Form 8879-EC

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning, 2020, and ending, 20

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service Name of exempt organization or person subject to tax

► Go to www.irs.gov/Form8879EO for the latest information. BALLANTINE FAMILY FUND

Taxpayer identification number

C/O TAFOYA BARRETT AND ASSOCIATES P	84-6026270
Name and title of officer or person subject to tax RICHARD G. BALLANTINE	
PRESIDENT	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from	the return. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with thi	s form was
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered	ed -0- on the
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ▶	1b
2a Form 990-EZ check here D Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here X b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b 9,70
5a Form 8868 check here ▶	5b
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	K
Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject	to tax with respect to
(name of organization) , (EIN)	and that I have examined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and bel	ef. they are
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the e	-
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return	
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason to	
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its desi	•
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the ta	•
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this according to the federal taxes of the federal taxes owed on this return.	• •
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to	
(settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxe	. ,
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a pe	
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds	
identification number (Filty) as my signature for the electronic return and, if applicable, the consent to electronic runds	withdrawar.
PIN: check one box only	
TAROVA DADDERE AND AGGOSTATES DO	26270 as my signature
radiionze to chermy rin	as my signature
	Enter five numbers, but do not enter all zeros
on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is	o a constant of the constant o
state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforemention	ea ERO to enter my
PIN on the return's disclosure consent screen.	

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

03/03/21 Signature of officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84404912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

PATRICK J. BARRETT ERO's signature

03/03/21

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2020 or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

, and ending

Open to Public Inspection

	ame of fou	ANTINE FAMILY FUND			A Emplo	oyer identification number			
		TAFOYA BARRETT AND ASSOCIATES	84-6026270						
Νι	umber and	street (or P.O. box number if mail is not delivered to street address) EAST 9TH STREET, SUITE 300		Room/suite	B Telepl	none number (see instructions 0 - 259 - 8000	s)		
Ci	ty or town	, state or province, country, and ZIP or foreign postal code			C If exer	mption application is pending,	check here		
	URAI				-				
G	Check a		n of a former public o	charity	D 1. Fo	reign organizations, check he	ere ►		
		Final return Amended				reign organizations meeting t			
		Address change Name cha	<u> </u>		85	% test, check here and attach	computation		
_		ype of organization: X Section 501(c)(3) exempt private				ate foundation status was tern			
		4947(a)(1) nonexempt charitable trust Other taxable			sectio	n 507(b)(1)(A), check here			
		ket value of all assets at J Accounting method:	X Cash Ac	crual		foundation is in a 60-month te			
	-	ear (from Part II, col. (c), Under (specify)			under	section 507(b)(1)(B), check h	lere		
	ne 16) I	*		1			(d) Disbursements		
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net in inco		(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)							
	2	Check ► X if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	5:		59				
	4	Dividends and interest from securities	71,96	4	71,964				
	5a	Gross rents	***************************************						
Revenue	b	Net rental income or (loss)		_					
	6a	Net gain or (loss) from sale of assets not on line 10	630,10	L					
	b	Gross sales price for all assets on line 6a 790,186			. 20 101				
œ		Capital gain net income (from Part IV, line 2)		<u> </u>	30,101	0			
	8	Net short-term capital gain				U			
	9 10a	Income modifications							
	b	Gross sales less returns and allowances Less: Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	702,12	4 7	02,124	0			
S	13	Compensation of officers, directors, trustees, etc.		0					
Expenses	14	Other employee salaries and wages							
en	15	Pension plans, employee benefits							
Ϋ́	16a	Legal fees (attach schedule)							
_	b	Accounting fees (attach schedule) STMT 1	3,51		1,755		1,755		
ţį	С	Other professional fees (attach schedule) STMT 2	24,000	טן	1,200		22,800		
and Administrative	17	Interest	CO 2		600				
ij	18	Taxes (attach schedule) (see instructions) STMT 3	600	J	600				
Ξ	19	Depreciation (attach schedule) and depletion							
¥	20 21	Occupancy Travel, conferences, and meetings							
pu	22	Printing and publications							
g		Other expenses (att. sch.) STMT 4	1,23	5	693		543		
Operating	24	Total operating and administrative expenses.	•		_				
Fra		Add lines 13 through 23	29,34	6	4,248	0	25,098		
þ	25	Contributions, gifts, grants paid	331,59	0			331,590		
	26	Total expenses and disbursements. Add lines 24 and 25	360,930	6	4,248	0	356,688		
	27	Subtract line 26 from line 12:							
	а	Excess of revenue over expenses and disbursements	341,188	77					
	b	Net investment income (if negative, enter -0-)		6	97,876	-			
	С	Adjusted net income (if negative, enter -0-)				0			

1	Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year			
2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts ► Less allowance for doubtful accounts ► Less downce for doubtful accounts ► 6 Grants receivable ─ Less downce for doubtful accounts ► 5 Grants receivable ─ Receivable due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Oth rates and vars receivable ─ Less: allowance for doubtful accounts ► 0 8 Inventories for sale or use 9 Prepared dopeness and deferred charges 10a Investments — US, and sale government obligations (attach schedule) b investments — corporate book (attach schedule) 11 Investments — corporate book (attach schedule) 12 Investments — ordorate bonds (attach schedule) 13 Investments — ordorate bonds (attach schedule) 14 Investments — ordorate bonds (attach schedule) 15 Other assets (despotine be to the sale of t	10000									
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Net assets without donor restrictions Solution Net assets with donor restrictions Net assets or fund balances (see instructions) Net assets or fund balances Net	s									
Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equipment fund 31,832 31,832 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 4 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) 20 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	9	24	•	etrictions						
Retained earnings, accumulated income, endowment, or other funds 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 1,227,289 1,568,477 Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 1 1,227,289 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	ā			ρ						
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Retained earnings, accumulated income, endowment, or other funds 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 1,227,289 1,568,477 Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 1 1,227,289 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	Ţ	26	Capital stock, trust principal	or current funds		240,911	240,	911		
Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 1,227,289 1,568,477 Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 1 1,227,289 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5										
30 Total liabilities and net assets/fund balances (see instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 1 1,227,289 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	ets									
30 Total liabilities and net assets/fund balances (see instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 1 1,227,289 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	SS									
instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 1 1,227,289 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5							-			
Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	Ž			•		1,227,289	1,568,	477		
1 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)1 1,227,2892 Enter amount from Part I, line 27a2 341,1883 Other increases not included in line 2 (itemize) ▶34 Add lines 1, 2, and 34 1,568,4775 Decreases not included in line 2 (itemize) ▶5		Part I					,	· · · · · ·		
end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5						t agree with				
2 Enter amount from Part I, line 27a2 341,1883 Other increases not included in line 2 (itemize) ▶34 Add lines 1, 2, and 34 1,568,4775 Decreases not included in line 2 (itemize) ▶5	•				•	-		1	1,227,289	
3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	2	Enter	amount from Part I line 27a	,,						
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	3	Other	r increases not included in lin	ne 2 (itemize) ▶						
5 Decreases not included in line 2 (itemize) ▶ 5								_	1,568,477	
, , , , , , , , , , , , , , , , , , , ,				'						
			•	*					1,568,477	

Part IV Capital Gains and Lo	osses for Tax on Investme	ent Income					
	(s) of property sold (for example, real estate, r; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a SEE WORKSHEET							
b							
С							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1.07	other basis nse of sale	(h) Gain or (loss) ((e) plus (f) minus (g))			
a							
b							
C							
d							
Complete only for assets showing gain i	in column (h) and owned by the for	undation on 12/31/69)				
gum,	(i) Adjusted basis		s of col. (i)	(I) Gains (Col. col. (k), but not I			
(i) FMV as of 12/31/69	as of 12/31/69		(j), if any	Losses (fro			
а							
b							
С							
d							
е							
2 Capital gain net income or (net capital lo	If (loss), enter -0- in i	Part I, line 7		2	630,101		
3 Net short-term capital gain or (loss) as of lf gain, also enter in Part I, line 8, column							
				3			
If gain, also enter in Part I, line 8, colum Part I, line 8 Part V Qualification Under 8	n (c). See instructions. If (loss), en	ter -0- in		ome			
If gain, also enter in Part I, line 8, colum Part I, line 8 Part V Qualification Under SECTION 4	n (c). See instructions. If (loss), en	ter -0- in		ome			
If gain, also enter in Part I, line 8, colum Part I, line 8 Part V Qualification Under 8	n (c). See instructions. If (loss), en	ter -0- in		ome			
If gain, also enter in Part I, line 8, colum Part I, line 8 Part V Qualification Under SECTION 4	n (c). See instructions. If (loss), en	ter -0- in		OMPLETE.	(d) Reserved		
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a)	Section 4940(e) for Reduc 940(e) REPEALED ON DE	ter -0- in	(c)	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a) Reserved Reserved Reserved	Section 4940(e) for Reduc 940(e) REPEALED ON DE	ter -0- in	(c)	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a) Reserved Reserved Reserved Reserved Reserved	Section 4940(e) for Reduc 940(e) REPEALED ON DE	ter -0- in	(c)	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a) Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	Section 4940(e) for Reduc 940(e) REPEALED ON DE	ter -0- in	(c)	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a) Reserved Reserved Reserved Reserved Reserved	Section 4940(e) for Reduc 940(e) REPEALED ON DE	ter -0- in ed Tax on Net	(c)	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a) Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	Section 4940(e) for Reduce 940(e) REPEALED ON DEC	ter -0- in eed Tax on Net CEMBER 20, 20	(c) Reserved	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a) Reserved	n (c). See instructions. If (loss), en Section 4940(e) for Reduce 940(e) REPEALED ON DEC (b) Reserved	ter -0- in eed Tax on Net I	(c) Reserved	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved	n (c). See instructions. If (loss), en Section 4940(e) for Reduce 940(e) REPEALED ON DE	ter -0- in ed Tax on Net I	(c) Reserved	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved (a) Reserved	n (c). See instructions. If (loss), en Section 4940(e) for Reduce 940(e) REPEALED ON DE	ter -0- in ed Tax on Net I	(c) Reserved	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved	n (c). See instructions. If (loss), en Section 4940(e) for Reduce 940(e) REPEALED ON DEC (b) Reserved	ter -0- in eed Tax on Net I	(c) Reserved	OMPLETE.			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved	n (c). See instructions. If (loss), en Section 4940(e) for Reduce 940(e) REPEALED ON DEC (b) Reserved	ter -0- in eed Tax on Net I	(c) Reserved	OMPLETE. 2 3 4			
If gain, also enter in Part I, line 8, column Part I, line 8 Part V Qualification Under SECTION 4 1 Reserved Reserved	n (c). See instructions. If (loss), en Section 4940(e) for Reduce 940(e) REPEALED ON DEC (b) Reserved	ter -0- in ed Tax on Net I	(c) Reserved	2 3 4 5			

990-PF (2020) BALLANTINE FAMII	Y FUND	84-6026270			Page 4
rt VI Excise Tax Based on Investr	nent Income (Section	on 4940(a), 4940(b), or 4948—see	in e	ıstru	ctions)
Exempt operating foundations described in section	on 4940(d)(2), check here	and enter "N/A" on line 1.			
Date of ruling or determination letter:	(attach copy o	f letter if necessary—see instructions)			
Reserved			•	1	9,700
All other domestic foundations enter 1.39% of line	e 27b. Exempt foreign org	anizations, enter 4% of			

b	Reserved	•	1			9,	700
С	All other domestic foundations enter 1.39% 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				C
3	Add lines 1 and 2		3			9,	700
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4				C
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			9,	700
6	Credits/Payments:						
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 3, 41	3					
b	Exempt foreign organizations – tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d		7	-0		3.	413
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			<u> </u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			6.	287
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 2021 estimated tax Refunded		11				
	art VII-A Statements Regarding Activities		•••				
1a						Yes	No
ıu	participate or intervene in any political campaign?				1a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				ıα		
	instructions for the definition				1b		х
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials				16		
	published or distributed by the foundation in connection with the activities.						
_	Did the foundation file Form 1120-POL for this year?				1c		X
c d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				10		
u	(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		_				
C	on foundation managers. > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
-	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
3	of incompany the second				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b	16 (V/c = 1) be a 14 Cloud a factor of the control		•	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			: : : : . 	5		Х
•	If "Yes," attach the statement required by <i>General Instruction T</i> .						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
•	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?				6	X	
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 Pa				7	Х	
, 8а	Enter the states to which the foundation reports or with which it is registered. See instructions.				•		
ua	CO						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
b					8b	X	
9	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation				UD		
•	4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See instructions for Part XIV. If "Yes,"				1910910910910910	<u> </u>	40,000,000
	acomplete Dart VIV				9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
. •	names and addresses				10		х

_ P:	Statements Regarding Activities (continued)	1 00000000	1	
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			37
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	. 11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			37
	person had advisory privileges? If "Yes," attach statement. See instructions	. 12	37	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	X	
	Website address ► BALLANTINEFAMILYFUND.COM The books are in care of ► COMMUNITY FOUNDATION SERVING SWCO Telephone no. ► 970	275	E 0 0	
14	The books are in care of ► COMMUNITY FOUNDATION SERVING SWCO Telephone no. ► 970- PO BOX 1673	-3/5-	360	'. .'
	70.45 013	0.2		
15				
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			Yes	No
10	At any time during calendar year 2020, 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?	16	162	No X
	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	. 10		22
	the foreign country			
D:	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	\$0000000		
0000000	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):	2000000	163	140
ıu	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	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.) Yes X No	,		
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 N/A	A 1b	0000000000	10000000000
	Organizations relying on a current notice regarding disaster assistance, check here	1		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that] [::::::::::::::::::::::::::::::::::::		
	were not corrected before the first day of the tax year beginning in 2020? N/2	A 1c		************
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2020?	,		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
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.) N/A	A 2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No	, (2000)		
b	If "Yes," did it have excess business holdings in 2020 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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2020.) N/2			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4a	900000000	X
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 2020?	. 4b		X

Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)				
5a	During the year did the foundation pay or incur any amount to:						Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?		Yes X	No			
	(2) Influence the outcome of any specific public election (see section 4955); or t							
	directly or indirectly, any voter registration drive?			Yes X	No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X	No			
	(4) Provide a grant to an organization other than a charitable, etc., organization		·····					
	section 4945(d)(4)(A)? See instructions		Yes X	No				
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or		· · · · · · · · · · · · · · · · · · ·					
	purposes or for the provention of greatly to children or enimals?			Yes X	No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under							
	in Regulations section 53.4945 or in a current notice regarding disaster assistan			1	I/A	5b		
	Organizations relying on a current notice regarding disaster assistance, check he				• [
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro							
	because it maintained expenditure responsibility for the grant?		N/A	Yes	No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).							
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums						
	on a personal benefit contract?			Yes X	No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per					6b		X
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	elter transaction?	🔲	Yes X	No			
b	If "Yes," did the foundation receive any proceeds or have any net income attribut	able to the transact	on?	1	1/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,	000,000 in						
	remuneration or excess parachute payment(s) during the year?				No			
Pá	art VIII Information About Officers, Directors, Trustees, Fo	oundation Man	agers, Highly	Paid En	nploy	ees,		
	and Contractors							
<u>1 I</u>	List all officers, directors, trustees, and foundation managers and their com	pensation. See in	structions.			1		
		(b) Title, and average	(c) Compensation	(d) Contribu employee		(a) Ev	pense a	ccount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and	deferred		er allowa	
			, ,	compens	sation			
SE	SE STATEMENT 6	-						
		-						
2	Compensation of five highest-paid employees (other than those included	on line 1 – see ins	tructions) If no	no ontor				
-	"NONE."	o iiio i – 366 iiis		, 011101				
		a v Tille and account		(d) Contribu	itions to			
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee	benefit		pense a	
		devoted to position		plans and compens		Olne	er allowa	nces
NC	ONE							
_		<u> </u>				L		
	number of other employees paid over \$50,000			· · · · · ·		.		0

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 Total number of others receiving over \$50,000 for professional services 0 **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. NO DIRECT CHARITABLE ACTIVITIES 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 1 N/A

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities 4,986,158 1a Average of monthly cash balances 1b Fair market value of all other assets (see instructions) 1c Total (add lines 1a, b, and c) 4,986,1581d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 4,986,158 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see 4 74,792 4,911,366 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 245<u>,</u>568 Minimum investment return. Enter 5% of line 5. 6 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.) Minimum investment return from Part X, line 6 245,568 Tax on investment income for 2020 from Part VI, line 5 9,700 Income tax for 2020. (This does not include the tax from Part VI.) 2b b 2c 9,700 С 235,868 Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 235,868 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 235,868 7 line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 356,688 Program-related investments – total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 356,688 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 356,688 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form **990-PF** (2020)

Form 990-PF (2020) BALLANTINE FAMILY FUND 84-6026270 Page 9 **Undistributed Income** (see instructions) (a) (b) (c) (d) Corpus Years prior to 2019 2019 2020 Distributable amount for 2020 from Part XI, 235,868 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only **b** Total for prior years: 20 _____ , 20 ____ , 20 ____ Excess distributions carryover, if any, to 2020: **a** From 2015 77,183 **b** From 2016 83,176 **c** From 2017 83,849 **d** From 2018 63,474 **e** From 2019 73,099 380,781 f Total of lines 3a through e Qualifying distributions for 2020 from Part XII. line 4: ▶ \$ 356,688 a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) **d** Applied to 2020 distributable amount 235,868 e Remaining amount distributed out of corpus 120,820 Excess distributions carryover applied to 2020 (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: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 501,601 Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount – see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 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) Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) 77,183 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a 424,418 Analysis of line 9: 83,176 Excess from 2016 83,849 Excess from 2017 Excess from 2018 63,474

73,099

120,820

Excess from 2019

Excess from 2020 ...

Pa	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)									
1a	If the foundation has received a ruling or o	determination letter the	at it is a private operat	ing						
	foundation, and the ruling is effective for 2	2020, enter the date of	f the ruling	>						
b	Check box to indicate whether the founda	tion is a private opera			942(j)(3) or 494	2(j)(5)				
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>					
	income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total				
	investment return from Part X for		, ,	, ,	· , ,					
b	050/ -515 0-									
C	Qualifying distributions from Part XII,									
C	line 4, for each year listed									
لہ										
d	Amounts included in line 2c not used directly									
	for active conduct of exempt activities									
е	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 royalties)									
	(2) Support from general public									
	and 5 or more exempt									
	organizations as provided in									
	section 4942(j)(3)(B)(iii)									
	an exempt organization (4) Gross investment income									
D-	ert XV Supplementary Inform	ation (Complete	thic part only if	the foundation ha	ad \$5 000 or mor	o in accote at				
F.6	any time during the ye			the loundation ha	au \$5,000 or mor	e III assets at				
1	Information Regarding Foundation Ma		110115.)							
	List any managers of the foundation who	•	than 2% of the total of	contributions received by	v the foundation					
а	before the close of any tax year (but only i									
	N/A	i triey have contribute	d more man \$5,000).	(See Section 507 (d)(2).)						
h	List any managers of the foundation who	own 100/ or more of the	ha ataak af a carparati	on (or an aqually large r	portion of the					
b	•		•		ortion of the					
	ownership of a partnership or other entity) N/A	or which the foundati	on has a 10% or great	lei interest.						
_										
2	Information Regarding Contribution, G		• • •							
				ole organizations and do						
	unsolicited requests for funds. If the found		ants, etc., to individuals	s or organizations under	other conditions,					
	complete items 2a, b, c, and d. See instru									
а	The name, address, and telephone number				ddressed:					
	COMMUNITY FOUNDATION		vco 970-375	-5807						
	PO BOX 1673 DURANGO	CO 81302								
b	The form in which applications should be SEE STATEMENT 7	submitted and informa	ation and materials the	ey should include:						
С	Any submission deadlines: NONE									
d	Any restrictions or limitations on awards, s	such as by geographic	cal areas, charitable fie	elds, kinds of institutions	, or other					
	factors:									
	NONE									

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE ATTACHED STATEMENT 8 **VARIOUS VARIOUS** DURANGO CO 81301 331,590 331,590 Total ▶ 3a Approved for future payment N/A**Total** ▶ 3b

art XVI-A	2020) BALLANTINE FAMILY FUND Analysis of Income-Producing Action	ivities				Page
ter gross am	ounts unless otherwise indicated.		business income	Excluded by s	section 512, 513, or 514	(-)
Program se	ervice revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
-						
b						
е						
T	nd contracts from government agencies					
g Fees a	nd contracts from government agencies p dues and assessments					
Interest on	savings and temporary cash investments			14	59	
Dividends a	and interest from securities			14	71,964	
	ncome or (loss) from real estate:					
	nanced property					•••••
b Not de	bt-financed property					
Net rental i	ncome or (loss) from personal property					
	stment income					
Gain or (los	ss) from sales of assets other than inventory			18	630,101	
Net income	or (loss) from special events					
Gross profi	t or (loss) from sales of inventory					
Other rever	nue: a					
b						
c						
b c d						
b c d e				0	702 124	
bc d Subtotal. A	dd columns (b), (d), and (e)			0	702,124	702.1
b c d e Subtotal. A Total. Add	dd columns (b), (d), and (e)line 12, columns (b), (d), and (e)					702,1
b c d e Subtotal. Add total. Add	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.)					702,1
b c d e Subtotal. A Total. Add ee workshee Part XVI-E	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Ac	complishme	nt of Exempt	Purposes	13	702,1
b c d e Subtotal. A Total. Add	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.)	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
b c d e Subtotal. A Total. Add ee workshee Part XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
b c d e Subtotal. A Total. Add ee workshee Part XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add he workshee Part XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cdSubtotal. A Total. Add e workshee art XVI-E ine No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cdSubtotal. A Total. Add e workshee art XVI-E ine No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cdSubtotal. A Total. Add e workshee art XVI-E ine No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activi	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	
bc cd eSubtotal. A Total. Add e workshee art XVI-E Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) t in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income in	complishme s reported in colu	nt of Exempt umn (e) of Part XV	Purposes I-A contributed	importantly to the	

Part		Information Regaritions	arding Tr	ansfers To and	d Transaction	ons and Relatio	nships Wi	th Noncharitat	le Ex	empt	•
1 D		nization directly or indi	irectly engag	e in any of the follo	owing with any o	other organization de	escribed			Yes	No
	-	01(c) (other than sectio		•		-	Scribca				
			11 30 1(0)(3)	organizations) or in	i section 321, re	saurig to political					
	rganization		ation to a no	naharitahla ayann	t arganization a	.e.					
		om the reporting found			_				4 - /4 \		v
•	l) Cash								1a(1)		X
(2	2) Other as	ssets							1a(2)	000000000000000000000000000000000000000	<u>^</u>
	ther transa										
		assets to a noncharita							1b(1)		<u> </u>
(2	2) Purchas	es of assets from a no	ncharitable o	exempt organizatio	on				1b(2)		<u> </u>
(3	B) Rental o	of facilities, equipment,	or other ass	ets					1b(3)		<u> </u>
(4	I) Reimbui	rsement arrangements	; 						1b(4)		X
(5	5) Loans o	r loan guarantees							1b(5)		Х
(6	6) Perform	ance of services or me	embership or	fundraising solicit	ations				1b(6)		X
		acilities, equipment, ma							1c		Х
		r to any of the above is		-							
Vä	alue of the	goods, other assets, o	r services gi	ven by the reportin	g foundation. If	the foundation recei	ved less than	fair market			
Vä	alue in any	transaction or sharing	arrangemer	nt, show in column	(d) the value of	the goods, other as	sets, or service	es received.			
(a) l	Line no.	(b) Amount involved	(c) Nam	e of noncharitable exemp	pt organization	(d) Descrip	tion of transfers, tra	ansactions, and sharing a	rrangeme	nts	
N/A											
								-			
									-		
								-			
									-		
2a Is	the founda	ation directly or indirec	tly affiliated v	with or related to	one or more tax	-exempt organization	ns				
		section 501(c) (other	,	,		. o,p. o.g			□ Y ₀	es X	No
		plete the following sch		001(0)(0)) 01 111 00	011011 027 :				□ ''	.5	
- W II	· ·	Name of organization	iodaic.	(b) Type of o	rganization		(c) Descrip	otion of relationship			
N/		, 3		(7, 7)			(-)	<u> </u>			
	Under pen	alties of perjury, I declare tha	nt I have examin	ed this return, including	accompanying sche	dules and statements, and	to the best of my	knowledge and belief, it	is true,		
	correct, an	d complete. Declaration of p	reparer (other th	nan taxpayer) is based o	n all information of v	which preparer has any kno	owledge.	May the IRS disc	ruse this re	eturn	
Sign								with the preparer			_
Here								See instructions.		Yes	No
IICIC		$\mathbb{C}(\mathbb{O})$	PY		1	ı	DDES	IDENT			
	Signs	ature of officer or trustee			Dat	re	Title	TNENT			
	<u> </u>						1100				
	Print/Ty	pe preparer's name			Preparer's signat	rure		Date	ļ	Check	if
Paid	D 3 mm -	OV T DADDOOM	,			r Dannama		03/0	2/01	self-emp	ployed
Prepare	er	CK J. BARRETT		י רווג חחם		J. BARRETT			3/21 0237	602	
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970-259-8000

Phone no.

DURANGO, CO 81301

Form 990-PF		apital Gains and Loss year 2020, or tax year beginning	es tor Tax on Ir	vestment Inc	come	2020
lame	1 of calcilual	year 2020, or tax year beginning		, and ending	Employer Ider	ntification Number
BALLANTINE	FAMILY	FUND				
C/O TAFOYA	BARRETT	AND ASSOCIATES F)		84-6026	270
(a)	List and describe th 2-story brick wareho	ne kind(s) of property sold, e.g., real estate, ouse; 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.)
1) CHEVRON (CORP			P	11/16/04	02/25/20
2) SPDR S&P				P	07/23/09	02/25/20
/		ALLIANCE		P	05/28/98	02/25/20
4) US BANCOI				P	02/01/55	02/25/20
5) BOEING CO				P	08/07/08	03/19/20
BERKSHIRE		AY INC		P	04/23/93	05/05/20
7) BOEING CO		000 DEG		P	08/07/08	05/05/20
CARRIER C		ORP REG		P	12/07/07	05/05/20
9) CARRIER (ORP REG		P	08/14/12	05/05/20
	SELECT			P	05/21/09	05/05/20
	SELECT			P	05/21/09	05/05/20
=/	SELECT DIVIDEN	ר בייים		P	07/23/09	05/05/20
3) SPDR S&P				P	05/21/09	05/05/20
4) SPDR S&P				P	07/23/09	05/05/20
5) SPDR S&P	NT A TDEN	D ETF		P	101/23/09	05/05/20
(e) Gross sales pri	се	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens	ther basis	(h) Gain	or (loss) minus (g)
. 10	751	(or allowable)	pius experis		(e) pius (i)	
	751			10,639		9,112
	075 043			4,081 5,221		5,994
,				66		8,822
1-	947					9,881
F00	808			10,974 25,100		4,834 03,760
	102			22,280		19,822
·	743			4,062		681
· ,	906			6,715		1,191
	617			7,035		8,582
-, -	234			14,078		17,156
	617			7,626		7,991
	782			5,667		7,115
	564			12,231		13,333
	043			8,151		8,892
10) = 1	<u> </u>				1	
Complete only for a	ssets showina c	gain in column (h) and owned by th	e foundation on 12/31/6	9		
(i) F.M.V. as of 12/31		(j) Adjusted basis as of 12/31/69	(k) Excess over col.	s of col. (i)	(I) Gains (Co col. (k), but not les Losses (from	I. (h) gain minus ss than -0-) Or col. (h))
)						9,112
)						5,994
3)						8,822
1)						9,881
5)						4,834
3)						03,760
7)						19,822
3)						681
9)						1,191
10)						8,582
11)						17,156
12)						7,991
13)						7,115
14)						13,333
					1	8,892

(15)

0330000 03/03/2021 12.41 FW		nuital Calma and Lare	an for Ton and			
Form 990-PF	Ca	apital Gains and Loss	es for Tax on Ir	ivestment inc	come	2020
101111 000-11	For calenda	r year 2020, or tax year beginning		, and ending		2020
Name				, g	Employer Ider	ntification Number
BALLANTINE					64 555	
C/O TAFOYA			2	Ι α .	84-6026	
(a) <u>1</u>	List and describe to 2-story brick wareh	ne kind(s) of property sold, e.g., real estate, louse; 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.)
		ORP REG		P	12/07/07	05/05/20
, <u>) /</u>	DWIDE C	ORP REG		P	08/14/12	05/05/20
(3)						
<u>(4)</u> (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13) (14)						
(15)						
7 =1				.1	1	I
(e) Gross sales price	pe e	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens	ther basis e of sale	(h) Gain (e) plus (f)	or (loss) minus (g)
(1) 7,	160	, ,		6,090		1,070
(2) 11,				10,069		1,865
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
Complete only for as	ssets showing	gain in column (h) and owned by th	ne foundation on 12/31/6	9		
(i) F.M.V. as of 12/31/		(j) Adjusted basis as of 12/31/69	(k) Excess over col. ((I) Gains (Co col. (k), but not les Losses (from	I. (h) gain minus ss than -0-) Or col. (h))
(1)						1,070
(2)						1,865
(3)						
(4)						
(5)						
(6)						
(7) (8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						

0350000 BALLANTINE FAMILY FUND

3/3/2021 12:41 PM **Federal Statements** 84-6026270

FYE: 12/31/2020

Statement '	<u>1 - Form 990-PF</u>	<u>, Part I, Line 16b</u>	- Accounting Fees

Description		Total		Net Investment		Adjusted Net		Charitable Purpose	
ACCOUNTING FEES	<u> </u>	3,510	\$	1,755	\$		\$	1,755	
TOTAL	\$	3,510	\$	1,755	\$	0	\$	1,755	

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	<u></u>	Total	In	Net vestment_	 usted Vet	Charitable Purpose
CONTRACT SERVICES	\$	24,000	\$	1,200	\$	\$ 22,800
TOTAL	\$	24,000	\$	1,200	\$ 0	\$ 22,800

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total	Inv	Net estment	,	usted Net	aritable urpose
INCOME TAXES	\$ 600	\$	600	\$		\$
TOTAL	\$ 600	\$	600	\$	0	\$ 0

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	 Total	Net estment_	Adjust Net	ed 	aritable urpose
EXPENSES	\$	\$	\$		\$
ANNUAL FEES MISCELLANEOUS EXPENSE	 150 1,086	 150 543			 543
TOTAL	\$ 1,236	\$ 693	\$	0	\$ 543

0350000 BALLANTINE FAMILY FUND

Federal Statements

84-6026270

FYE: 12/31/2020

Statement 5 - F	<u>orm 990-PF, Part II.</u>	<u>, Line 13 - Other Investments</u>	<u> </u>

Description	Beginning of Year	End of Year	Basis of <u>Valuation</u>	Fair Market Value
SEE ATTACHED DETAIL STATEMENT #6	\$ 1,207,247	\$ 1,057,990	MARKET	\$ 4,896,208
TOTAL	\$ 1,207,247	\$ 1,057,990		\$ 4,896,208

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Federal Statements

FYE: 12/31/2020

84-6026270

Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RICHARD G. BALLANTINE P.O. BOX 1673 DURANGO CO 81302	PRESIDENT	0.00	0	0	0
ELIZABETH BALLANTINE PO BOX 1673 DURANGO CO 81302	VICE PRESIDE	0.00	0	0	0
MARY JANE CLARK PO BOX 1673 DURANGO CO 81302	SECRETARY	0.00	0	0	0
HELEN B. HEALY PO BOX 1673 DURANGO CO 81302	TREASURER	0.00	0	0	0
CHRISTOPHER BALLANTINE PO BOX 1673 DURANGO CO 81302	TRUSTEE	0.00	0	0	0
DAVID BALLANTINE PO BOX 1673 DURANGO CO 81302	TRUSTEE	0.00	0	0	0
KAREN SHEEK PO BOX 1673 DURANGO CO 81302	TRUSTEE	0.00	0	0	0
BRIGGEN WRINKLE PO BOX 1673 DURANGO CO 81302	ASST SECRETA	0.00	0	0	0

0350000 BALLANTINE FAMILY FUND 84-6026270 **Federal Statements**

3/3/2021 12:41 PM

FYE: 12/31/2020

Statement 7 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description The Court of the Co

WRITTEN REQUEST CONTAINING SUFFICIENT INFORMATION TO DETERMINE ACCEPTABLITY.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE

C/O TAFOYA BARRETT AND ASSOCIATES P 84-6026270 FORM 990-PF ESTIMATES

990-W

(Worksheet)

Estimated Tax on Unrelated Business Taxable	е
Income for Tax-Exempt Organizations	

(and on Investment Income for Private Foundations)

OMB No. 1545-0047

2021

	artment of the Treasury nal Revenue Service		ww.irs.gov/Form990W for for your records. Do not s				ZUZ I
1	Unrelated business taxable income e	expected in	the tax year			1	
2	Tax on the amount on line 1. See instru	2					
3	Alternative minimum tax for trusts. S	3					
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instruction	ns				5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	_
9	Credit for federal tax paid on fuels. S	See instruct	tions			9	
0a	Subtract line 9 from line 8. Note: If le required to make estimated tax payminstructions	nents. Priva	. •		10a 9,700		
b	Enter the tax shown on the 2020 retu the tax year was for less than 12 mo	urn. See ins nths, skip t	structions. Caution: If zero	or nt	10b 9,700		
С	2021 Estimated Tax. Enter the sma						
	skip line 10b, enter the amount from	line 10a or	n line 10c			10c	9,700
			(a)	(b)	(c)		(d)
1	Installment due dates. See instructions	11	05/17/21	06/15/21	09/15/21		12/15/21
2	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	9,700				
3	2020 Overpayment. See		3,100				
	instructions	13					
4	Payment due (Subtract line 13 from line 12)	. 14	9,700				

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

Form 990-PF	Underdistribution and Excess	 2020	
	For calendar year 2020, or tax year beginning	, ending	
Name			
BALLANTINE	FAMILY FUND		Employer Identification Number
C/O TAFOYA	BARRETT AND ASSOCIATES P		84-6026270

Undistributed Income Carryovers Form 990-PF, Part XIII

	Prior Undistributed Income				Next Year Carryover			
Tax Year	Nontaxable or Previously Taxed	Taxable in 2020	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2021		
Years prior								
20 16								
20 17								
20 18								
2019								
2020			235,868	235,868				
Total Carryove	er to Next Year					0		

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XIII

		Current Year	Next Year
	Preceding Tax Year Excess Distributions	Decreases	Carryover
2015	77,183	77,183	
2016	83,176		83,176
2017	83,849		83,849
2018	63,474		63,474
2019	73,099		73,099
Current \	Year Excess Distribution Generated (2	020)	120,820
	rrvover to Next Year	,	424,418

Form **990/ 990-PF**

Electronic Filing - PDF Attachment Report

and ending

For calendar year 2020, or tax year beginning

2020 Taxpayer Identification Number

Name

BALLANTINE FAMILY FUND

C/O TAFOYA BARRETT AND ASSOCIATES P	84-6	026270
Title	Attachment Source	Profor
MANUALLY ATTACHED TO RETURN		
2020 990PF - STATEMENT 5	FILECABINET CS: OTHER INVESTMENTS - STATEMENT 5.PDF	NO
BALLANTINE FF 2020 DONEE STATEMENT	FILECABINET CS: BALLANTINE FF 2020 DONEES - STATEMED PDF	NT 8. NO

Form **990PF**

Two Year Comparison Report

For calendar year 2020, or tax year beginning

endir

2019 & 2020

Name

BALLANTINE FAMILY FUND

C/O TAFOYA BARRETT AND ASSOCIATES P

Taxpayer Identification Number 84-6026270

	ΒA	LLANTINE FAMILY FUND		C/O TA	FOYA BARRET	T AND ASSOC	HATES P	8	4-6026270
			2019		20	020	Differences		
				Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
				F-:		F		F	
•		. Contributions, gifts, grants, and similar amounts received							
'n		. Interest on savings and temporary cash investments \dots	2.	125	125	59		-66	-66
e		Dividends and interest from securities	3.	89,960	89,960	71,964	71,964	-17,996	-17,996
>	4	. Gross rents	4.						
2		. Net gain or (loss) from sale of assets	5.	160,322		630,101		469 , 779	
	6	. Capital gain net income	6.		160,322		630,101		469,779
		. Gross profit or (loss)	7.						
	8	Other income	8.	36	36			-36	-36
	_	. Total. Add lines 1 through 8	9.	250,443	250,443	702,124	702,124	451,681	451,681
S		Compensation of officers, directors, trustees, etc.	10.						
0		• • • • • • • • • • • • • • • • • • • •	11.						
		Pension plans, employee benefits	12.						
3	13	. Professional fees	13.	27,525	2,726	27,510	2,955	-15	229
9	14	. Interest	14.						
۵		. Taxes	15.	8,630	8,630	600	600	-8,030	-8,030
∞ ∞	16		16.						
0	17	. Occupancy	17.						
S L	18	. Other expenses	18.	998	352	•		238	341
О	19	. Contributions, gifts, grants paid	19.	310,623		331,590		20,967	
×	20	. Total expenses and disbursements. Add lines 10 through 19	20.	347,776					
	21	. Net income (if negative investment activity, enter -0-)	21.	-97,333				438,521	459,141
			22.		2,387		9,700		7,313
(es	23		23.						
â ⊒	24	. Subtitle A income tax	24.						
		. Total Taxes	25.		2,387		9,700		7,313
			26.		5,200		3,413		-1,787
_	27	. Foreign tax withheld	27.						
un	28	Other Payments	28.						
Ref	29	. Total payments and credits	29.		5,200		3,413		-1,787
- I	30	Balance due / (Overpayment)	30.		-2,813		6,287		9,100
Ď	31	. Overpayment credited to next year	31.		2,813				-2,813
	32	. Penalty	32.						
_	33		33.		0		6,287		6,287
	34	. Total assets	34.	1,227,289		1,568,477		0	
the			35.	0		0		0	
0	36	. Net assets	36.	1,227,289		1,568,477		0	

Name

Form **990PF**

Tax Return History

Use the 2Yr Report for more recent historical information

BALLANTINE FAMILY FUND

•

Taxpayer Identification Number 84-6026270

2020

Nam	c/O TAFOYA BARRETT A			P				xpayer Identification Nu 4-6026270
\Box	-,		2016)17	2018	
			Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
	1. Contributions, gifts, grants, and similar amounts received	1.						
	2. Interest on savings and temporary cash investments	2.	11	11	86	86	199	199
_	3. Dividends and interest from securities	3.	90,071	90,071	104,298	104,298	104,163	104,163
>	4. Gross rents	4.						
R e	5. Net gain or (loss) from sale of assets	5.	231,451		68,741		154,821	
	6. Capital gain net income	6.		231,451		68,741		154,821
	7. Gross profit or (loss)	7.						
	8. Other income	8.						_
	9. Total. Add lines 1 through 8	9.	321,533	321,533	173,125	173,125	259,183	259,183
S	10. Compensation of officers, directors, trustees, etc.	10.						
0	11. Other employee salaries and wages	11.						
Ħ,	12. Pension plans, employee benefits	12.						
j ,	13. Professional fees	13.	33,279	3,707	23,250	2,625	27,500	2,725
e d	14. Interest	14.						
٥	15. Taxes	15.	1,600	1,600	3,514	3,514	150	150
∞ ,	16. Depreciation and depletion	16.						
6 8	I7. Occupancy	17.						
Ğ	18. Other expenses	18.	368	259	578	364	1,107	629
b e	19. Contributions, gifts, grants paid	19.	278,439		311,060		303,775	
×		20.	313,686		338,402	6,503	332,532	3,504
۳ :	21. Net income (if negative investment activity, enter -0-)	21.	7,847	315,967	-165,277	166,622	-73,349	255,679
	22. Excise Tax	22.		3,160		1,666		5,114
	23. Section 511 Tax	23.						
Ta	24. Subtitle A income tax	24.						_
	25. Total Taxes	25.		3,160		1,666		5,114
	26. Estimates and overpayments credited	26.		2,846		3,200		1,684
2	27. Foreign tax withheld	27.						
~	28. Other Payments	28.						_
	29. Total payments and credits	29.		2,846		3,200		1,684
Ref	30. Balance due / (Overpayment)	30.		314		0		3,430
	31. Overpayment credited to next year	31.				1,534		
2	32. Penalty	32.						
;	33. Net due / (Refund)	33.		314		0		3,430
—	34. Total assets	34.	1,563,248		1,397,971		1,324,622	
$\overline{}$	35. Total liabilities	35.	0		0		0	
0	36. Net assets	36.	1,563,248		1,397,971		1,324,622	

0350000 BALLANTINE FAMILY FUND 3/3/2021 12:41 PM **Federal Statements** 84-6026270 FYE: 12/31/2020 **Taxable Interest on Investments** Unrelated Exclusion Postal US Description Amount Business Code Code Obs (\$ or %) INTEREST FROM SAVINGS 59 14 59 TOTAL **Taxable Dividends from Securities** Unrelated Exclusion Postal US Description Obs (\$ or %) Amount Business Code Code MERRILL LYNCH 71,964 14 71,964 TOTAL