Return of Private Foundation

\* "Fr 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 for instructions and the latest information.

2949134490107

•	For	caler	ndar year 2017 or tax year	beginning		·	, and e	nding		
	Nai	me o	f foundation						A Employer identification	number
	Е	ZE	FOUNDATION				~		41-1924702	
			ind street (or P O box number if		red to street a	address)	_	Room/suite	B Telephone number	
		_	0 S. ADAMS S						(952) 995-	7494
			own, state or province, cou VER , CO 802		or foreign p	ostal code			C If exemption application is p	ending, check here
	_		all that apply:	Initial return		Initial return of a	former public (	charity	D 1 Foreign organizations	s, check here
				Final return		Amended return			2 Foreign organizations me	eting the 85% test
				Address chan		Name change			2 Foreign organizations me check here and attach co	mputation
	H_(	_ '				xempt private foundation		OB	E If private foundation sta	. —
			ection 4947(a)(1) nonexemp			Other taxable private found ing method: X Cash		<i>y</i> 0	under section 507(b)(1)	
			arket value of all assets at e Part II, col. (c), line 16)	nd of year   J		ing method: X Cash ther (specify)	Accr	uai	F If the foundation is in a under section 507(b)(1)	
		• \$		.140.		nn (d) must be on cash bas	IS.)		under Section 507(b)(1)	(b), check here
			Analysis of Revenue and	Expenses		(a) Revenue and	ĭ	vestment	(c) Adjusted net	(d) Disbursements
	W- 7/V		(The total of amounts in column necessarily equal the amounts	nns (b), (c), and (c	i) may not	expenses per books		ome	income	for charitable purposes (cash basis only)
		1	Contributions, gifts, grants	s, etc , receive	d				- N/A	
		2	Check X if the foundation		tach Sch B					
a 2		3	Interest on savings and tempor cash investments	ary		1.000				
1.001		4	Dividends and interest from	m securities		42,080.	4	2,073.		STATEMENT 1
14	•		Gross rents			TO WILLIAM STREET, THE STREET,		2078 (A. 1982)		
VI		l .	Net rental income or (loss)			36,599.				
	e		Net gain or (loss) from sale of a Gross sales price for all	ssets not on line , 303		30,399.				
වී	even	b	assets on line 6a  Capital gain net income (from P		<del>555•</del>		3	6,599.	THE WAY DAY RE	<b>JEIVED</b>
2019	Ŗ	8	Net short-term capital gair				117427			8
<b>9</b>		9	Income modifications	•					<b>8</b> 001	3.0.2018 9
		10a	Gross sales less returns and allowances				EXAMP.			
旺		Ь	Less Cost of goods sold				with 11			SENMINE SE
سا		C	Gross profit or (loss)				Contract			
		11	Other income			70 670		0 (70		
	_	12	Total Add lines 1 through			78,679.	7	<u>8,672.</u> 0.		0.
SCANNED		13	Compensation of officers, direct		С	ļ	-			
<b>- 9</b>		14 15	Other employee salaries at Pension plans, employee t	_		<u> </u>				
<b>W</b> 4	es	!	Legal fees	Jenema			<del>                                     </del>		-	
∞	ense	ь	Accounting fees	STM	IT 2	3,650.		0.		3,650.
.20	ž		Other professional fees							
	Ve	17	Interest							_
ଟ	rati	18	Taxes	STM	<b>IT</b> 3	1,132.		992.		25.
6	nistr	19	Depreciation and depletion	ι '			ļ			
Z	톭	20	Occupancy							
<b>6</b>	d Ad		Travel, conferences, and m	neetings						
	ane		Printing and publications	стм	1T 4	20,138.	2	0,138:		0.
(PSA)	ting	23 24	Other expenses  Total operating and admir		· · ·	20,130.		·, ± - 0 •		<u></u>
649 705	era	-7	expenses Add lines 13 th			24,920.	2	1,130.		3,675.
423223404 NOV 3 0 2018	Ö	25	Contributions, gifts, grants			120,500.		a i i i i i		3,675. 120,500.
(آمری) منتشد			Total expenses and disbu							
(A)			Add lines 24 and 25			145,420.	2	1,130.		124,175.
		27	Subtract line 26 from line	12.				o in fina		
			Excess of revenue over expense			-66,741.				
			Net investment income (if		0-)		5	7,542.		
		C	Adjusted net income (if ne	native enter -0-)			[		l N/A	INCOLOR DE LA CARTA DEL CARTA DE LA CARTA DE LA CARTA DEL CARTA DE LA CARTA DEL CARTA DEL CARTA DE LA

LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2017) 41-1924702 EZE FOUNDATION Page 2 Partile Balance Sheets Altached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (c) Fair Market Value (a) Book Value (b) Book Value 662,186 53,187. 53,187. Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts 4 Pledges receivable Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U S. and state government obligations 1,517,919. 2,059,447. STMT 5 b Investments - corporate stock c Investments - corporate bonds 11 Investments land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ► DIVIDENDS RECEIVABL) 730. 730. 0. 16 Total assets (to be completed by all filers - see the 2,180,105. 2,113,364. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **►** X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 0 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 2,113,364. 2,180,105. 29 Retained earnings, accumulated income, endowment, or other funds 2,113,364 É 2,180,105. 30 Total net assets or fund balances 2,180,105. 2,113,364 31 Total liabilities and net assets/fund balances **Analysis of Changes in Net Assets or Fund Balances** Part III

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	2,180,10 <u>5.</u>
2	Enter amount from Part I, line 27a	2	-66,741.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,113,364.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,113,364.

41-1924702 Page 3

Partily Capital Gains	and Lo	sses for Tax on Inv	vestment	Income						
(a) List and describe 2-story brick wa	the kind( arehouse;	s) of property sold (for exar or common stock, 200 shs	mple, real esta MLC Co.)	te,	( <b>b</b> ) D	How ac - Purcl - Dona	nase i	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo, day, yr.)
1a US BANK - ST				<u> </u>			P			
b US BANK - LT							P			
c CAPITAL GAINS	DIATI	DENDS			_					
<u>d</u>							<u></u>			
<u>e</u>	/f)	Depreciation allowed	(a) Co	st or other basis	1			(h) G	aın or (loss	
(e) Gross sales price	\''	(or allowable)		expense of sale					s (f) minus (	
a 117,559.				111,61	7.				-	5,942.
b 177,870.				155,33	7.					22,533. 8,124.
c 8,124.						_				8,124.
<u>d</u>		· · · · · · · · · · · · · · · · · · ·								
Complete only for assets showing	00 0310 10	column (h) and owned by t	he foundation	on 12/31/60			<i>(</i> 1)	Coupe /C	'al (h) gain	minus
Complete only for assets shown		(1) Adjusted basis		cess of col. (i)			col	(k), but r	col. (h) gain not less thai	n -0-) or
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. (	h))
a .										5,942.
b							_			22,533. 8,124.
C										8,124.
<u>d</u>					_					
e					_	I				
2 Capital gain net income or (net ca	ıpıtal loss	If gain, also enter  If (loss), enter -0-			}	2				36,599.
3 Net short-term capital gain or (los				•						
If gain, also enter in Part I, line 8,			u ( <i>0)</i> .		] [					
If (loss), enter -0- in Part I, line 8	-	•	B	*N	Л	3			N/A	
Part V Qualification U							ent inco	me		
(For optional use by domestic private	e foundati	ons subject to the section 4	940(a) tax on	net investment inc	ome.	.)				
If section 4940(d)(2) applies, leave the	ns part bl	ank								
Was the foundation liable for the sect	tion 4942	tax on the distributable amo	ount of any ve	ar in the base peri	od?					Yes X No
If "Yes," the foundation doesn't qualif				•						
1 Enter the appropriate amount in e	each colu	mn for each year; see the in	structions bef	ore making any en	tries.					
(a) Base period years		(b)		Naturaliza of oo	(c)	ملطمة،			Distrib	(d) ution ratio
Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dist		Net value of no					(col. (b) dıv	ided by col. (c))
<u>2016</u> 2015			0,035. 7,025.				2,681, 3,532,		-	.076371
2013			6,290.	<u> </u>			2,123			.048112
2013	-		2,219.				7,271			.050425
2012			4,625.				8,288.			.042314
2 Total of line 1, column (d)								2		.259548
3 Average distribution ratio for the S	-	•	n line 2 by 5.0	), or by the numbe	r of y	ears				051010
the foundation has been in exister	nce if less	than 5 years						3		.051910
4 Enter the net value of noncharitab	la una acr	nata for 2017 from Part V. II	no E					,		2,319,017.
4 Citter the net value of noncharitat	ie-use as:	SEES TOT ZO 17 HOITE PAIL A, II	ille 5					4		2,313,017.
5 Multiply line 4 by line 3								5		120,380.
6 Enter 1% of net investment incom	ie (1% of	Part I, line 27b)						6_		575.
7 Add lines 5 and 6								7		120,955.
Cotor qualifying distributions for	Dort VII	line 4								12/ 175
8 Enter qualifying distributions from			46	lata that a control		,		8	· <del>-</del> · -	124,175.
If line 8 is equal to or greater than See the Part VI instructions	ine /, ch	neck the box in Part VI, line	ib, and comp	iete that part using	ja 19	₀ tax ra	ate			
										QQQ_DE (0017)

10

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Pa	it VIII A Statements Regarding Activities (continued)		
		Yes	No
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	11	Х
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	12	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X	
	Website address ► N/A		
14	The books are in care of ► DAVID W STASSEN  Telephone no. ► 952-92	7-5167	
17	Located at ► 2130 S. ADAMS ST., DENVER, CO ZIP+4 ►80	210	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u> </u>	$\overline{\Box}$
10	and enter the amount of tax-exempt interest received or accrued during the year	N/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	Yes	No
10	securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	100 S. 100 S	<b>X</b>
	foreign country		
Pa	it: WIEB Statements Regarding Activities for Which Form 4720 May Be Required	7.45 A. 62.	14-abilied v.r.
217 - In	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
12	During the year, did the foundation (either directly or indirectly).		1,750
	(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?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		335.5
	(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"		200
	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		
ь	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	1b	N. P. SANDA
	Organizations relying on a current notice regarding disaster assistance, check here		7.1 cd.33.
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
٠	before the first day of the tax year beginning in 2017?	1c	X
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		200
Ī	before 2017?		
	If "Yes," list the years  , , ,		
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here		1 10 110
	•		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		3.7
_	during the year?		
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after		
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		
	Form 4720, to determine if the foundation had excess business holdings in 2017 ) N/A	3b	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Х
	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 2017?	4b	X
		m 990-PF	(2017)

Cara 000 DE /	2047	. 15	ZE E	ZOT1	TATE 7	'n	т,	$\sim$ 1	ĸ.
Form 990-PF (	ZU 17,		1 200	י טע	אלואוי	7.T	Τ,	U.	Ŋ

Sab During the year, dot the foundation pay or incur any amount to:	Part VII:B Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(contin</sub>	ued)			
(1) Carry on propaganda, or otherwise attempts to influence legislation (section 444(e))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or influencity, any voter registration drive?  (3) Provide a great to an influendal for travel, study, or other similar purposes?  (4) Provide a great to an influence on influence of the charactery of the contract of the prevention of cruelly to children or ammats?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or ammats?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or ammats?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or ammats?  (7) I arry ammetrial to repart of the prevention of cruelly to children or ammats?  (8) I arry ammetrial register of the prevention of cruelly to children or ammats?  (9) I arry ammetrial register of the prevention of cruelly to children or ammats?  (9) I arry ammetrial register of the prevention of the prevention of cruelly to children or ammats.  (9) I arry ammetrial register of the prevention of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (9) Name and address of each employee paid more than \$50,000   (1) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (1) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (1) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (2) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (2) Compensation of five highest-paid employees (other than those included on line 1). If	5à During the year, did the foundation pay or incur any amount to:		-			Yes	No
(2) Influence the outcome of any specific public election (see section 955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a great to an individual for travel, study, or other similar purposes?  (4) Provide a great to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than retingious, charitable, scientific, literary, or educational purposes, or for the prevention of crusity to children or animals?  (5) Provide for any purpose other than retingious, charitable, scientific, literary, or educational purposes, or for the prevention of crusity to children or animals?  (6) Provide for any purpose other than retingious, charitable, scientific, literary, or educational purposes, or for the prevention of crusity to children or animals?  (6) If any answer is "Yes" 15 (a) day of the transactions fall to qualify under the exceptions described in Regulations section 33,445 or in a current indice regarding disaster assistance? See instructions  (7) If "Yes," attach the statement required by Regulations section 53,445-5(d)  (8) Example of the statement required by Regulations section 53,445-5(d)  (9) If the statement required by Regulations section 53,445-5(d)  (1) If "Yes," attach the statement required by Regulations section 53,445-5(d)  (1) If "Yes," attach the statement required by Regulations section 53,445-5(d)  (2) If the statement required by Regulations section 53,445-5(d)  (3) If the statement required by Regulations section 53,445-5(d)  (4) If the statement required by Regulations section 54,455-5(d)  (5) If "Yes" did the condition or manufaction or ma	- · · · · · · · · · · · · · · · · · · ·	4945(e))?	Y	es X No	<b>型 蓬</b>	20	1000 AND
any voter regustration drive?  (3) Provide a great to an individual for travel, study, or other similar purposes?  (4) Provide a great to an organization other than a charitable, etc., organization described in section 451(d)(4)(4)? See instructions  (5) Provide for my purpose of their than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animab?  (5) Provide for my purpose of their than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animab?  (6) Provide for my purpose of their than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animab?  (7) Yes (3) No.  (8) Provide a great than the scientific my purpose of the scientific my purpose of the crue of the exceptions described in Regulations section 53,4945 or in a current notice regarding diseaster assistance, chick here  (a) It may answer is "Yes" to question 54(4), does the foundation section \$3,4945-5(d)\$  (b) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (a) Name and payman, pay premiums, directly or indirectly, on a personal benefit contract?  (b) It "Yes" to this, form 8870.  (c) The form 8870.  (a) Name and address  (b) The form 540 or the scientific my purpose of the purpose of th							
(a) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section  (5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of truelity to difference or animals?  (5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelity to difference or animals?  (6) Provide or any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelity to difference or animals?  (6) If the control of the control of the scentific or difference or control of the scentific or difference or control of the scentific or difference or control or		,,,		es X No			10
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions (5) Provide to any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If any answer is 795 to 5(1)(-5), did any of the transactions fail to quality under the exceptions described in Regulations sections 53,4945 or in a current notice regarding disaster assistance? See instructions sections 53,4945 or in a current notice regarding disaster assistance, check here  c if the answer is 795 to 10,500 to 40, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 795, attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If 795 to 8b, file Form 8870.  2 At any time during the tax year, was the foundation a party to a prohibited tax shelfer transaction?  (a) Name and address of each employees, and Contractors  (a) Name and address  (b) Iffus, and average floar position  (c) Compensation  (a) Name and address of each employee gold more than \$50,000  (b) Iffus, and average floar position  (c) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (e) Expense entire 4-0-1  (d) Compensation  (d) Compensation  (d) Compensation  (e) Compensation  (d) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (f) Compensation  (e) Compensation  (f) Compensa		,					7000
495(g)(q)(A)? See unstructions  (5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  It any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.496 or in a current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, chick here  If the animal current notice regarding disaster assistance, the animal current notice regarding disaster assistance, the current notice regarding disaster assistance, the current notice regarding disaster assistance, there is the current notice regarding disaster assistan	• • • • • • • • • • • • • • • • • • • •						
(5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  bill any answer is 74% to 54 (1)-(1), did any of the transactions fail to qualify under the exceptions described in Regulations sections 53,4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, excite the state of	•			es X No			
the prevention of cuelly to children or animals?  If any answer is "set to 5a(1)+(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.34945 or in a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding desister assistance. Check here  If "the answer is "set" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "the answer is "set" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "the animal of the set is the contract of the properties of the pr		or educational purposes, or fo					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 33.4945 or in a urrent notice regarding disaster assistance? See institutions  Organizations relying on a current notice regarding disaster assistance? See institutions  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 pay premiums on a personal benefic contract?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6b. Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefic contract?  If "Yes," to be, the Form 8870.  7a. At any time during the tax year, was the foundation a party to a prohibited tax shelfer transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes No  If "Yes," did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on the transaction?  Yes No  N/A 7b  Yes No		or occounting parpoore, or .		es X No			
section 53.4945 or in a current notice regarding disaster assistance? See instructions Graparizations relying on a current notice regarding disaster assistance, check here c. If the answer is Yes' to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? 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 pay premiums on a personal benefit contract?  16		ler the excentions described i					
Organizations relying on a current notice regarding disaster assistance, check here  If the answer is "se's to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for thigh grain?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Be Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes' is all the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes' is all, the form 870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  8b If "Yes' and the foundation receive any proceeds or have any net income attributable to the transaction?  9 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted for position  (c) Compensation  (d) Compensation  (e) Expense hours per week devoted for position  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee gother than those included on line 1). If none, enter "NONE."  (b) Title, and average hours per week devoted for position  (c) Compensation  (d) Compensation  (e) Expense account, other accounts and the position of the po		•	ii iiogalaliono	N/A	5b	*** * * ·	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, peceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, the Form 8870.  7a At any time divening the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, the Form 8870.  7a At any time divening the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" tid the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation ((c) Compensation ((d) Contentions to effective benefit designed ben				▶□		E.C.	行通信
expenditure responsibility for the grant?  If Yes, 'attach the statement required by Regulations section 53 4945-5(d) 6  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  But the foundation, during the year, was the foundation a party to a prohibited tax shelter transaction?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 b			ned			en e	
If "Yes," attach the statement required by Regulations section 53 4945-5(d)   6a	* ***			as 🗆 No		da datarah	
Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes To Sb, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Fig. 17 Yes To Sb, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Fig. 17 Yes To Sb, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Fig. 17 Yes To Sb, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Fig. 17 Yes To Sb, file Form 8870.  7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  Fig. 17 Yes To Sb, file Form 8870.  No A To		-	./				
a personal benefit contract?  D Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes's 106, the form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  7a At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  7a At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  7a At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  7a At any time during the tax year, was the foundation managers. Highly Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per was the foundation and the properties of the party o		nav nramijime nn				<u></u>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes's to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes's to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes's to 6b, the Form 8870. 7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  If Yes's to 6b, the Form 8870. 7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  If Yes's to 6b, the Form 8870. 7b to 100 to		ay premiums on		se X No		2724	
If Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  NA 7b  1 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and serage hours per week devoted to position  (c) Compensation  (d) Contractions (II to pad, enter 0.)  (e) Expense enter "NONE."  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contractions (e) Expense each of the pad, enter "NONE."  (d) Contractions (e) Expense each of the pad, enter "NONE."  (e) Expense hours per week devoted to position  (d) Contractions (e) Expense each of the pad, enter "NONE."  (e) Expense account, other allowances  (e) Compensation  (f) Contractions (e) Expense each of the pad, enter "NONE."  (d) Contractions (e) Expense each of the pad, enter "NONE."  (e) Expense enter passion  (f) Contractions (f) Cont	•	prennal hanafit contract?	·	3 (22) 100	6h	S(a. <u>b)</u>	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?    Yes   No   N/A   7b     No   N/A   7b		si Sonai Denenii Contracti			200	\$4.1,5	-5-76G
b If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoled to position  (c) Compensation (d) Combination to enter 40.  (d) Compensation (d) Combination to enter 40.  (e) Expense decount, other additionable to position  (e) Expense decount, other additionable to position  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoled to position  (c) Compensation (d) Combinations to employee account, other address of each employee paid more than \$50,000  (d) Title, and average hours per week devoled to position  (e) Compensation (d) Compensation (e)		naltar transaction?		se 🗓 No			
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, and foundation managers and their compensation.   (a) Name and address   (b) Title, and average hours per week devolved it to position   (f) Compensation (f) and paid, entire! (b)   Total paid, entire! (c)   Empires the mild paid of the paid of the position   (e) Expense entiply te benefit plants and count, other allowances					7h	3150 17	VC-545022-
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted 10 position  (f) not paid, enter -0-1  O. O. O.  O.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Controlled to position  (e) Expense account, other allowances of the proper benefit plats and defined count, other allowances of the position of the posi			nagers Highly	21/ 22			
(a) Name and address  (b) Title, and average hours per week devoted (g) position  (c) Compensation (If not paid, enter -0.)  (d) Compensation (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Title, and average enter "NONE."  (g) Name and address of each employee paid more than \$50,000  (h) Title, and average hours per week devoted to position  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation (g) Compensation (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Compensation (g) Compensation (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Compensation (g) Compensation (g) Compensation (g) Expense account, other allowances		oo, roundation ma					
(a) Name and address  (b) Title, and average hours per week devoted (g) position  (c) Compensation (If not paid, enter -0.)  (d) Compensation (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Title, and average enter "NONE."  (g) Name and address of each employee paid more than \$50,000  (h) Title, and average hours per week devoted to position  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation (g) Compensation (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Compensation (g) Compensation (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Expense account, other allowances  (g) Compensation (g) Compensation (g) Compensation (g) Expense account, other allowances	List all officers, directors, trustees, and foundation managers and th	eir compensation.					
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances		(b) Title, and average		(d) Contributions to	(	е) Ехр	enșe
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation  (d) Contributions to employee paid more than \$50,000 devoted to position  (c) Compensation  (d) Contributions to employee paid more than \$50,000 devoted to position	(a) Name and address	hours per week devoted	(If not paid,	and deferred	, ac	count, allowar	other
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to enhalogive benefit plans account, other allowances  (e) Compensation  (ii) Contributions to enhalogive benefit plans account, other allowances  (iii) Title, and average hours per week devoted to position  (iii) Title, and average account, other allowances  (iii) Title, a		to poortion	Since o 7	COMPONSATION	+		
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to enhalogive benefit plans account, other allowances  (e) Compensation  (ii) Contributions to enhalogive benefit plans account, other allowances  (iii) Title, and average hours per week devoted to position  (iii) Title, and average account, other allowances  (iii) Title, a							
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to enhalogive benefit plans account, other allowances  (e) Compensation  (ii) Contributions to enhalogive benefit plans account, other allowances  (iii) Title, and average hours per week devoted to position  (iii) Title, and average account, other allowances  (iii) Title, a	SEE STATEMENT 7		0.	l o.	.		0.
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances	OHE DITTERNAL !		-		+		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances					+		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances	<del></del>						
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances					+-		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances			<u> </u>				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterned compensation  (e) Expense account, other allowances	Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, o	enter "NONE."	l			
NONE  devoted to position  compensation allowances		(b) Title, and average		(d) Contributions to	. 🗆 (	e) Exp	enșe
NONE	(a) Name and address of each employee paid more than \$50,000	` 'hours per week '	(c) Compensation	and deferred	ac	count,	other
	NONE	devoted to position		Compensation	+-	211011441	-
	1101111						
					+-		
		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		+		
		Ĺ					
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		<del></del>		_	+-		
0.0000							
	Tabel number of other employees paid ever \$50,000		L				

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		24702 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	·
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
- NONE		
T / 1		▶ 0
Total number of others receiving over \$50,000 for professional services  Part: IX-A* Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1 N/A	,	
2		
3		
		<del>-</del> .
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments See instructions.		
3		

Total. Add lines 1 through 3

60517 1

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

6

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				
line 7				115,376.
2 Undistributed income, if any, as of the end of 2017	transport on the	One see a		हरण अस्त त
a Enter amount for 2016 only			0.	
b Total for prior years.		•		
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
<b>b</b> From 2013			,	
c From 2014	ու անգերարումին հետորումի	han hi sanghananana i macaa		e her muse e ui
d Frum 2015		0 1710 000	MILLION OF THE T	1 1
e From 2016 33,411.	33,411.			
f Total of lines 3a through e	33,411.			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 124,175.				
			0.	
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount	•			115,376.
e Remaining amount distributed out of corpus	8,799.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below.	40.010			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,210.			
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018				0.
/ 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.			
8 Excess distributions carryover from 2012	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018	40 010			
Subtract lines 7 and 8 from line 6a	42,210.			
0 Analysis of line 9.				
a Excess from 2013				
b Lacess from 2014				
d Excess from 2015 33,411.		1		
e Excess from 2017 8,799.			L	5 000 DE (0017)

	NDATION	-1	1.1		924702 Page 10
Part XIV   Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of				4	
<ul> <li>foundation, and the ruling is effective for</li> </ul>			▶ ∟		
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				/	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
•			/		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		-	<u> </u>		<u> </u>
e Qualifying distributions made directly	İ				
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
• •			· · · · · · · · · · · · · · · · · · ·		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed		/			
c "Support" alternative test - enter:	<b> </b>	/			
(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				į	
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:	-			<del>.</del>
a List any managers of the foundation wh	=	than 2% of the total cont	ributions received by the	foundation before the close	se of any tax
year (but only if they have contributed r			neations received by the	Todalidation Bololo tilo dio	oo or any tan
DAVID W. STASSEN	, , , ,	, ,, ,,			
	400/ 445			an of the ownership of a p	artaarahin ar
<ul> <li>b List any managers of the foundation who other entity) of which the foundation ha</li> </ul>			or an equally large portion	on of the ownership of a p	arthership of
• •	Ja 1070 or greater interes	, t.			
NONE					
2 Information Regarding Contribute					
Check here 🕨 🗶 if the foundation of	only makes contributions	to preselected charitable	organizations and does r	not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	itions under other condit	ions, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	per or email address of th	e person to whom applic	ations should be address	sed	_
b The form in which applications should b	e submitted and informat	ion and materials they s	porly ruchide.		·
The form in winon applications should t	o coomittoo ano miorillai	und mutorials they s	,sale melulo		
a Any cubmission deadlesse:	<u> </u>	_			<u> </u>
c Any submission deadlines:					
		المراجع المتعادية والمتعادية المتعادية المتعاد	lunda af cest to	athan faata :-	<u> </u>
d Any restrictions or limitations on award	s, such as by geographica	ii areas, charitable fields	kings of institutions, or	omer factors.	
					- 000 DE
723601 01-03-18					Form <b>990-PF</b> (2017)

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
LEADERSHIP PROGRAM OF THE ROCKIES	N/A	EXEMPT	FUNDS FOR OPERATION	
1777 S HARRISON STREET, SUITE 807				
DENVER, CO 80210				7,000
RONALD MCDONALD HOUSE	N/A	EXEMPT	FUNDS FOR OPERATION	
16100 ROSERUSH CT FORT MYERS, FL 33908				5,000
TONE MILKS, EL 33300		-		
MUE CALVANTON ADMY DENTIED	N/A	EXEMPT	FUNDS FOR OPERATION	
THE SALVATION ARMY - DENVER 1370 PENNSYLVANIA ST #100	N/A	EXEMPI	FUNDS FOR OFERATION	
DENVER, CO 80203				8,000
THE SALVATION ARMY - NAPLES	N/A	EXEMPT	FUNDS FOR OPERATION	
3180 ESTEY AVE				
NAPLES, FL 34104				8,000
TENNYSON CENTER	N/A	EXEMPT	FUNDS FOR OPERATION	
2950 TENNYSON STREET DENVER, CO 80212		İ		10,000
DERVER, CO 00212				
BRENT'S PLACE	N/A	EXEMPT	FUNDS FOR OPERATION	
11980 EAST 16TH AVE	,,,,			
AURORA, CO 80010				5,000
A PRECIOUS CHILD	N/A	EXEMPT	FUNDS FOR OPERATION	
557 BURBANK STREET UNIT E				5 000
BROOMFIELD, CO 80020				5,000
FRACY AREA EDUCATION FOUNDATION 934 PINE STREET	N/A	EXEMPT	FUNDS FOR OPERATION	
TRACY, MN 56175				5,000
				· .
COLORADO UPLIFT	N/A	EXEMPT	FUNDS FOR OPERATION	
400 WEST 48TH AVE				
DENVER, CO 80216				7,000
MANHATTAN YOUTH CENTER	N/A	EXEMPT	FUNDS FOR OPERATION	
120 WARREN STREET NEW YORK, NY 10007				5,000
Total from continuation sheets				94,500

Part XV Supplementary Information 3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	N/A	EXEMPT	FUNDS FOR OPERATION	5,000
LUKE'S WINGS 1054 31ST ST NE STE 540 WASHINGTON, DC 20007	N/A	EXEMPT	FUNDS FOR OPERATION	5,000
rogether we rise 580 w Lambert RD #a BREA, CA 92821	N/A	EXEMPT	FUNDS FOR OPERATION	5,000
MERCURY ONE, INC. PO BOX 140489 IRVING, TX 75014-0489	N/A	EXEMPT	FUNDS FOR OPERATION	3,000
COLORADO ACTIVE 20-30 CHILDREN'S FOUNDATION 764 S. PEARL ST. DENVER, CO 80209	N/A	EXEMPT	FUNDS FOR OPERATION	6,500
ROCKY MOUNTAIN CHILDREN'S FOUNDATION 5394 MARSHALL ST. #400 ARVADA, CO 80002	N/A	EXEMPT	FUNDS FOR OPERATION	5,000
Total from continuation sheets				

nter gross amounts unless otherwise indicated.		ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			İ		
b					
С					
d					
e	İ				
f					
g Fees and contracts from government agencies					
Membership dues and assessments			.]		
Interest on savings and temporary cash					-
investments					
Dividends and interest from securities			14	42,080.	
Net rental income or (loss) from real estate:	<b>包括基准</b>	<b>美国教育主义</b>		42,080.	KEREEN ST
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
7 Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	36,599.	
Net income or (loss) from special events			Ì		
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b					
С			<u> </u>		
a a constant of the constant o					
d			<u> </u>		
e				70 670	
e 2 Subtotal. Add columns (b), (d), and (e)		0.	1 - 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		0
e		0.	હુ <sup>ંત</sup> ુરોશે	13_	
e Subtotal. Add columns (b), (d), and (e)  3 Total Add line 12, columns (b), (d), and (e)		0.	43 A		78,679
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate	ions.)			13	78,679
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate  Part XVI-B2 Relationship of Activity	ions.) ties to the Acco	emplishment of Ex	empt	Purposes	78,679
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate  Part XVI:-B2 Relationship of Activit  Line No Explain below how each activity for whi	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate  Part XVI-B: Relationship of Activity	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI: B2  Relationship of Activit  Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVIFB? Relationship of Activity Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI: B2  Relationship of Activit  Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVIFB? Relationship of Activity Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVIFB? Relationship of Activity Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVIFB? Relationship of Activity Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVIFB? Relationship of Activity Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculate  Part XVI: B2  Relationship of Activit  Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVIFB? Relationship of Activity Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate  Part XVI: B:  Relationship of Activity  Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate  Part XVI: B. Relationship of Activit  Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate  Part XVI: B. Relationship of Activit  Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate  Part XVI: B. Relationship of Activit  Line No Explain below how each activity for white	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate  Part XVI: B. Relationship of Activit  Ine No Explain below how each activity for whit	ties to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	78,679

Form 99			FOUNDATION		41-192		Pa	ige 13
Part .	XVII			and Transactions an	d Relationships With Nonchari	table		
		Exempt Organ	nizations				,	
• <b>1</b> Dic	f the or	ganization directly or ind	lirectly engage in any of the followi	ng with any other organization	n described in section 501(c)		Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?					} '			
<b>a</b> Tra	ınsfers	from the reporting found	dation to a noncharitable exempt or	ganization of				
(1)	Cash					1a(1)		Х
(2)	Other	assets				1a(2)		Х
<b>b</b> Oth	ner tran	sactions.					-	
(1)	Sales	of assets to a noncharita	able exempt organization			1b(1)		Х
(2)	Purcl	nases of assets from a no	oncharitable exempt organization			1b(2)		Х
(3) Rental of facilities, equipment, or other assets						1b(3)		X
(4) Reimbursement arrangements								Х
(5)	Loan	s or loan guarantees				1b(5)		Х
(6) Performance of services or membership or fundraising solicitations								Х
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees								X
<b>d</b> If t	he ansv	wer to any of the above is	s "Yes," complete the following sch	edule. Column (b) should alw	ays show the fair market value of the goods,	other ass	ets,	
or	service	s given by the reporting f	foundation. If the foundation receiv	ed less than fair market value	e in any transaction or sharing arrangement, sl	how in		
col	umn (c	I) the value of the goods,	, other assets, or services received.					
(a) Line n	•	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transactions, and s	sharing arra	ngemen	ts
			N/A					
	4_							
		****						
	4							
	_				<u> </u>			
	-		<u> </u>		·			
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	+			<u></u>			<del>.</del>	
	+							
	+			<del> </del>	<del>-</del>			
					<del></del>			
			ctly affiliated with, or related to, one	e or more tax-exempt organiza	ations described	— <sub>V</sub>	T	٦
			on 501(c)(3)) or in section 527?			Yes	Δ	סאור
<u> </u>	res," co	omplete the following sch (a) Name of org		(b) Type of organization	(c) Description of relations	hin		
		N/A	yanızatıon	(b) Type of organization	(c) Description of relations	тпр		
		N/A	<del></del>					
•				<u> </u>				
			<del></del>					
	Under	penalties of perjury, I declare	that I have examined this return, including	g accompanying schedules and stat	tements, and to the best of my knowledge	is the USE		
Sign	and be	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge debut the best of my knowledge deb						r
Here	/	9/20/18 VICE PRESIDENT   S						
	Sign	at re of officer or trustee	e	Date	Title	X Yes		J No —
		Print/Type preparer's na		signature	Date Check If PTIN			
		KRISTIN A.	<b>!</b>	-	self- employed			
Paid		CPA		N A. ALINDE	05/03/18 P0	0167	446	
Prepa	arer		ER TILLY VIRCHO					
Use Only								

Phone no 612.876.4500 Form **990-PF** (2017)

Firm's address ▶ 225 S 6TH ST #2300

MINNEAPOLIS, MN 55402

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUR	RITIES ST	ratement 1		
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
CAPITAL GAIN						
DISTRIBUTIONS 8,12 DIVIDENDS 40,10		4. 0. 0. 40,100.				
INTEREST 1,98		0.   1,980.	•			
TO PART I, LINE 4 50,20	8,12	42,080.	42,073.			
	a coolbim.	NO DEPO		DA MINITED A		
FORM 990-PF	ACCOUNTI	NG FEES	S:	ratement 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	3,650.	. 0.		3,650.		
TO FORM 990-PF, PG 1, LN 16E	3,650.	0.		3,650.		
FORM 990-PF	TAX	ES	S	PATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN TAXES	992.	992.		0.		
MN FILING FEE FEDERAL EXCISE TAX	25. 115.	0.		25. 0.		
	1,132.	992.		25.		
TO FORM 990-PF, PG 1, LN 18	1,132.	992.				
		OTHER EXPENSES		STATEMENT 4		
FORM 990-PF	OTHER E	XPENSES	بىرى بى			
FORM 990-PF  DESCRIPTION	OTHER EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
	(A) EXPENSES	(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE		

FORM 990-PF C	ORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS COMMON STOCK		521,745. 1,537,702.	503,661. 1,820,562.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	2,059,447.	2,324,223.
FORM 990-PF	OTHER ASSETS		STATEMENT 6
	OTHER ASSETS  BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	STATEMENT 6  FAIR MARKET  VALUE
FORM 990-PF  DESCRIPTION  DIVIDENDS RECEIVABLE	BEGINNING OF		FAIR MARKET

FORM 990-PF PART VIII TRUSTEE	STAT	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID W. STASSEN 2130 S. ADAMS ST. DENVER, CO 80210	PRESIDENT 0.00	0.	0.	0.
KATHLEEN F. STASSEN 2130 S. ADAMS ST. DENVER, CO 80210	VICE PRESIDENT 0.00	0.	0.	0.
ZACHARY W. STASSEN 2130 S. ADAMS ST. DENVER, CO 80210	VICE PRESIDENT 0.00	0.	0.	0.
BETSY MCCAIN 2130 S. ADAMS ST. DENVER, CO 80210	VICE PRESIDENT 0.00	0.	0.	0.
ELLE LANNING 2130 S. ADAMS ST. DENVER, CO 80210	VICE PRESIDENT 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, P	- AGE 6, PART VIII	0.	0.	0.