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Form 990	) <sub>1</sub> ,T	Exempt Orga	nization Bus				ax Retu	rn	OMB No 1545-0687
, 1	For ca	lendar year 2017 or other tax year			, and er	. ,,			2017
Department of	the Transum								
Internal Revent	ue Service	Do not enter SSN numbe	rs on this form as it may	be mad	e public if yo	ur organiza	ition is a 501(c)	(3)	Open to Public Inspection for 01(c)(3) Organizations Only
	Check box if address changed Name of organization (								yer identification number byees' trust, see etions )
	ess changed  nder section   Print   THE JORGENSEN FOUNDATION								4-1354157
501(	)( <u>(</u> ))) or	Number, street, and room		ted business activity codes structions)					
408(e	220(6)	4500 NEVA R	$\dashv$						
529(a	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code LONGMONT, CO 80503								
C Book value at end of ye	ar	F Group exemption number		<b>&gt;</b>					
	L,265,355.	G Check organization typ				1(c) trust		1(a) trust	Other trust
	<del> </del>	ary unrelated business acti poration a subsidiary in an				REQU	JEST REF	'UND ► \ \ Yes	X No
		tifying number of the paren		เเ-อนบอเเ	nary controlle	u group,			, <u>A</u> NU
		RICHARD O. J	<del></del>			Telepho	one number 🕨	303-4	144-1782
Part I	Unrelated Trac	de or Business Inc	ome		(A) Inc	ome	(B) Exper	ises	(C) Net
<b>≌`1a</b> Gross	receipts or sales								
•	eturns and allowances		c Balance	1c					•
•	f goods sold (Schedule			2			<del></del>		
-	profit. Subtract line 2 fo			3					
	gain net income (attac	on Schedule D) Part II, line 17) (attach Form	4707)	4a					
	loss) (Form 4797, P	• •	14/9/)	4b 4c			······································		
•		ups and S corporations (att	ach statement)	5					
,	come (Schedule C)	(a	,	6					
•	ted debt-financed incor	me (Schedule E)		7					
8 Interes	t, annuities, royalties, a	and rents from controlled o	rganizations (Sch. F)	8					
		on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9					<del> </del>
•	ed exempt activity inco	•		10					
	ising income (Schedule			11				<del></del>	<del></del>
	ncome (See instruction Combine lines 3 throu			12		0.			
Part II	Deductions No	ot Taken Elsewher	e (See instructions for		tions on dec				
		utions, deductions must					ıncome.)		
14 Comp	ensation of officers, di	rectors, and trustees (Sche	dule K)					14	
15 Saları	es and wages							15	
<b>16</b> Repai	rs and maintenance							16	
17 Bad d			RECEIV	EIT				17	
	st (attach schedule)		KECEIV		70			18	
	and licenses	e instructions for limitation	On contract of the contract of		S			20	
	ciation (attach Form 4		MOV 0 9	2018	8	21		20	
	•	n Schedule A and elsewher	a on treturn		기준	22a		22b	
23 Deple	·		OGUEN,	UT				23	
•	ibutions to deferred co.	mpensation plans						24	
25 Emplo	oyee benefit programs							25	
								26	
	s readership costs (Sc	•						27	
	deductions (attach sch	•						28	0.
	deductions Add lines	14 through 28 ncome before net operating	Loce deduction. Subtract	t line on	from line 19			30	0.
		(limited to the amount on		. 11115 29				31	
		ncome before specific dedu		om line :	30			32	0.
		y \$1,000, but see line 33 in						33	1,000.
34 Unrel	ated business taxable	income Subtract line 33			han line 32, e	nter the sm	aller of zero or		
line 3	2							34	0.

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(2017) **(** 

35 Organizations Tasable at Portpartitions. See instructions for tax corrougation.  Controlled group members (sections 15th and 1530) shock here ▶	Part I	II		
Controlled group members (sections 1581 and 1563) check here P	<del></del>			
a Enter your share of the SS0,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  (1) \$				
to income tax on the amount on the 34  b Enter organization's share of (1) Additional 9% tax (not more than \$11,750) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	a			
b Enter organization's share of, (1) Additional SkY task (not more than \$11,750)  c) (2) Additional 3% but you be than \$10,000)  c) Income tax on the amount on the 34  Trests Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or Schedule 0 (Form 1041)  37 Proxy tax See instructions 38 Alternative imminimal tax 39 Tax on Non-Compliant Facility income. See instructions 31 Tax on Non-Compliant Facility income. See instructions 30 Tax on Non-Compliant Facility income. See instructions 31 Tax on Non-Compliant Facility income. See instructions 32 Tax on Non-Compliant Facility income. See instructions 33 Tax on Non-Compliant Facility income. See instructions 34 Total tax cored (corporations statch Form 1116):  41a Foreign tax cored (corporations statch Form 1116): 41b Control tax orded (corporations statch Form 8801 or 8827)  41b Control tax cored (corporations statch Form 8801 or 8827)  41c Control tax orded (corporations statch Form 8801 or 8827)  41c Total tax Add lines 42 and 1 form 4255	•			
(2) Additional 3% tax (not more than \$100,000) (a frameths on the amount on line 34  35	h			
c Income tax on the amount on line 34  36 Trasts Taxbelle at Tirest Rates See instructions for tax computation, income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   38  37 Proxy tax See instructions   38  38 Alternative minimum tax   39  39 Tax on Non-Compliant Facility income See instructions   38  39 Tax on Non-Compliant Facility income See instructions   39  30 Totals. Add tines 37, 38 and 39 to line 35 or 38, whichever applies   40  40 O.    Part IV   Tax and Payments   40  41 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116)   419  410   410				
Trusts Taxable at Treat Rates See instructions for tax computation, income tax on the amount on tine 34 from:    Tax rate schedule or   Schedule D (Form 1041)   38   38   37   38   38   37   38   38	•		250	0
Tax rate Schedule o   Schedule D (Form 1041)   38   37   38   38   37   38   38   39   37   38   38   39   39   39   39   30   39   39   39		•	330	
37   38   Alternative minimum tax   38   39   39   30   30   30   30   30   30	30		26	
38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies  41 Foreign fax credit (copporations stated Form 1118; trusts attach Form 1116)  5 Other credits (see instructions)  6 General business credit Attach Form 8801 or 8827)  6 Total credits (and lines 41s through 41d  42 Subtract line 41s from line 40  43 Other taxes. Check if from 1 Form 4255  Form 8811  Form 8697  Form 8666  Other (ettach schedule)  44 Total tax Add lines 4 and 43  45 a Payments: A 2016 overpayment credited to 2017  5 2017 estimated tax payments  6 Tax deposited with Form 8868  6 Foreign organizations: Tax paid or withhelid at source (see instructions)  6 Backup withholding (see instructions)  7 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments.  Form 436  10 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments.  Form 4369  10 Credit for small employer health insurance premiums (Attach Form 8941)  48 Tax dec. Illine 46 is its since the total of lines 44 and 47, enter amount owed  49 Overpayment If line 46 is its larger than the total of lines 44 and 47, enter amount owed  40 Overpayment If line 46 is its larger than the total of lines 44 and 47, enter amount owed  40 Overpayment If line 46 is its larger than the total of lines 44 and 47, enter amount owed  40 Overpayment If line 46 is its larger than the total of lines 44 and 47, enter amount owed  41 Tax dec. Illine 46 is its larger than the total of lines 44 and 47, enter amount owed  42 Tax dec. Illine 46 is its larger than the total of lines 44 and 47, enter amount owed  43 Tax dec. Illine 46 is its larger than the total of lines 44 and 47, enter amount owed  44 Tax dec. Illine 46 is its larger than the total of lines 44 and 47, enter amount owed  45 Tax dec. Illine 46 is its larger than the total of lines 44 and 47, enter amount owed  46 Tax dec. Illine 46 its larger than the total of lines	0.7	·		<del></del>
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40 0.0  Part IV Tax and Payments  41a Foreign tax credit (corporations attach Form 1116); trusts attach Form 1116)  b Other credits (see instructions)  c General business credit Attach Form 3800  d Credit for prior year minimum tax (attach Form 8801 or 8827)  e Total credits Add ines 41a through 41d  42 Subtract line 4 fer from line 40  43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8811 ☐ Form 8697 ☐ Form 8856 ☐ Other (attach schedule)  44 Total tax. Add lines 42 and 43  45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments  c Tax deposed with Form 8696  d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments. ☐ Form 2439    Form 4136 ☐ Other   Total   Payments   Add   Inse 43 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2018 attained tax   Payments   Add   Inse 43 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2018 attained tax   Payments				
## A Foreign fax credit (corporations attach Form 1118; trusts attach Form 1116) ## A Tax and Payments ## A Foreign fax credit (corporations attach Form 1118; trusts attach Form 1116) ## A Tax developed (corporations attach Form 3800 to 8827) ## Credit for priory year minimum fax (attach Form 3801 to 8827) ## Total trace (fish Add lines 41 a through 41d ## 2 Subtract line 4 fe from line 40 ## A Subtract line 4 fe from line 40 ## Total tax Add lines 42 and 43 ## Estimated tax payments ## Form 4136 ## Foreign organizations: Tax paped or withheld at source (see instructions) ## Backup withholding (see instructions) ## Total payments Add lines 45 at through 43e ## Total payments Add lines 45 at through 43e ## Total payments Add lines 45 at through 43e ## Total payments Add lines 45 at through 43e ## Estimated tax penalty (see instructions) ## Credit for small employer health insurance premiums (Attach Form 8941) ## Other credits and payments. ## Form 4136 ## Total payments Add lines 45 at through 43e ## Estimated tax penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Aff ## Estimated 18 penalty (see instructions). Check if Form 2220 is attached ## Af		· · · · · · · · · · · · · · · · · · ·		
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  b Other credits (see instructions) c General business credit Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits Add lines 41 through 41d 42 Sobbtad line 41 term the 40 d 30 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (etitach schedule) d 43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (etitach schedule) d 44 Total tax. Add lines 42 and 43 d 45 a Payments: A 2016 overpayment credited to 2017 b 2017 estimated tax payments c Tax deposited with Form 8686 ☐ 456 ☐ d d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employers health insurance premiums (Attach Form 8941) g Other credits and payments. ☐ Form 4136 ☐ 456 ☐ 456 ☐ 456 ☐ 456 ☐ 466 ☐ 476 ☐ 476 ☐ 476 ☐ 477 ☐ 47			1 40 1	<u> </u>
b Other credits (see instructions) c General business credit Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes. Check if from:			<del></del>	·
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b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Altach Form 8941) g Other credits and payments. Form 4136 f Total payments Add lines 45a through 45g f Total payments Add lines 45a through 45g f Stimated tax penalty (see instructions). Check if Form 2220 is attached leading a state of the foreign organization in the folial of lines 44 and 47, enter amount over a stimated tax penalty (see instructions). Check if Form 2220 is attached leading a state of the foreign and the folial payments and the folial of lines 44 and 47, enter amount over a stimated tax penalty (see instructions). Check if Form 2220 is attached leading a stimated tax penalty (see instructions). Check if Form 2220 is attached leading a stimated tax penalty (see instructions). Check if Form 2220 is attached leading a stimated tax penalty (see instructions). The folial payments and the folial payments an	43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
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c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments.	45 a	Payments: A 2016 overpayment credited to 2017 45a 649.	_	
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1 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments.	đ	Foreign organizations: Tax paid or withheld at source (see instructions)  45d		
Gother credits and payments. ☐ Form 2439 ☐ Other Form 136 ☐ Other ☐ Total ► 45g ☐ Form 4136 ☐ Other ☐ Total ► 45g ☐ Form 4136 ☐ Other ☐ Total ► 46 ☐ 649.  46 Total payments Add lines 45a through 45g ☐ 48 ☐ 649.  47 ☐ Estimated tax penalty (see instructions). Check if Form 2220 is attached ► 47 ☐ 48 ☐ Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owerland ☐ 49 ☐ Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ☐ Enter the amount of line 49 you want: Credited to 2018 estimated tax ► 49 ☐ Refunded ► 50 ☐ 649.  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ► X  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exampt interest received or accrued during the tax year ► X  Sign Here  Paid Preparer  Use Only  Pame LA EKREM VOGEL PAMELA EKREM VOGEL PAMELA BEREM VOGEL 10/31/18 Firm's name ► KINGSBERY CPAS, P.C.  Firm's name ► KINGSBERY CPAS, P.C.  Firm's address ► BOULDER, CO 80302-5335 Phone no 303-444-2240	е	Backup withholding (see instructions) 45e	] [	
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Form 4136 Other Total	a		]	
46 Total payments Add lines 45a through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	·		-	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2018 estimated tax    Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exampt interest received or accrued during the tax year.   54 Under penalties of peruma designs that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  55 Signature of officer  56 Date  17 Check If PTIN self-employed  18 PAMELA EKREM VOGEL PAMELA EKREM VOGEL 10/31/18  19 Preparer shown below (see instructions)?   19 PAMELA EKREM VOGEL PAMELA EKREM VOGEL 10/31/18  10 Print/Type preparer's name  10 Print/Type preparer's name  10 Print/Type preparer's name  11 Print's name KINGSBERY CPAS, P.C.  11 PAMELA EKREM VOGEL PAMELA EKREM VOGEL 10/31/18  11 Print's name Mit Nogel Pamela Ekrem Vogel 10/31/18  11 Print's name Mit Nogel Pamela Ekrem Vogel 10/31/18  12 Pod 30 444 - 2240	46		46	649.
Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want. Credited to 2018 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exorgin interest received or accrued during the tax year  Sign  Here  Pame La EKREM VOGEL FAMELA EKREM VOGEL FAMELA EKREM VOGEL 10/31/18  Prim's name KINGSBERY CPAS, P.C.  Firm's name KINGSBERY CPAS, P.C.  Firm's address BOULDER, CO 80302-5335  Phone no 303-444-2240				
Verpayment   If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   Line		• • • • • • • • • • • • • • • • • • • •	48	
Enter the amount of line 49 you want: Credited to 2018 estimated tax		·	<del></del>	649.
Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  53 Enter the amount of tax-exympt interest received or accrued during the tax year ▶\$  54 Under penalties of period beginer that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. correct, and complete Defaution of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Paid Preparer  Print/Type preparer's name  Print/Type preparer'		· ·	<del></del>	
At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exympt interest received or accrued during the tax year ▶\$  Under penalties of perumal seglare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Sign Here  Print/Type preparer in file Preparer (other than taxpayer) is based on all information of which preparer has any knowledge  PRESIDENT  Title  Print/Type preparer sname  Preparer's signature  Print/Type preparer sname  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's name  Print/Type preparer's name  Preparer's signature  Print/Ty			.1	<u></u>
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exampt interest received or accrued during the tax year  Under penalties of perus. Sespare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Sign Here  Under penalties of perus. Sespare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  PRESIDENT  Titlle  Print/Type preparer shown below (see instructions)? X yes No  Preparer  Use Only  Firm's name KINGSBERY CPAS, P.C.  Firm's address  BOULDER, CO 80302-5335  Phone no 303-444-2240				Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country    here	•	•		7.00
bere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exampt interest received or accrued during the tax year ▶\$  Under penalties of permay despare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Sign Here  Print/Type preparer's name  Preparer's signafure  Pamela EKREM VOGEL  Pirm's name  KINGSBERY CPAS, P.C.  Firm's address  BOULDER, CO 80302-5335  Phone no 303-444-2240		• • • • • • • • • • • • • • • • • • • •		
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exampt interest received or accrued during the tax year \$  Under penalties of perum section of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Here  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  PAMELA EKREM VOGEL PAMELA EKREM VOGEL 10/31/18  PAMELA EKREM VOGEL PAMELA EKREM VOGEL 10/31/18  Pamela EKREM VOGEL PAMELA EKREM VOGEL 10/31/18  Print's name KINGSBERY CPAS, P.C.  Firm's address  BOULDER, CO 80302-5335  Phone no 303-444-2240				X
If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exampt interest received or accrued during the tax year ▶\$  Under penalties of perunal declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    PRESIDENT	50	• • • • • • • • • • • • • • • • • • • •		
Enter the amount of tax-exempt interest received or accrued during the tax year    Sign Here  Under penalties of perunal declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparer s name  Preparer's signature  Prim's name   KINGSBERY CPAS, P.C.  Firm's EIN   84-0960772  1470 WALNUT STREET, SUITE 200  Firm's address  BOULDER, CO 80302-5335  Phone no 303-444-2240	92			
Sign Here    Under penalties of permit declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    May the IRS discuss this return with the preparer shown below (see instructions)?	E0			
Here    Correct, and complete Deduation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Name	- 33		doe and belief, it is	true.
Here    PRESIDENT   May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   Preparer   Print/Type preparer's name   Preparer's signature   Date   Check   If self- employed   Print/Type preparer's name   Preparer's signature   Preparer's	Sian	correct, and complete Dediaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Paid Preparer Use Only  Paid Print/Type preparer's name		MARCED ENTRE	•	
Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature  Pamela EKREM VOGEL 10/31/18  Poos 49873  Pirm's name ► KINGSBERY CPAS, P.C.  Firm's name ► KINGSBERY CPAS, P.C.  1470 WALNUT STREET, SUITE 200  Firm's address ► BOULDER, CO 80302-5335  Phone no 303-444-2240				
Paid Preparer Use Only    PAMELA EKREM VOGEL   PAMELA EKREM VOGEL   10/31/18   P00349873				res NU
Preparer Use Only         PAMELA         EKREM VOGEL         PAMELA         EKREM VOGEL         PAMELA         EKREM VOGEL         10/31/18         P00349873           Firm's name         ► KINGSBERY CPAS, P.C.         Firm's EIN         ► 84-0960772           1470 WALNUT STREET, SUITE 200           Firm's address         ► BOULDER, CO 80302-5335         Phone no 303-444-2240		1/2 - 1/2	1	
Treparer           Use Only         Firm's name         ► KINGSBERY CPAS, P.C.         Firm's EIN         ► 84-0960772           1470 WALNUT STREET, SUITE 200         Firm's address         ► BOULDER, CO 80302-5335         Phone no 303-444-2240	Paid			10072
1470 WALNUT STREET, SUITE 200  Firm's address ► BOULDER, CO 80302-5335 Phone no 303-444-2240	Prepa			
Firm's address ► BOULDER, CO 80302-5335 Phone no 303-444-2240	Use C		84-05	100//2
			100 444	2242
		Firm's address ► BOULDER, CO 80302-5335 Phone no 3		

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation > N/A					
1 Inventory at beginning of year 1			6 Inventory at end of year				6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I,			line 6			
3 Cost of labor	3								
4 a Additional section 263A costs			8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to				7	1	
(attach schedule)	4a							Yes	No
b Other costs (attach schedule)	4b								
5 Total Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty		
1 Description of property									
(1)									
(2)					•				
(3)	-								
(4)									
	2 Rent receiv	ed or accrued		,				<u></u>	
` rent for personal property is more than \ \ of rent for personal property is more than			personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a		ted with the income in attach schedule)	ì
(1)			······	<del></del>					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns		ter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		<ol> <li>Deductions directly con to debt-finance</li> </ol>			
1 Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)	······································	<del></del>	<del> </del>					•	
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deductricolumn 6 x total of column 3(a) and 3(b))	
(1)			<u> </u>	%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (	
Totals				_		0	.		0.
Total dividends-received deductions	naludad in aaliimi	. 0			ļ			<del></del>	<del></del>

			Exempt	Controlled O	rganızatı	ions					
Name of controlled organizat	tion .	2 Emplo identifica numbe	tion (loss) (se	related income e instructions)		tal of specified ments made			rolling	6. Deductions directly connected with income in column 5	
(1)						·-·					
(2)											
(3)							ļ				
(4)			<u> </u>								
Nonexempt Controlled Organi	izations	•				<del>,</del>					
7 Taxable Income		related income ( ee instructions)	(loss) <b>9</b> . Tota	l of specified payi made	nents	10. Part of colur in the controlli gross	mn 9 that is ing organiza s income	included ation's	11 Dedi with i	uctions directly connected income in column 10	
(1)		**									
(2)	,										
(3)											
(4)											
			•			Enter here and	nns 5 and 1 on page 1, column (A)		Enter he	i columns 6 and 11 re and on page 1, Part i, ine 8, column (B)	
Totals								0	1	<b>`</b> 0 .	
Schedule G - Investme	nt Incom	ne of a Se	ction 501(c)(	7), (9), or (	17) Org	ganization		,			
(see insti			```	,, , , ,	,						
1 Desc	cription of incom	18		2 Amount of	Income	3 Deduction directly connectated (attach sched)	cted	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
	-	,		Enter here and Part I, Ilne 9, co							
Totals  Schoolule I Explaited	<del></del>	<u> </u>	•	<u> </u>	0.	CARRENT CONTRACTOR	阿尔尔特斯			0.	
		Activity I	ncome, Other	Than Adv	ertisir	ig income					
(see instru		Activity II	ncome, Other	1		ng income				1	
		oss ousiness from	3 Expenses directly connected with production of unrelated business income	4 Net Inconfrom unrelated business (cominus columingain, computitional through	ne (loss) I trade or Iumn 2 n 3) if a	5 Gross inco from activity the is not unrelate business inco	hat ed	6 Exp attribute colur		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(see Instru 1 Description of exploited activity	2 Gr unrelated to	oss ousiness from	3 Expenses directly connected with production of unrelated	4 Net Inconfrom unrelated business (cominus columinus computingain, comp	ne (loss) I trade or Iumn 2 n 3) if a	5 Gross inco from activity the	hat ed	attributi	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than	
1 Description of exploited activity  (1)	2 Gr unrelated to	oss ousiness from	3 Expenses directly connected with production of unrelated	4 Net Inconfrom unrelated business (cominus columinus computingain, comp	ne (loss) I trade or Iumn 2 n 3) if a	5 Gross inco from activity the	hat ed	attributi	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than	
1 Description of exploited activity  (1) (2)	2 Gr unrelated to	oss ousiness from	3 Expenses directly connected with production of unrelated	4 Net Inconfrom unrelated business (cominus columinus computingain, comp	ne (loss) I trade or Iumn 2 n 3) if a	5 Gross inco from activity the is not unrelate business inco	hat ed	attributi	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than	
(see instruction of exploited activity  (1) (2) (3)	2 Gr unrelated to	oss pusiness from	3 Expenses directly connected with production of unrelated	4 Net Incon from unrelated business (co minus colum gain, comput through	ne (loss) I trade or Iumn 2 n 3) If a a cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed me	attributi colur	able to nn 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(see instruction of exploited activity  (1) (2) (3)	2 Gr unrelated to	oss pusiness from usiness and on Part I, iol (A)	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part I, line 10, col (B)	4 Net Incon from unrelated business (co minus colum gain, comput through	ne (loss) I trade or Iumn 2 n 3) If a a cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed me	attributi colur	able to nn 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(see instruction of exploited activity  (1) (2) (3) (4)	2 Grunrelated to income trade or b	oss pusiness from usiness and on Part I, iol (A)	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part I, line 10, col (B)	4 Net Incon from unrelated business (co minus colum gain, comput through	ne (loss) I trade or Iumn 2 n 3) If a a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed me	attributi colur	able to nn 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(see instruent of exploited activity  (1) (2) (3)	Enter here page 1, line 10, c	oss pusiness from usiness  and on Part I, ol (A)  O .	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part I, line 10, col (B)  O .	4 Net Incon from unrelated business (cc minus colum gain, comput through	ne (loss) I trade or Iumn 2 n 3) If a s cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed me	attributi colur	able to nn 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(see instruction of exploited activity  (1) (2) (3) (4)  Totals	Enter here page 1, line 10, c	oss pusiness from usiness  and on Part I, ol (A)  O .	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part I, line 10, col (B)  O .	4 Net Incon from unrelated business (cc minus colum gain, comput through	Basis  sing gain  light gain, computation, and country	5 Gross inco from activity it is not unrelate business inco	hat ed me	attributi colur	able to nn 5	7 Excess exempt expenses (column 5 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 28  7 Excess readership costs (column 6 minus column 6, but not more than column 4)	
(see instruction of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin  Part M Income From I	Enter here page 1, line 10, c	p and on Part I, tool (A)  O .  10 (See Installational Report	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part 1, line 10, col (B)  0 .structions)  ted on a Con	4 Net Incon from unrelated business (cc minus colum gain, comput through	Basis  sing gain  light gain, computation, and country	5 Gross inco from activity it is not unrelate business inco	hat ed me	attribution colur	able to nn 5	7 Excess exempt expenses (column 5 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 26  7 Excess readership costs (column 6 minus column 4)	
(see Instruction of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin  Part M Income From I	Enter here page 1, line 10, c	p and on Part I, tool (A)  O .  10 (See Installational Report	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part 1, line 10, col (B)  0 .structions)  ted on a Con	4 Net Incon from unrelated business (cc minus colum gain, comput through	Basis  sing gain  light gain, computation, and country	5 Gross inco from activity it is not unrelate business inco	hat ed me	attribution colur	able to nn 5	7 Excess exempt expenses (column 5 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 28  7 Excess readership costs (column 6 minus column 6, but not more than column 4)	
1 Description of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin Part M Income From I  1, Name of periodical  (1) (2)	Enter here page 1, line 10, c	p and on Part I, tool (A)  O .  10 (See Installational Report	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part 1, line 10, col (B)  0 .structions)  ted on a Con	4 Net Incon from unrelated business (cc minus colum gain, comput through	Basis  sing gain  light gain, computation, and country	5 Gross inco from activity it is not unrelate business inco	hat ed me	attribution colur	able to nn 5	7 Excess exempt expenses (column 5 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 28  7 Excess readership costs (column 6 minus column 6, but not more than column 4)	
(see Instruction of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin  Part M Income From I	Enter here page 1, line 10, c	p and on Part I, tool (A)  O .  10 (See Installational Report	3 Expenses directly connected with production of unrelated business income  Enter here and on page 1, Part 1, line 10, col (B)  0 .structions)  ted on a Con	4 Net Inconfrom unrelated business (cc minus colum gain, comput through	Basis  sing gain  light gain, computation, and country	5 Gross inco from activity it is not unrelate business inco	hat ed me	attribution colur	able to nn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 26  7 Excess readership costs (column 6 minus column 5, but not more	

Form 990-T (2017) THE JORGENSEN FOUNDATION 84-13541
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of period	dical	2 Gross advertrsing income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation Income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-	
(2)							
(3)							_
(4)							
Totals from Part I	•	0.	0.	; ,		ar , an	0.
		Enter here and on page 1, Part i, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	* *			0.
Totals, Part II (lines 1-5) Schedule K - Com	pensation			Trustees (see in	nstructions)		0

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		٠ %	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)