Return of Private Foundation

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

OMB No 1545-0047

_Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public

	Interr	nal Reve	nue Service Go to www.irs.gov/Form990PF to	r instructions and th	ie latest	information.	. jOpen,	to Public Inspection
	For	calen	dar year 2019 or tax year beginning	, 2019, an	d ending	·		, 20
	Nam	e of for	undation			A Employer	identification number	•
			LLY GRETHER FUND			82-15785	72	
	Num	ber and	d street (or PO box number if mail is not delivered to street address)	Roo	m/suite	B Telephone	number (see instruction	ns)
			1625			(719) 530	-1788	
	City	or town	, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendir	ng, check here
	SAI	LIDA	, CO 81201					
	G	Check	all that apply	of a former public cha	anty	D 1 Foreig	n organizations, check h	nere · · · •
		- cs	Final return Amended re	turn		2 Foreig	n organizations meeting	the 85% test
			Address change Name change	ge			here and attach comput	
	н	Check	type of organization X Section 501(c)(3) exempt private f	oundation	04	E If private	foundation status was te	erminated under
]_:	Section	n 4947(a)(1) nonexempt charitable trust	ble private foundation	01		07(b)(1)(A), check here	
	l F	air ma	arket value of all assets at J Accounting method	X Cash Ac	crual	F If the four	ndation is in a 60-month	termination
	e	end of	year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), chect	. 1 1
	lı	ne 16)	▶ \$ 401,002 (Part I, column (d) must be	on cash basis)				
ı	Ŗä	intelige The second	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment ncome	(c) Adjusted net	for charitable purposes
			the amounts in column (a) (see instructions))	books	<u>'</u>	icome	income	(cash basis only)
		1	Contributions, gifts, grants, etc , received (attach schedule)	326,960	N. M.	維認。統領	非乙烷基酚磺基胺	
3		2	Check ► X if the foundation is not required to attach Sch. B		THE REAL PROPERTY.			
_	7	3	Interest on savings and temporary cash investments · · ·	4,506		4,506	4,506	
1		4	Dividends and interest from securities				•	
		5a	Gross rents					
		b	Net rental income or (loss)					
	ø	6a	Net gain or (loss) from sale of assets not on line 10	(20,273)	が影響		经有点型基础工作	
	ű	b	Gross sales price for all assets on line 6a 324, 900					AVERTH GAME
	Revenue	7	Capital gain net income (from Part IV, line 2) · · · · · ·	[10] 不证证证证证	W MR 2/-M 8/-	(- 1		
	Ř	8	Net short-term capital gain		44.5	[[中本於]]	,	
•		9	Income modifications		13.47		Na. 2 34 40/ 9884 3/ 40- 7/	
		10a	Gross sales less returns and allowances					
		b	Less Cost of goods sold · · · · · ·		W. B. B.			
		С	Gross profit or (loss) (attach schedule)		CELEBO	31.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
		11	Other income (attach schedule)		ļ <u>-</u>			
Œr.		12	Total Add lines 1 through 11	311,193		4,506	4,506	37-37-78-12-11-S
Õ	S	13	Compensation of officers, directors, trustees, etc					
\triangleright	se	14	Other employee salaries and wages		ļ			
4	ens	15	Pension plans, employee benefits					
Z	Expe	16a	Legal fees (attach schedule) · · · ` · · · STM107 · · · ·	10				
Ü		b	Accounting fees (attach schedule)					
<u> </u>	Ę	С	Other professional fees (attach schedule)			, RE	CFIVED.	
7 (4	tr	17	Interest					<u> </u>
- (ij	18	Taxes (attach schedule) (see instructions)			1 UL	29 2020	<u> </u>
હ	Ē	19	Depreciation (attach schedule) and depletion		1	0	2 2 2 2 2 2	
	ĕ	20	Occupancy					
3	2	21	Travel, conferences, and meetings			UG	DEN, UT	
-	Operating and Administrative	22	Printing and publications				1	
	اکّ	23	Other expenses (attach schedule) · · · STM103 · · · ·	104				`
	ä	24	Total operating and administrative expenses			_		_
	ᆲ	0.5	Add lines 13 through 23	114_		<u>0</u>	## 1445#################################	0
	ر.	-25	-Contributions,-gifts,-grants paid	58,473.	The state of		<u> </u>	58,473
-		26	Total expenses and disbursements. Add lines 24 and 25	58,587	1.00 3.	<u>0</u>	eas was stated	58,473
		27	Subtract line 26 from line 12			La Carrier State	I was to the same that	
		a	Excess of revenue over expenses and disbursements	252,606	F 7 7 7 7 8 8			- かながった。 できない。 できな、 できない。 できない。 できない。 できない。 できない。 できない。 できない。 できない。
		Ь	Net investment income (if negative, enter -0-)		12 4,35 3	4,506		The said of the sa
		С	Adjusted net income (if negative, enter -0-)	医马克马斯 经成品帐户	1 1, 1117 (28	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4,506	ロングじょうし かがたべし

Pa	irt II.	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	f year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash - non-interest-bearing	148,396	401,	002	401,002
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)	,			
	7	Other notes and loans receivable (attach schedule)				
İ		Less: allowance for doubtful accounts				
ţ	8	Inventories for sale or use		•		
ssets	9	Prepaid expenses and deferred charges	,			,
ĕ	10a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis	Z SOM STANDARD		William	
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans - · · · · · · · · · · · · · · · · · ·		-		
	13	Investments - other (attach schedule)				
٠	14	Land, buildings, and equipment basis		3400-9000000		
		Less accumulated depreciation (attach schedule)	tive to the same of the same and the same an		ahaddinini.	
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers - see the				
		instructions Also, see page 1, item I)	148,396	401,	002	401,002
	17	Accounts payable and accrued expenses				TAREAS MADE TAR
	18	Grants payable				
ies	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ab	21	Mortgages and other notes payable (attach schedule)				ANT TO HERE THE
Ľ	22	Other liabilities (describe				特别以及3000000000000000000000000000000000000
	23	Total liabilities (add lines 17 through 22)	0		0	STEVEN IN LANG
		Foundations that follow FASB ASC 958, check here · · · · · ▶ ☒			·	
lances		and complete lines 24, 25, 29, and 30.				
an	24	Net assets without donor restrictions	148,396	401,	002	
Bal	25	Net assets with donor restrictions		(
þ		Foundations that do not follow FASB ASC 958, check here				
Fund		and complete lines 26 through 30.				
or F	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg , and equipment fund				Thirty in the same of the same
ssets	28	Retained earnings, accumulated income, endowment, or other funds				
As	29	Total net assets or fund balances (see instructions)	148,396	401,	002	
Net,	30	Total liabilities and net assets/fund balances (see				
Z		instructions)	148,396	401,	002	
Pa	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Analysis of Changes in Net Assets or Fund Balances			,	
_1		al net assets or fund balances at beginning of year - Part II, column (a), line 29 (-		
_		-of-year figure reported on prior year's return)			1	148,396
2	Ent	er amount from Part I, line 27a		• • • • • •	2	252,606
3	Oth	er increases not included in line 2 (itemize)	,		3	
4	Add	lines 1, 2, and 3			4	401,002
		creases not included in line 2 (itemize)	<u> </u>		5	
6	Tota	al net assets or fund balances at end of year (line.4 minus line 5) - Part II, colum	n (b), line 29 · · ·	<u> </u>	6	401,002

82-1578572

	ne kınd(s) of property sold (for example, rea ehouse, or common stock, 200 shs MLC ((b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a CONDO - 728 OAK ST S	SALIDA CO		D	04-01-2019	05-24-2019
b				ļ <u>-</u>	
		·	 		
d			ļ <u>-</u>		
<u>e</u>			1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		ain or (loss) is (f) minus (g))
a324,900			345,173		(20,273
b					
<u> </u>					
d			· · · · · · · ·		
e	<u> </u>			ļ	
Complete only for assets sho	wing gain in column (h) and owned by	the foundation on	12/31/69		ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess	of col (i)		ot less than -0-) or (from col. (h))
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	as of 12/31/69	over col ((j), if any		
а					(20,273
b					
С					
d					
е				<u> </u>	
2 Capital gain net income or (net	canital loss)	gain, also enter in F loss), enter -0- in F	}	2	(20,273
3 Net short-term capital gain or (le	oss) as defined in sections 1222(5) an	d (6)			
If gain, also enter in Part I, line	8, column (c) See instructions If (loss), enter -0- ın	1		
Part I, line 8 · · · · · · ·				3	(20,273
Part V Qualification Und	ler Section 4940(e) for Redu	iced Tax on N	et Investment	Income	
f "Yes," the foundation doesn't qualify	on 4942 tax on the distributable amou under section 4940(e) Do not comple	ete this part			Yes X No
1 Enter the appropriate amount in	each column for each year, see the ii	nstructions before r	naking any entries		
(a) Base period years Calendar year (or tax year beginning i	n) Adjusted qualifying distribution:	s Net value	(c) of nonchantable-use a		(d) istribution ratio b) divided by col (c))
2018	39	,184	97	,162	0.403285
2017	25	,022	61	,066	0.409753
2016			-		
2015					
2014					
2 Total of line 1, column (d) · ·				2	0.813039
	5-year base period - divide the total o				
-	tion has been in existence if less than			3	0.271013
4 Enter the net value of noncharit	able-use assets for 2019 from Part X,	line 5 · · · · ·		4	325,340
5 Multiply line 4 by line 3 · · ·				5	88,171
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b) · · · ·			6	45
7 Add lines 5 and 6 · · · · ·				7	88,216
8 Enter qualifying distributions from	m Part XII, line 4			8	58,473
If line 8 is equal to or greater that Part VI instructions	an line 7, check the box in Part VI, line	1b, and complete	that part using a 1%	tax rate See the	

Pagt		truct	ions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			NW.		
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		 	90	
	here ▶ ☐ and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					
	Part I, line 12, col (b) · · · · · · · · · · · · · · · · · · ·					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0	
3	Add lines 1 and 2	3			90	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) · · · · ·	4			0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			90	
6	Credits/Payments '			443		
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a					
b '	Exempt foreign organizations - tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld		47.7		ENERGY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED I	
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed · · · · · · · · · · · · ▶	9			90	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
_11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11				
Part	VII-A: Statements Regarding Activities		It on that's			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		料腰	Yes	No	
	participate or intervene in any political campaign?		1a		<u> </u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	instructions for the definition		1b	J55.9 15.22.22	X Erds sings	
	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			أتكنتا		
С	Did the foundation file Form 1120-POL for this year?		1c	12. CJC74	X Takenski	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation > \$ (2) On foundation managers > \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers		مَّكَ خَلَقًا	THE SE	<u> </u>	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>x</u>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			#3.74		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes $\cdots \cdots$		3	L	<u>x</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>x</u>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	Seato of	X er chaleso	•
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			Agric 1		
	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		
7	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	Pares 3000	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		18 77 E	السنية تقد	2. Ord	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	건소, 보 세	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		Z. L	K.		
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV)? If "Yes,"					2
	complete Part XIV	• 4 - 5	. 9		<u> </u>	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses · · · · · · · · · · · · · · · · ·		10	X (2042)	
EEA			Form 99	0-PF (2	2019)	

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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	90-PF (2019) THE MOLLY GRETHER FUND VIL BY Statements Regarding Activities f	or Whi	ch Form 47	720 Ma	v Be Reg	uired	82-1	57857: ed)	2	Page	6
			<u> </u>	20 1110	<i>y</i>	un ou			ten to	Yes No	_
5a	During the year, did the foundation pay or incur any amount		-1 (1	045/->>	,		□ v ₌₌	X No	135 - 25.	162 140	
	(1) Carry on propaganda, or otherwise attempt to influer						∐ Yes	X No			1
	(2) Influence the outcome of any specific public election	•					п.,		18 TO 18		3
	directly or indirectly, any voter registration drive?					• • • •	∐ Yes	XI No	1834		3
	(3) Provide a grant to an individual for travel, study, or o	ther simila	ar purposes?				∐ Yes	X No			Ä
	(4) Provide a grant to an organization other than a chari	table, etc	, organization	describe	d ın		_	_	建工業		쳌
	section 4945(d)(4)(A)? See instructions · · · ·						Yes	X No			
	(5) Provide for any purpose other than religious, charital	ble, scien	tific, literary, or	educatio	nal						
	purposes, or for the prevention of cruelty to children	or anımal	s?				, 🗌 Yes	X No)		Ŋ
b	If any answer is "Yes" to 5a(1)-(5), did any of the transact			the excer	otions describ	ed			10		Š.
_	in Regulations section 53 4945 or in a current notice regi								5b		
	Organizations relying on a current notice regarding disas	•						. ▶ □		400 W.	
•	If the answer is "Yes" to question 5a(4), does the foundar				,						4
С			exemption no	iii tiic tax	`		☐ Yes	□No		中華	Š.
	because it maintained expenditure responsibility for the g						[] ies				
	If "Yes," attach the statement required by Regulations se										3
6a	Did the foundation, during the year, receive any funds, di				ms		П.,		5:53		
	on a personal benefit contract?					• • • •	∐ Yes	X No	الله عمالة المحالمة		
b	Did the foundation, during the year, pay premiums, direct	lly or indir	ectly, on a pers	sonal ber	nefit contract	7			6b	X YACSY TA A A A A	38
	If "Yes" to 6b, file Form 8870						_	_			ä
7a	At any time during the tax year, was the foundation a par	ty to a pro	phibited tax she	elter trans	saction? •		Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have	any net i	ncome attribut	able to th	e transaction	١٥ .			7b		_
8	Is the foundation subject to the section 4960 tax on payr	nent(s) of	more than \$1,	000,000	ın				- 52%		77
•	remuneration or excess parachute payment(s) during the	e year?					☐ Yes	X No			1
Part.	Information About Officers, Directo	ors, Tru	ıstees, Fou	ındatio	on Manag	ers, H	ighly Pa	id Em	ployee	es,	
	and Contractors	•			Ū						
1	List all officers, directors, trustees, and foundation n	nanagers	and their con	npensati	ion. See inst	ructions	S.				_
	4		e, and average		mpensation		Contribution	s to	(e) Expe	nse account	_
	(a) Name and address	hour	rs per week	(If n	ot paid,	emple	oyee benefit	olans		allowances	,
	(a) Name and address					and def	erred compe		otner a	allowalices	
		devote	ed to position		ter -0-)	and def	erred compe		other a	allowalices	_
	T GRETHER		ed to position		ter -0-)	and def	erred compe	ensation	othera		_
502 O	T GRETHER EURAY AVE, SALIDA, CO 81201	PRESI	DENT 4.00			and def	erred compe		other		_
502 O	T GRETHER E URAY AVE, SALIDA, CO 81201 GRETHER	devote	DENT 4.00 TARY		O	and def	erred compe	ensation 0	other a	(
502 O KATY 502 O	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201	PRESII	DENT 4.00 TARY 2.00		ter -0-)	and def	erred compe	ensation	othera	(_
502 O	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201	PRESI	DENT 4.00 TARY 2.00 URER		0 0	and def	erred compe	0 0	othera	(<u> </u>
502 0 KATY 502 0 LEE L	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201	PRESII	DENT 4.00 TARY 2.00		O	and def	erred compe	ensation 0	othera	(
502 0 KATY 502 0 LEE L	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537	PRESII	2 . 00 URER 1 . 00		0 0	and def	erred compe	0 0	other	(<u> </u>
502 O KATY 502 O LEE L 333 W MARK	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605	PRESII SECRE	2.00 URER 1.00 R 0.50	en	0 0			0 0 0	othera	(<u> </u>
502 O KATY 502 O LEE L 333 W MARK	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537	PRESII SECRE	2.00 URER 1.00 R 0.50	en	0 0			0 0 0	othera	(
502 O KATY 502 O LEE L 333 W MARK	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605	PRESII SECRE	2.00 URER 1.00 R 0.50	en	0 0			0 0 0	other a	(
502 O KATY 502 O LEE L 333 W MARK	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other	PRESII SECRE	2.00 URER 1.00 R 0.50 pse included o	n line 1	0 0		f none, en	0 0 0 ter		())
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other	PRESII SECRE	DENT 4.00 TARY 2.00 URER 1.00 R 0.50 pse included of hours per well	on line 1	0 0	ctions). I	f none, en	0 0 0 ter	(e) Expe	())
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	DENT 4.00 TARY 2.00 URER 1.00 R 0.50 Ose included o	on line 1	0 0 0	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	DENT 4.00 TARY 2.00 URER 1.00 R 0.50 pse included of hours per well	on line 1	0 0 0	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
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502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	DENT 4.00 TARY 2.00 URER 1.00 R 0.50 pse included of hours per w	on line 1	0 0 0 - see instruction	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	DENT 4.00 TARY 2.00 URER 1.00 R 0.50 pse included of hours per w	on line 1	0 0 0	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	DENT 4.00 TARY 2.00 URER 1.00 R 0.50 pse included of hours per w	on line 1	0 0 0 - see instruction	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	de to position DENT 4.00 TARY 2.00 URER 1.00 R 0.50 ose included of hours per widevoted to position	on line 1	0 0 0 - see instruction	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	de to position DENT 4.00 TARY 2.00 URER 1.00 R 0.50 ose included of hours per widevoted to position	on line 1	0 0 0 - see instruc	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	de to position DENT 4.00 TARY 2.00 URER 1.00 R 0.50 ose included of hours per widevoted to position	on line 1	0 0 0 - see instruc	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	de to position DENT 4.00 TARY 2.00 URER 1.00 R 0.50 ose included of hours per widevoted to position	on line 1	0 0 0 - see instruc	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	de to position DENT 4.00 TARY 2.00 URER 1.00 R 0.50 ose included of hours per widevoted to position	on line 1	0 0 0 - see instruc	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE	de to position DENT 4.00 TARY 2.00 URER 1.00 R 0.50 ose included of hours per widevoted to position	on line 1	0 0 0 - see instruc	ctions). I	f none, en	0 0 0 ter	(e) Expe	()))
502 O KATY 502 O LEE L 333 W MARK 1440 2	T GRETHER URAY AVE, SALIDA, CO 81201 GRETHER URAY AVE, SALIDA, CO 81201 IGON 6TH ST, LOVELAND, CO 80537 LIGON S MICHIGAN AVE, IL 60605 Compensation of five highest-paid employees (other "NONE."	PRESII SECRE TREASU MEMBEI	de to position DENT 4.00 TARY 2.00 URER 1.00 R 0.50 ose included of hours per widevoted to position	n line 1	o o o c see instruct (c) Comper	ctions). I	f none, en	0 0 0 ter	(e) Experother s	() () () () () () () () () () () () () (

EEA

Part VIII Information About Officers, Directors, Trustees, Found Contractors (continued)	oundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services. See	instructions. 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	<u> </u>	>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant		Expenses
organizations and other beneficianes served, conferences convened, research papers produ	iced, etc	
1		
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	etructions)	
Describe the two largest program-related investments made by the foundation during the tax		Amount
1	year off lines I and 2	7 incum
2	* 1	
	<i>2</i>	
•		
All other program-related investments See instructions		
3	•	
otal. Add lines 1 through 3		
CEA		Form 990-PF (201

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundation	ns,	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	330,294
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	330,294
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	330,294
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	4,954
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	325,340
6	Minimum investment return. Enter 5% of line 5	6	16,267
Part		S	
	and certain foreign organizations, check here 🕨 🔲 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	16,267
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI) · · · · · · · · · . 2b		
С	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2c	90
3	Distributable amount before adjustments Subtract line 2c from line 1	3	16,177
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	16,177
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	16,177
Part	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	58,473
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 charitable, etc.,		
	purposes \cdots	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	58,473
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	58,473
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat	ion	
	qualifies for the section 4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions) (b) Distributable amount for 2019 from Part XI, 1 Undistributed income, if any, as of the end of 2019 2 25,022 Total for prior years 2017 . Excess distributions carryover, if any, to 2019 From 2014 From 2015 From 2016 From 2017 25,022 From 2018 39,184 64 206 Total of lines 3a through e Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 58,473 Applied to 2018, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) Treated as distributions out of corpus (Election required - see instructions) Applied to 2019 distributable amount Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5 67,318 Pnor years' undistributed income Subtract line 4b from line 2b 25,022 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 Subtract line 6c from line 6b Taxable ' amount - see instructions Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions, Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 Excess from 2015 Excess from 2016 b Excess from 2017 25,022 Excess from 2018 39,184 Excess from 2019 3,112

	990-PF (2019) THE MOLLY GRETI	ER FUND			82-1578572	Page 10
Part	XIV ₃ Private Operating Founda	tions (see instri	uctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or dete	mination letter that i	t is a private operating	9		/ .
	foundation, and the ruling is effective for 2019	, enter the date of th	e ruling · · · ·	· · · · · · · • <u>•</u>		
b	Check box to indicate whether the foundation	is a private operating	g foundation describe	d in section	4942(j)(3) or 4	942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	1.6.		· · · · · · · · · · · · · · · · · · ·
b	85% of line 2a		 			
				-		
С	Qualifying distributions from Part XII, line 4 for each year listed					
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					
а	"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 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed · · · ·					
С	"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income · · · · ·					
Part	XV Supplementary Information	n (Complete th	is part only if th	e foundation ha	d \$5,000 or mor	e in assets at
	any time during the year - s	see instruction	s.)			
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have before the close of any tax year (but only if the	e contributed more t	than 2% of the total comore than \$5,000) (ontributions received t See section 507(d)(2)	y the foundation)	
ROBE	RT AND KATY GRETHER					
b	List any managers of the foundation who own ownership of a partnership or other entity) of				portion of the	
NONE						
2	Information Regarding Contribution, Gran Check here ► X if the foundation only mature unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See instruction	kes contributions to on makes gifts, gran	preselected charitable	e organizations and do		
а	The name, address, and telephone number of	or email address of t	he person to whom a	pplications should be a	addressed	
b	The form in which applications should be sub	omitted and informati	on and materials they	y should include		
С	Any submission deadlines		<u> </u>			
				<u> </u>		
d	Any restrictions or limitations on awards, suc factors	h as by geographica	l areas, charitable fie	lds, kinds of institution	s, or other	

Form 990-PF (2019) THE MOLLY GRETHER F			82-1578572	Page 1
Part XV Supplementary Information (cont 3 Grants and Contributions Paid During	<i>the Year or Approve</i>	d for Futu	re Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation		
Name and address (home or business)	any foundation manager	status of recipient	contribution	Amount
a Paid during the year	or substantial continuator		 	
HANNAH NELSON				
L509 ELM AVE APT 6				
CANON CITY, CO 81212	NONE	=	SCHOLARSHIP	22,42
GUIDESTONE				
PO BOX 1056				
SALIDA, CO 81201	NONE	PC	PURSUIT OF EXEMPT PURPOSE	15,54
STARPOINT				
203 E ST				
SALIDA, CO 81201	NONE	PC	PURSUIT OF EXEMPT PURPOSE	20,00
CHAFFE COUNTY BOYS AND GIRLS CLUB			•	
340 E 6TH ST				
SALIDA, CO 81201	NONE	PC.	PURSUIT OF EXEMPT PURPOSE	50
	•			
Total		<u> </u>		58,47
b Approved for future payment				
,				
			, ,	
	•			
		1		

82-1578572

Ра	ILVA	I-A Analysis of Income-Producing Acti	vities				
Ente	r gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Progra	ram service revenue	Dusiness code	Amount	Exclusion code		
	a						
	b						
	d						
	f						
	g Fe	ees and contracts from government agencies					
2	Memb	bership dues and assessments			<u> </u>		
3		est on savings and temporary cash investments			14	4,506	
4	Divide	ends and interest from securities					
5		ental income or (loss) from real estate				•	,
		ebt-financed property					
		ot debt-financed property					
6		ental income or (loss) from personal property · · ·					
7		r investment income					
8		or (loss) from sales of assets other than inventory .					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue a			-		
					-	 -	<u>-</u>
*					 	******	
40	e	otal Add columns (b), (d), and (e)			-	4 506	
12	Subto	otal Add columns (b), (d), and (e) · · · · · · · · · · · · · · · · · · ·	L			<u>4,506</u> · 13	
						. 13	4,506
(See	worksr	heet in line 13 instructions to verify calculations) I-B Relationship of Activities to the Ac	complishme	nt of Exempt	Purnoses		
	ne No.		**			- 44-	
LII	▼	Explain below how each activity for which income i accomplishment of the foundation's exempt purpos	s reported in colu ses (other than by	providing funds for	r such purposes)	(See instructions)	
	<u> </u>						·-
		, and				 -	
						• ••	15.1 5.72
				•		··· · · · · ·	
					-		

Form 99	0-PF	(2019) THE	MOLLY GRETH	IER FUND			_	82	-15785	72		Page 13
Part 2	XVII	Information R	egarding Trans	fers to and Transaction	ons and Rela	tions	hips With N	onchar	ritable E	Exempt		
		Organizations	_									
1	Did th	e organization direc	tly or indirectly enga	age in any of the following	with any other or	rganız	ation described	l			Ye	s No
	ın sec	tion 501(c) (other th	an section 501(c)(3	3) organizations) or in secti	on 527, relating	to pol	tical			1		
	organ	izations?										
				noncharitable exempt orga						_		
										· · <u> 1</u> :	a(1)	х
	(2) O	ther assets · · ·								1	a(2)	X
b	Other	transactions								j	-	
	` '		oncharitable exempt	•						<u> </u>	b(1)	X
	(2) P	urchases of assets f	rom a noncharitable	exempt organization						_ ⊢	b(2)	X
	` '		•	sets		• • •	• • • • • • •				b(3)	X
		eimbursement arran	-							⊢	b(4)	X
						• • •					b(5)	X
	` '		· ·	or fundraising solicitations		• • •					b(6)	X
			_	other assets, or paid empl		· · ·				· · L	1c	x
		-		nplete the following schedu								
				given by the reporting four						τ		
				ent, show in column (d) the			-					
(a) Line	no ((b) Amount involved	(c) Name of n	noncharitable exempt organiza	ation (c	d) Desc	cription of transfe	rs, transa	ictions, an	id sharing	arranger	nents
			<u> </u>									
	_											
			<u></u>									
	\dashv	· · -								_	· · ·	
	<u> </u>											
							w					
											•	
												,—. ,
			·									
2a	Is the	foundation directly of	or indirectly affiliated	with, or related to, one or	more tax-exem	pt orga	anızatıons					
	descri	bed in section 501(c) (other than sectio	on 501(c)(3)) or in section 5	527?					[Yes	X No
b	If "Yes	," complete the follo	owing schedule	·								
		(a) Name of organiz	ation	(b) Type of organ	ization		(c)) Descript	tion of rela	tionship		
							<u></u>			_		
					- <u></u>							
												
٥.	Under correct	penalties of perjury, I dec I, and complete Declarati	lare that I have examined log of preparer (other that	d this return, including accompany n taxpayer) is based on all informa	ing schedules and st ation of which prepar	atement er has a	is and to the best o iny knowledge	t my know	ledge and b	elief, it is tr	ue,	
Sign										the IRS di		
Here		EE LIGON	el Lyon	7-7-202		<u>JRER</u>				the prepar instruction		
	Sig	gnature of officer or truste		Date	Title		- Dota	г	<u> </u>	1		
Paid		Print/Type preparer's na		Preparer's Signature	Daris	gī	Date		Check	'"		
		Judy K Barıı		Judy (K Bark)		-()-	07-06-20	Γ	self-employe	ed [P01	.29779	16
Prepa		Firm's name		ists of N Colora	do LLC	<u> </u>		Firm's EI				
Use C	nly	Firm's address		Street Suite 101				Phone no		20		
		<u> </u>	Loveland CO	80538				970-6	67-830		n 000 D	E (2010)
EEA										FOLI	53U-P	F (2019)

Name(s) as shown on return THE MOLLY GRETHER FUND		Federal Sur	Federal Supporting Statements	lents	2019 PG01 Tax ID Number 82-1578572
	FORM 990PF - PART I	- LINE 23	- OTHER EXPENSES SCHEDULE	нероде	STATEMENT #103~
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
WIRE TRANSFER FEES POST OFFICE BOX	40	, 0	0	0 0	
TOTALS	104	0	0	0	
			Λ,	,	
	. •				

		Federal Su	Federal Supporting Statements	nents	2019 PG01
Name(s) as shown on return THE MOLLY GRETHER FUND					5 00
	FORM 990PF - PART	- PART I - LINE 16	I - LINE 16(A) - LEGAL FEES SCHEDULE	жролж	STATEMENT #107~
DESCRIPTION	REVENUE AND EXPENSES	net Investment	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
LEGAL FEES TOTALS	10	0	0	0	
		,	٠		
					-
	•				
•					
÷ -					,
	•				
					,

Federal Supporting Statements

Name(s) as shown on return

THE MOLLY GRETHER FUND

Federal Supporting Statements

Employer Identification Number

82-1578572

FORM 990PF - PART VII-A - LINE 10 SUBSTANTIAL CONTRIBUTORS SCHEDULE

STATEMENT #114

NAME

BOB AND KATY GRETHER

ADDRESS

502 OURAY AVE SALIDA, CO 81201