

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2019**  
**Open to Public Inspection**

**For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019**

Name of foundation TRUETTNER FAMILY FOUNDATION		<b>A Employer identification number</b> 36-3499982
Number and street (or P O box number if mail is not delivered to street address) PO BOX 247	Room/suite	<b>B Telephone number (see instructions)</b> (970) 349-5883
City or town, state or province, country, and ZIP or foreign postal code CRESTED BUTTE, CO 81224		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 5,097,655	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	2,000,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	28,064	28,064		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	393,899			
	<b>b</b> Gross sales price for all assets on line 6a	654,255			
	<b>7</b> Capital gain net income (from Part IV, line 2)		393,899		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	2,421,963	421,963			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	6,000	0		0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	2,518	0		2,518
	<b>c</b> Other professional fees (attach schedule)	10,659	10,659		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	3,917	0		0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications	143	0		143
	<b>23</b> Other expenses (attach schedule)	15	0		15
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	23,252	10,659		2,676
	<b>25</b> Contributions, gifts, grants paid	143,800			143,800
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	167,052	10,659		146,476	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	2,254,911				
<b>b Net investment income</b> (if negative, enter -0-)		411,304			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	30,396	26,669	26,669
	<b>2</b> Savings and temporary cash investments . . . . .	317,988	1,342,106	1,342,106
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,356,015	2,590,535	3,728,880
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,704,399	3,959,310	5,097,655	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	1,704,399	3,959,310	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	1,704,399	3,959,310		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	1,704,399	3,959,310		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	1,704,399
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	2,254,911
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	3,959,310
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	3,959,310

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	393,899
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	122,127	2,751,745	0.044382
2017	146,871	2,371,924	0.061921
2016	100,297	2,171,658	0.046185
2015	111,705	2,220,881	0.050298
2014	105,550	2,172,218	0.048591

<b>2</b> Total of line 1, column (d)	2	0.251377
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.050275
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	3,147,773
<b>5</b> Multiply line 4 by line 3	5	158,254
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	4,113
<b>7</b> Add lines 5 and 6	7	162,367
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	146,476

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 4,289.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address NONE
14 The books are in care of W JAMES TRUETTNER III Telephone no (970) 349-5883

Located at PO BOX 247 CRESTED BUTTE CO ZIP+4 81224

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions).
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE	0
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	2,878,836
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	316,873
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	3,195,709
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	3,195,709
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	47,936
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	3,147,773
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	157,389

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	157,389
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5.	<b>2a</b>	8,226
<b>b</b>	Income tax for 2019 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	8,226
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	149,163
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	149,163
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	149,163

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	146,476
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	146,476
<b>5</b>	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.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	146,476

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				149,163
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				21,798
<b>e</b> From 2018. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	21,798			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 146,476				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				146,476
<b>e</b> Remaining amount distributed out of corpus				0
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )	2,687			2,687
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,111			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .	19,111			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				19,111
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2019</b>	<b>(b) 2018</b>	<b>(c) 2017</b>	<b>(d) 2016</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
 W JAMES TRUETTNER JR

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			▶ <b>3a</b>	143,800
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	0





**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
175 SHS ABIOMED INC COM		2017-01-11	2019-10-11
50 SHS ADOBE SYSTEMS INC		2016-02-10	2019-09-05
250 SHS ALIGN TECHNOLOGY INC		2015-02-12	2019-09-05
100 SHS VEEVA SYSTEMS INC		2017-03-08	2019-09-05
100 SHS VERISK ANALYTICS INC		2014-07-14	2019-09-05
225 SHS ZOETIS INC		2017-06-20	2019-09-05
1100 SHS DOCUSIGN INC		2019-01-08	2019-09-05
500 SHS AMPHENOL CORP		2008-10-21	2019-08-27
600 SHS AMPHENOL CORP		2008-10-03	2019-05-29
100 SHS O'REILLY AUTOMOTIVE INC		2009-05-20	2019-05-29

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
30,078		19,671	10,407
14,286		3,773	10,513
45,329		14,281	31,048
15,806		4,424	11,382
16,435		6,109	10,326
28,817		15,278	13,539
51,281		45,980	5,301
42,594		7,285	35,309
53,240		10,596	42,644
36,645		3,677	32,968

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			10,407
			10,513
			31,048
			11,382
			10,326
			13,539
			5,301
			35,309
			42,644
			32,968

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
100 SHS VERISK ANALYTICS INC		2014-07-14	2019-05-29
110 SHS WEX INC		2013-02-08	2019-05-29
200 SHS VEEVA SYSTEMS INC		2017-09-06	2019-05-28
50 SHS ADOBE SYSTEMS INC		2016-02-10	2019-05-08
100 SHS IDEXX LABORATORIES INC		2008-03-25	2019-05-08
100 SHS MASTERCARD INC A		2012-04-12	2019-05-08
100 SHS VEEVA SYSTEMS INC		2017-09-06	2019-05-08
200 SHS MASTERCARD INC A		2012-04-26	2019-05-02
100 SHS VERISK ANALYTICS INC		2017-11-13	2019-05-02
350 SHS THE ULTIMATE SOFTWARE GROUP INC		2016-12-08	2019-04-08

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
13,991		6,109	7,882
21,283		8,166	13,117
28,197		11,636	16,561
13,888		3,773	10,115
24,697		2,550	22,147
24,640		4,323	20,317
14,191		5,831	8,360
49,349		8,991	40,358
13,953		9,022	4,931
115,555		68,881	46,674

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			7,882
			13,117
			16,561
			10,115
			22,147
			20,317
			8,360
			40,358
			4,931
			46,674

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ADAPTIVE SPORTS CENTER PO BOX 1639 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
ALZHEIMER'S ASSOC OF RHODE ISLAND 245 WATERMAN ST STE 306 PROVIDENCE, RI 02906	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN FORESTS FOUNDATION 2000 M STREET NW SUITE 550 WASHINGTON, DC 20036	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
AMERICAN RIVERSPO BOX 96158 WASHINGTON, DC 20077	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
BOULDER JUNCTION PUBLIC LIBRARY PO BOX 9 BOULDER JUNCTION, WI 54512	N/A	PUBLIC CHARITY	GENERAL SUPPORT	60
<b>Total . . . . .</b>				143,800

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOULDER JUNCTION VOLUNTEER FIRE DEPT PO BOX 395 BOULDER JUNCTION, WI 545120395	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
BURR AND BURTON ACADEMY PO BOX 498 MANCHESTER, VT 05254	N/A	PUBLIC CHARITY	EDUCATIONAL	2,000
CAPITAL PUBLIC RADIO 7055 FOLSOM BLVD SACRAMENTO, CA 95826	N/A		GENERAL SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
COLORADO COLLEGEPO BOX 1117 COLORADO SPRINGS, CO 80901	N/A	PUBLIC CHARITY	EDUCATIONAL	750
CRESTED BUTTE AVALANCHE CENTER PO BOX 2351 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CRESTED BUTTE COMMUNITY SCHOOL PTSA 19221 N STATE HWY 135 ALMONT, CO 81210	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
CRESTED BUTTE MOUNTAIN BIKE ASSOCIATION PO BOX 782 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
CRESTED BUTTE MOUNTAIN THEATRE PO BOX 611 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	PERFORMING ARTS	250
<b>Total . . . . . ▶ 3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CRESTED BUTTE NORDIC CENTER 620 2ND ST CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,800
CRESTED BUTTE SNOWSPORTS FOUNDATION PO BOX 56 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
DAVID SHELDRIK WILDLIFE TRUST 25683 CABOT RD SUITE 101 LAGUNA HILLS, CA 92653	N/A	PUBLIC CHARITY	GENERAL SUPPORT	3,000
<b>Total . . . . . ▶ 3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DENEVER BOTANIC GARDENS 909 YORK ST DENVER, CO 80206	N/A	PUBLIC CHARITY	GENERAL SUPPORT	90
DENVER EARTH RESOURCES LIBRARY 730 17TH ST SUITE B-1 DENVER, CO 80202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
DENVER MUSEUM OF NATURE & SCIENCE 2001 COLORADO BLVD DENVER, CO 80205	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DESIGN MUSEUM OF CHICAGO 1917 N ELSTON CHICAGO, IL 60642	N/A	PUBLIC CHARITY	GENERAL SUPPORT	5,000
DORSET HISTORICAL SOCIETY PO BOX 52 DORSET, VT 05251	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
DORSET VILLAGE LIBRARY PO BOX 38 DORSET, VT 05251	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . .</b>				143,800

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EL DORADO COUNTY SEARCH AND RESCUE PO BOX 721 PLACERVILLE, CA 95667	N/A	GOVERNMENT	GENERAL SUPPORT	750
FOR GOODNESS CAKES 2118 WILSHIRE BLVD 826 SANTA MONICA, CA 90403	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
FRIENDS OF HILDENE1005 HILDENE RD MANCHESTER, VT 05254	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> <i>Paid during the year</i>				
GREEN MOUNTAIN CLUB 4711 WATERBURY-STOWE RD WATERBURY, VT 05677	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
GUNNISON VALLEY HEALTH FOUNDATION 711 NORTH TAYLOR ST GUNNISON, CO 81230	N/A	PUBLIC CHARITY	EDUCATIONAL	500
H3O FOUNDATION 2130 PAMPLONA CT ESCONDITO, CA 92025	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEARTS LANDING RANCH 8902 QUAIL LANE GRANITE BAY, CA 95746	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,500
INDIAN RIVER MEDICAL FOUNDATION 1000 36TH ST VERO BEACH, FL 32963	N/A	PUBLIC CHARITY	GENERAL SUPPORT	5,000
JESUIT HIGH SCHOOL 1200 JACOB LANE SACRAMENTO, CA 95608	N/A		GENERAL SUPPORT	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> <i>Paid during the year</i>				
JOHN M OLSON FUND-COLEMAN LAKE 301 S STEPHENSON AVE IRON MOUNTAIN, MI 49801	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
JOURNEY CARE 549 W RANDOLPH ST STE 100 CHICAGO, IL 60661	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
JUNIOR TENNIS FUND SACRAMENTO 4013 ESPERANZA DR SACRAMENTO, CA 95864	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KBUT-FMPO BOX 308 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
KEEWAYDIN FOUNDATION 950 WEST SHORE ROAD SALISBURY, VT 05769	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
LAKE TAHOE HUMANE SOCIETY PO BOX 7945 SOUTH LAKE TAHOE, CA 96158	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEADERSHIP INSTITUTE 1101 N HIGHLAND STREET ARLINGTON, VA 22201	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
LEAGUE TO SAVE LAKE TAHOE 2608 LAKE TAHOE BLVD S LAKE TAHOE, CA 96150	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
LIVING JOURNEYSPO BOX 2024 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
<b>Total . . . . .</b>				<b>143,800</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIVING LANDS & WATERS 17615 ROUTE 84N E MILINE, IL 61244	N/A	PUBLIC CHARITY	PRESERVATION OF ENVIRONMENT	4,000
LUCILE PACKARD FOUNDATION 400 HAMILTON AVE SUITE 340 PALO ALTO, CA 94301	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,500
MANITO ART LEAGUEPO BOX 298 MANITOWISH WATERS, WI 54545	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MANITOWISH WATERS CHAMBER OF COMMERCE PO BOX 251 MANITOWISH WATERS, WI 54545	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
MAX'S HELPING PAWS FOUNDATION 451 CANYON DEL RAY BLVD DEL RAY OAKS, CA 93940	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> <i>Paid during the year</i>				
MCKEE BOTANICAL GARDENS 350 US HIGHWAY 1 VERO BEACH, FL 32962	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,500
MERCK FOREST & FARMLAND CENTER PO BOX 86 RUPERT, VT 05768	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
MONTEREY BAY AQUARIUM 886 CANNERY ROW MONTEREY, CA 93940	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> <i>Paid during the year</i>				
NATIONAL MS SOCIETY 1700 OWENS ST STE 190 SAN FRANCISCO, CA 94158	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
NATIONAL PARK FOUNDATION 1201 EYE ST NW SUITE 550B WASHINGTON, DC 20005	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
NORTH LAKELAND DISCOVERY CENTER PO BOX 237 MANITOWICH WATERS, WI 54545	N/A	PUBLIC CHARITY	GENERAL SUPPORT	350
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTHSHIRE RESCUE SQUAD PO BOX 26 MANCHESTER CENTER, VT 05255	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
NORTHWESTERN LAKE FOREST HOSPITAL ATTN OFFICE OF PHILANTHROPY 660 N WESTMORELAND LAKE FOREST, IL 60045	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
OLD ELM SCHOLARSHIP FUND 800 OLD ELM ROAD HIGHLAND PARK, IL 60035	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORCA CONSERVANCY 1420 SEAWAY DRIVE FORT PIERCE, FL 34949	N/A	PUBLIC CHARITY	GENERAL SUPPORT	10,000
PARADISE ANIMAL WELFARE SOCIETY PO BOX 531 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
PEACE OF MIND DOG RESCUE PO BOX 51554 PACIFIC GROVE, CA 93950	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PLACER COUNTY SHERIFF 6140 HORSESHOE BAR RD LOOMIS, CA 95650	N/A	GOVERNMENT	GENERAL SUPPORT	1,000
PLACERGROWN11477 E AVENUE AUBURN, CA 95603	N/A	PUBLIC CHARITY	GENERAL SUPPORT	800
RED ARROW CAMP FOUNDATION 780 N WATER ST MILWAUKEE, WI 63202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	750
<b>Total . . . . .</b>				143,800

▶ 3a

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DR VERO BEACH, FL 32963	N/A	PUBLIC CHARITY	PERFORMING ARTS	5,000
RUTLAND COUNTY HUMANE SOCIETY 765 STEVENS ROAD PITTSFORD, VT 05763	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
SANTA ELENA PROJECT OF ACCOMPANIMENT 192 FOREST ST OBERLIN, OH 44074	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> <i>Paid during the year</i>				
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DRIVE WINCHESTER, VA 22601	N/A	PUBLIC CHARITY	EDUCATIONAL	35,000
SMOKEY HOUSE CENTER 426 DANBY MOUNTAIN ROAD DANBY, VT 05739	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
SOUTH TAHOE CANCER LEAGUE PO BOX 179562 S LAKE TAHOE, CA 96151	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTHERN VERMONT ARTS CENTER INC 930 E MANCHESTER ROAD MANCHESTER, VT 05254	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL PO BOX 1893 MEMPHIS, TN 38101	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,000
TAHOE ARTS PROJECT PO BOX 14281 S LAKE TAHOE, CA 96151	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TAHOE COALITION FOR THE HOMELESS PO BOX 13514 S LAKE TAHOE, CA 96151	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
TAHOE WOMEN'S COMMUNITY FUND PO BOX 18069 S LAKE TAHOE, CA 96151	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
TAHOE YOUTH AND FAMILY SERVICES 1021 FREEMONT AVENUE S LAKE TAHOE, CA 96151	N/A	PUBLIC CHARITY	GENERAL SUPPORT	750
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE BIRCH BARK FOUNDATION 101 COOPER ST SANTA CRUZ, CA 95060	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
THE BOAT COMPANY 1200 18TH ST NW STE 900 WASHINGTON, DC 20036	N/A	PUBLIC CHARITY	GENERAL SUPPORT	600
THE DORSET PLAYERS INC 104 CHENEY RD DORSET, VT 05251	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE KINKAID SCHOOL PO BOX 301765 DALLAS, TX 75303	N/A	PUBLIC CHARITY	EDUCATIONAL	350
THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4072 PITTSFIELD, MA 01202	N/A	PUBLIC CHARITY	GENERAL SUPPORT	2,500
THE MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALI, CA 94965	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE MURER HOUSE FOUNDATION 1975 WESLEY DR FOLSOM, CA 95630	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
THE SPCA FOR MONTEREY COUNTY PO BOX 3058 MONTEREY, CA 93942	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,500
TOWN OF BOULDER JUNCTION PO BOX 616 BOULDER JUNCTION, WI 54512	N/A	GOVERNMENT	GENERAL SUPPORT	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNION CONGREGATIONAL CHURCH PO BOX 726 CRESTED BUTTE, CO 81224	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
UNIVERSITY OF CLAIFORNIA DAVIS ONE SHIELDS AVE DAVIS, CA 95616	N/A	PUBLIC CHARITY	GENERAL SUPPORT	1,000
VERMONT FOODBANK 33 PARKER ROAD WILSON INDUSTRIAL PARK BARRE, VT 05641	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> <i>Paid during the year</i>				
VERMONT NEW GUIDEPO BOX 1265 MACHESTER CENTER, VT 05255	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
VNA & HOSPICE FOUNDATION 1111 36TH ST VERO BEACH, FL 32960	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
VNA & HOSPICE OF THE SOUTHWEST REGION 7 ALBERT CREE DRIVE RULAND, VT 05701	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WALK FOR HUNGER-PROJECT BREAD 145 BORDER STREET EAST BOSTON, MA 02128	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
WESTON PLAYHOUSE THEATRE COMPANY 703 MAIN STREET WESTON, VT 05161	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
WETLANDS INITIATIVE 53 WEST JACKSON BLVD SUITE 1015 CHICAGO, IL 60604	N/A	PUBLIC CHARITY	RESTORATION OF WETLANDS	8,000
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILLIAMS COLLEGE 75 PARK ST WILLIAMSTOWN, MA 01267	N/A	PUBLIC CHARITY	EDUCATIONAL	2,000
WOLF HAVEN INTERNATIONAL 3111 OFFUT LAKE ROAD SE TENINO, WA 98589	N/A	PUBLIC CHARITY	GENERAL SUPPORT	500
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . .</b> ▶ <b>3a</b>				143,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ZION EPISCOPAL CHURCH 301 EAST CONGRESS ST CHARLES TOWN, WV 25414	N/A	PUBLIC CHARITY	GENERAL SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				143,800



**TY 2019 Accounting Fees Schedule****Name:** TRUETTNER FAMILY FOUNDATION**EIN:** 36-3499982

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	2,195	0		2,195
LEGAL FEES	323	0		323

**TY 2019 Investments Corporate Stock Schedule****Name:** TRUETTNER FAMILY FOUNDATION**EIN:** 36-3499982

## Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
VARIOUS INVESTMENTS	2,590,535	3,728,880

**TY 2019 Other Expenses Schedule****Name:** TRUETTNER FAMILY FOUNDATION**EIN:** 36-3499982**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE	15	0		15

**TY 2019 Other Professional Fees Schedule****Name:** TRUETTNER FAMILY FOUNDATION**EIN:** 36-3499982

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT COUNSELING	10,659	10,659		0

**TY 2019 Taxes Schedule****Name:** TRUETTNER FAMILY FOUNDATION**EIN:** 36-3499982

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL TAXES	3,917	0		0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2019**

Name of the organization  
TRUETTNER FAMILY FOUNDATION

**Employer identification number**  
36-3499982

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 TRUETTNER FAMILY FOUNDATION

Employer identification number  
 36-3499982

**Part I**  
**Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	W JAMES TRUETTNER JR 1065 WINDING RIVER ROAD  VERO BEACH, FL 32963	\$ 2,000,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions )

Name of organization  
TRUETTNER FAMILY FOUNDATION

Employer identification number

36-3499982

<b>Part II</b>			
<b>Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____



Name of organization  
 TRUETTNER FAMILY FOUNDATION

Employer identification number  
 36-3499982

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	