
DOTTI				
			}	
		<u> </u>		
	`			
			 -	
•				
Tabal		<u> </u>	▶ 3a	2,026,848.
Total Approved for future payment			- 52	
b Approved for future payment				
			1	
NONE				
	 			
		ĺ		
		}		
				_
Total		<u> </u>	▶ 3b	0.
				- QQQ-DE (2017)

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	y section 512, 513, or 514	(e)	
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	274,669.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income	LL		14	5,411.	
8 Gain or (loss) from sales of assets other					
than inventory			18	421,934.	
9 Net income or (loss) from special events			\bot		· · · · · · · · · · · · · · · · · · ·
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c					· · · · · · · · · · · · · · · · · · ·
d	L				
e				700 014	
2 Subtotal. Add columns (b), (d), and (e)		0	<u>•</u>	702,014.	0
3 Total Add line 12, columns (b), (d), and (e)				13	702,014
See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to	o the Accom	plishment of E	xempt Pu	rposes	
Line No. Explain below how each activity for which inco	me is reported in c	olumn (e) of Part XVI	-A contributed	importantly to the accomp	Ishment of

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	

Form 990-PF (2017) THE JOHN AND SOPHIE OTTENS FOUNDATION Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A

2a	Is the foundation directly or indirectly affiliated with, or related to, on	e or more tax-exempt organi	zations described		
	in section 501(c) (other than section 501(c)(3)) or in section 527?			Yes	XN
b	If "Yes," complete the following schedule.				
	(a) Name of organization	(b) Type of organization		(c) Description of relationship	
	N/A				
		1			

(b) Type of organization	(c) Description of relationship
	(b) Type of organization

Sign Here	Under penalties of perjury, I declare that I have examined this re and belief, it is true, correct, and complete. Declaration of preparation of preparation of preparation of officer or trustee.		on of which preparer has any knowledge	May the IRS discuss this return with the preparer shown below? See instruction X Yes No
Daid	Print/Type preparer's name ALAN M. WILLINGER,	Preparer's signature	Date Check if self- employed	PTIN

	osses for Tax on Investment Income nd describe the kind(s) of property sol	d a n raplactata	(b) How acquired	(a) Date accurred (d) D	ate so
2-story	brick warehouse; or common stock, 20	o, e.g., real estate, 00 shs. MLC Co.	P - Purchase D - Donation	(c) Date acquired (d) C (mo., day, yr.)	day,
1a VANGUARD REIT	P	VARIOUS 02/	17/		
b VANGUARD 500	P	VARIOUS 02/			
c VANGUARD 500	P	VARIOUS 03/			
d VANGUARD 500			P	VARIOUS 06/	
e VANGUARD 500			P	VARIOUS 08/	
f VULCAN VALUE I			P	VARIOUS 08/:	
h VULCAN VALUE			P	VARIOUS 08/1	
VULCAN VALUE			P	VARIOUS 12/0	
MESIROW			P	VARIOUS 12/	
k MESIROW			P	VARIOUS 12/	
I					
m					
<u>n</u>					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a		7,747.			74
b 100					10
c 100,000		60,230.			77
d 250,000		121,981.		128 98	17
e 200,000 f 400,000		101,823. 377,916.			, 17
200 000		287,986.		12	01
g 300,000 h 10,782		207,300.		10	78
$\frac{10,702}{1}$		 			45
45,923					92
k 360					36
m					
<u>n</u>					
0		ha fa data a an 10/01/60			
Complete only for assets snov	ving gain in column (h) and owned by	(k) Excess of col. (i)		sses (from col. (h)) of col. (h) gain over col. (k)	١.
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any	` but r	not less than "-0-")	•
a				-7	,74
b					10
C					,77
d				128	
<u>e</u>	<u> </u>				, 17
<u>f</u>	 	 			, 08
9					,01 ,78
<u>n</u>	 				, /8 , 45
1	 	 -			, <u>45</u> , 92
<u> </u>	 	 			36
<u></u>		<u> </u>			
<u>'</u> m	1				
n	<u> </u>		·_		
0					
					
	. If coin also subs	r in Dort I line 7			
2 Capital gain net income or (net	capital loss) { if gain, also enter "-(r in Part I, line 7)-" in Part I, line 7	2	421	<u>, 93</u>

FORM 990-PF	DIVIDENDS	S AND INTE	REST	FROM SECUE	RITIES S'	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CITICORP	257		0.	257.	257.	
DODGE & COX						
INTERNATIONAL	19,879		0.	19,879.	•	
INTEREST	309	•	0.	309.	309.	
MESIROW FINANCIAL PRIVATE EQUITY	5,456		0.	5,456.	5,456.	
PIMCO ALL ASSET	96,466		0.	96,466.	•	
PIMCO LOW DURATION	26,031		0.	26,031.		
PIMCO TOTAL RETURN	20,031		•	20,031.	20,031.	
FUND	25,255	•	0.	25,255.	25,255.	
POWERSHARES FTSE	20,200		-	,		
RAFI	6,324	•	0.	6,324.	6,324.	
TWEEDY BROWNE						
GLOBAL	13,833	•	0.	13,833.	13,833.	
VANGUARD 500 IDX						
FD	65,982	•	0.	65,982.	65,982.	
VULCAN VALUE	44 055		•	4.4.000	44 000	
D.1	14,877	•	0.	14,877.	14,877.	
PARTNERS	14,077					
PARTNERS TO PART I, LINE 4	274,669		0.	274,669.	274,669.	
TO PART I, LINE 4						TATEMENT 2
TO PART I, LINE 4 FORM 990-PF			INCO	ME (A) VENUE N		TATEMENT 2 (C) ADJUSTED NET INCOME
	274,669		INCO	ME (A) VENUE N	(B) JET INVEST-	(C) ADJUSTED
TO PART I, LINE 4 FORM 990-PF DESCRIPTION MESIROW FINANCIAL P	274,669	OTHER	INCO	ME (A) VENUE N BOOKS M	(B) VET INVEST- VENT INCOME -6,662.	(C) ADJUSTED
TO PART I, LINE 4 FORM 990-PF DESCRIPTION MESIROW FINANCIAL POTHER - CLOSING OF	274,669	OTHER	INCO	ME (A) VENUE N BOOKS M -6,662. 12,073.	(B) NET INVEST- MENT INCOME -6,662. 12,073.	(C) ADJUSTED
TO PART I, LINE 4 FORM 990-PF DESCRIPTION MESIROW FINANCIAL POTHER - CLOSING OF	274,669	OTHER	INCO RE PER	ME (A) VENUE N BOOKS M -6,662. 12,073. 5,411.	(B) NET INVEST- NENT INCOME -6,662. 12,073. 5,411.	(C) ADJUSTED
TO PART I, LINE 4 FORM 990-PF DESCRIPTION MESIROW FINANCIAL P OTHER - CLOSING OF TOTAL TO FORM 990-P	274,669	OTHER -	INCO RE PER ING	ME (A) VENUE N BOOKS M -6,662. 12,073. 5,411.	(B) NET INVEST- NENT INCOME -6,662. 12,073. 5,411.	(C) ADJUSTED NET INCOME
TO PART I, LINE 4 FORM 990-PF DESCRIPTION MESIROW FINANCIAL P OTHER - CLOSING OF TOTAL TO FORM 990-P	274,669	OTHER LINE 11 ACCOUNT (A) EXPENSES	INCO RE PER ING	ME (A) VENUE N BOOKS M -6,662. 12,073. 5,411. FEES (B) T INVEST-	(B) VET INVEST- MENT INCOME -6,662. 12,073. 5,411. S' (C) ADJUSTED	(C) ADJUSTED NET INCOME TATEMENT 3 (D) CHARITABLE

FORM 990-PF ' (OTHER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NEȚ INCOME	(D) CHARITABLE PURPOSES	
ADVISORY FEES CUSTODIAL FEES OTHERS	45,023. 5,680. 1,133.	45,023. 5,680. 1,133.		0.	
TO FORM 990-PF, PG 1, LN 16C	51,836.	51,836.		0.	
FORM 990-PF	TAX	TAXES		TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FOREIGN TAXES	9,180. 126.	9,180.		0.	
TO FORM 990-PF, PG 1, LN 18	9,306.	9,306.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ENTERTAINMENT MEALS TRAVEL SUPPLIES INSURANCE POSTAGE TELEPHONE STORAGE CORP ANNUAL REPORT	90. 2,216. 6,031. 547. 1,726. 286. 32. 390. 10. 201.	547. 1,726. 286. 32. 390.		0. 0. 0. 0. 0. 0.	
BANK SERVICE CHARGES	201.				

FORM 990-PF OTHER DECREASES	IN NET ASSETS OR FUN	D BALANCES	STATEMENT 7
DESCRIPTION			AMOUNT
PARTNERSHIP FLOW - THROUGH BOOK	TO TAX DIFFERENCES		21,776
TOTAL TO FORM 990-PF, PART III,	LINE 5		21,776
FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS	~	11,643,515.	13,955,856
TOTAL TO FORM 990-PF, PART II, 1	LINE 10B	11,643,515.	13,955,856.
FORM 990-PF (OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN PARTNERSHIP	COST	293,574.	293,574
TOTAL TO FORM 990-PF, PART II,	LINE 13	293,574.	293,574

FORM 990-PF	EXPLANATION	CONCERNING	PART VII-A,	LINE 8B	STATEMENT 10

EXPLANATION

COLORADO DOES NOT REQUIRE A COPY OF FORM 990-PF.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 11

ACTIVITY ONE

THE FOUNDATION ONLY MAKES GIFTS TO PUBLIC CHARITIES EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THERE HAVE BEEN NO DIRECT CHARITABLE ACTIVITIES OR ASSISTANCE GIVEN TO THE GRANTEES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

0.