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2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public
Inspection

For	calen	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd ending 12-31-	-2018	•
		ndation NE C AND FLORENCE ARMSTRONG		A Employer id	entification numbe	r
FA	MILY FC	DUNDATION INC		20-3970918		
		street (or P O $$ box number if mail is not delivered to street address) EWPORT ST $$	Room/suite	,	ımber (see ınstruction	ns)
City	or town	, state or province, country, and ZIP or foreign postal code		(303) 945-753:	1	
		D VILLAGE, CO 80111		C If exemption	application is pendin	g, check here
G Ch	eck all	I that apply \Box Initial return \Box Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere 🕨 🔲
		☐ Final return ☐ Amended return			rganizations meeting ck here and attach coi	
		☐ Address change ☐ Name change		E If private fo	undation status was t	terminated
		pe of organization $\ \ \ \ \ \ \ \ \ \ \ \ \ $	foundation e private foundation	under section	on 507(b)(1)(A), chec	k here 🕨 📙
			Cash Accru	al F If the found	ation is in a 60-month	n termination 🖂
of y	year (f	rom Part II, col (c), ▶\$ 9,323,102 ☐ Other (specify) (Part I, column (d) must			n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ► ✓ If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	4,546	4,546		
	4	Dividends and interest from securities	432,544	432,544		
	5a	Gross rents				
- .	b	Net rental income or (loss)	251 220			
PRIE	6a	Net gain or (loss) from sale of assets not on line 10	251,220			
Reverue	b	Gross sales price for all assets on line 6a251,220				
~	7	Capital gain net income (from Part IV, line 2)		251,220		
	8	Net short-term capital gain				
	9 10a					
	b	Gross sales less returns and allowances Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	688,310	688,310		
	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
6S	15	Pension plans, employee benefits				
ens	16a	Legal fees (attach schedule)	1			
Expenses	ь	Accounting fees (attach schedule)	2,650	1,325		1,325
√e l	С	Other professional fees (attach schedule)				
rati	17	Interest	06-1 44.550			0
Administrative	18	Taxes (attach schedule) (see instructions)	11,553	0		0
Ē	19	Depreciation (attach schedule) and depletion				
AG	20	Occupancy				
p u	21 22	Travel, conferences, and meetings				
0 0	23	Other expenses (attach schedule)	9 270	217		53
Operating and	24	Total operating and administrative expenses.				
)er:		Add lines 13 through 23	14,473	1,542		1,378
ō	25	Contributions, gifts, grants paid	448,000			448,000
	26	Total expenses and disbursements. Add lines 24 and 25	462,473	1,542		449,378
	27	Subtract line 26 from line 12	.52,173	2,312		,2,0
	а	Excess of revenue over expenses and	225.627			
	ь	disbursements Net investment income (if negative, enter -0-)	225,837	686,768		
	c	Adjusted net income (If negative, enter -0-)		300,700		
				l .	1	ı

7,687,593

9,081,095

9,081,095

9,081,095

9.081.095

7,772,284

9,309,133

2,201

2,201

9,306,932

9,306,932 9,309,133

2

3

4

5

6

9,081,095

9,306,932

9.306.932 Form **990-PF** (2018)

0

225,837

7.786,253

9,323,102

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Other notes and loans receivable (attach schedule)

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable

Deferred revenue .

Other liabilities (describe -_

Unrestricted . . .

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Inventories for sale or use

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Less accumulated depreciation (attach schedule)

Assets	

7

8

9

10a

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28 29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

b c

	be the kınd(s) of property sold (e g , varehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a CAPITAL GAINS DIVIDE	NDS		Р		
b					
c					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus expe	ense of sale	(e) plus (f) mınus (g)
a 2	251,220				251,220
b					
С					
d					
e					
Complete only for asse	ts showing gain in column (h) and ow	ned by the foundation (on 12/31/69	(T)
	(i)		(k)		h) gain minus
(i) FMV as of 12/31/6	Adjusted basis		of col (ı)		less than -0-) or
1 14 V d3 31 12/31/3	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))
a					251,220
b					
С					
d					
e					
2 Capital gain net incom3 Net short-term capital	ne or (net capital loss)	If gain, also enter in P. If (loss), enter -0- in F. L222(5) and (6)		2	251,220
ın Part I, line 8	art I, line 8, column (c) (see instruction		}	3	
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net	Investment Inc	come	
(For optional use by domestic	private foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	e)	
If section 4940(d)(2) applies,	leave this part blank				
	the section 4942 tax on the distributal not qualify under section 4940(e) Do		in the base period?	·	es 🔽 No
1 Enter the appropriate a	mount in each column for each year,	see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2017	443,328		9,457,416	(SOL (S) GIVING DY C	0 046876
2016	406,053		8,930,426		0 045468
2015	349,893		8,049,352		0 043468
2013	276,000		7,672,445		0 035973
2013	50,004		6,664,722		0 007503
2 Total of line 1, column			2		0 179288
•	no for the 5-year base period—divide t				0 179200
	no for the 5-year base period—divide t Indation has been in existence if less		· · · · -		0 035858
	oncharitable-use assets for 2018 from		4		9,294,950
5 Multiply line 4 by line 3			5		333,298
• • •	nent income (1% of Part I, line 27b)		6		6,868
			7		340,166
	itions from Part XII, line 4 ,				449,378
	reater than line 7, check the box in Pa			g a 1% tax rate Se	

Page **6**

5a	During the year did the foundation	pay or incur any amount to					Yes	No
	(1) Carry on propaganda, or other	wise attempt to influence legisla	e attempt to influence legislation (section 4945(e))?					
	(2) Influence the outcome of any s	pecıfıc publıc election (see sect	on 4955), or to carry	Ies	L 140			
	on, directly or indirectly, any vo	oter registration drive?		· · 🗌 Yes	✓ No			
	(3) Provide a grant to an individual	lar purposes?	Yes	✓ No				
	(4) Provide a grant to an organization other than a charitable, etc , organization described							
	ın section 4945(d)(4)(A)? See i			· 🗌 Yes	✓ No			
	(5) Provide for any purpose other t	- · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •					
_	educational purposes, or for the			⊔ Yes	✓ No			
b	If any answer is "Yes" to 5a(1)-(5),	•	· · · ·	•		l		
	Regulations section 53 4945 or in a			_	•	5b		
	Organizations relying on a current r							
С	•	• • •	•	_	_			
	tax because it maintained expenditi	, , ,		' ' ∐ Yes	∐ No			
_	If "Yes," attach the statement requi	· -						
6а	Did the foundation, during the year		indirectly, to pay premiun	ns on				
L	a personal benefit contract?			Yes	✓ No	6.		NI.
D	Did the foundation, during the year If "Yes" to 6b, file Form 8870	, pay premiums, directly or indi	rectly, on a personal bene	ent contract?	•	6b		No
7-	,	es the foundation a party to a p	robibited tax chalter trans	action?				
7a	At any time during the tax year, wa If yes, did the foundation receive a			⊔ tes	✓ No	7b		
В	Is the foundation subject to the sec	, ,				''		
	excess parachute payment during t			_				
		<u> </u>		<u> </u>	✓ No			
Pai	and Contractors	Officers, Directors, Trust	ees, Foundation Man	lagers, Hignly Pai	a Empic	yees,		
_		f	J. 44 1	·				
1	List all officers, directors, truste	(b) Title, and average	(c) Compensation (If	(d) Contributions	to			
	(a) Name and address	hours per week		employee benefit plar	e and (e) Exper other al		
		devoted to position	-0-)	deferred compensa	tion	ouner a	lowani	
	FULTON	PRESIDENT/SECRETARY/TREASU	0		0			C
	S NEWPORT ST NWOOD VILLAGE, CO 80111							
	ARMSTRONG	DIRECTOR	0		o			
290	S STEELE ST	0 50	1		- 1			
PENV	ED CO 00010		1					
	ER, CO 80210							
	5 ARMSTRONG	DIRECTOR	0		0			(
660	S ARMSTRONG S BELLAIRE CT	DIRECTOR 0 50	0		0			(
660 GREEI	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121	0 50		-see instructions). 1		enter "l	NONE.	(
660 GREEI	S ARMSTRONG S BELLAIRE CT	iid employees (other than th		-see instructions). I	lf none, ε	enter "I	NONE.	"
660 GREEI 2	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee	iid employees (other than th	ose included on line 1-	(d) Contributions t employee benefit	If none, e	Expens	se acco	unt,
660 GREEI 2	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa	oid employees (other than th		(d) Contributions t employee benefit plans and deferred	If none, e		se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
660 GREEI 2 (a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	iid employees (other than the	ose included on line 1-	(d) Contributions t employee benefit plans and deferred	If none, e	Expens	se acco	unt,
(a)	S ARMSTRONG S BELLAIRE CT NWOOD VILLAGE, CO 80121 Compensation of five highest-pa Name and address of each employee more than \$50,000	id employees (other than the paid (b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	If none, e	Expens	se acco	unt,

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

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anity and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

2

За 3h

4

5

449.378

6.868

442.510

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3,604

454,276

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0

	•	
t	XIII	

Par

Form	990-PF	(20	018	
Da	-+ VTT1	H		i

0-PF (20	018)	
XIII	Undistributed Income	(see instructions)

1 Distributable amount for 2018 from Part XI, line 7 (a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

445,774

445,774

- 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only. **b** Total for prior years Excess distributions carryover, if any, to 2018
- a From 2013.

- **b** From 2014. . . . c From 2015. . . d From 2016. e From 2017. f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part

XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

(If an amount appears in column (d), the

6 Enter the net total of each column as

7 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) 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

1a	If the foundation has received a ruling or del foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizati	on is a private oper	ating foundation de	scribed in section	☐ 4942(j)(3) or □] 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) iotai
	year listed					
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter (1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization (4) Gross investment income					_
	Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more	in
Pa	assets at any time during th	e year—see inst				
1	Information Regarding Foundation Mana- List any managers of the foundation who have		than 20% of the tot-	d contributions rossi	yad by the foundatio	n
а	before the close of any tax year (but only if					II
b	List any managers of the foundation who own				arge portion of the	
2	ownership of a partnership or other entity) of Information Regarding Contribution, Gra					
_	Check here ▶ ☐ If the foundation only mak		-	_	daaa wab aaaawb	
	unsolicited requests for funds. If the foundar					
	other conditions, complete items 2a, b, c, ai			J		
а	The name, address, and telephone number of	or e-mail address of	the person to whom	n applications should	d be addressed	
	THE EUGENE C AND FLORENCE ARMSTRONG	3				
	5520 S NEWPORT ST GREENWOOD VILLAGE, CO 80111					
	(303) 945-7531					
ь	The form in which applications should be sub	mitted and informa	ation and materials t	hey should include		
	ALL APPLICATIONS SHOULD BE ACCOMPANI					
	AND TELEPHONE NUMBER OF THE ORGANIZ DATE OF ESTABLISHMENT AND BRIEF HISTO STATEMENT OF THE PURPOSES AND GOALS OF THE GRANT	DRY OF THE ORGAN	IIZATĬON, STATEME	NT OF THE PURPOSE	S AND GOALS OF TH	HE ORGANIZATION,
С	Any submission deadlines 30 DAYS PRIOR TO EACH BOARD MEETING	HELD SEMI-ANNUAL	LY ON THE THIRD \	WEDNESDAY OF MAN	AND NOVEMBER	
d	Any restrictions or limitations on awards, sur factors					
	NONE					
					Fo	orm 990-PF (2018)

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



1 Program service revenue a b		Unrelated business income		Excluded by section	(e) Related or exempt	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
		<u> </u>				
		<u> </u>				
	and contracts from government agencies					
_	ership dues and assessments					
3 Interes	t on savings and temporary cash					
ınvestr	nents			14	4,546	
	nds and interest from securities			14	432,544	
	ntal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	nvestment income					
	(loss) from sales of assets other than					
invento	,			14	251,220	
9 Net inc	ome or (loss) from special events				,	
0 Gross	profit or (loss) from sales of inventory					
1 Other	revenue a					
_						
d						
d e					600.340	
d e 2 Subtot	al Add columns (b), (d), and (e).		0		688,310	
d e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				688,310 3	
d e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	· · · · · · · · · · · · · · · · · · ·	
d e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	688,310
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exempled in column (e) of	pt Purposes	ted importantly to	

, – - –	- /
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

Part XVII	Exempt Organia		sters 10 a	and Fransaction	ns and Relatio	nsnips with Nonc	naritable		
	ganization directly or in than section 501(c)(3)	directly engage ir					501	Yes	No
a Transfers	from the reporting foun	dation to a nonch	arıtable ex	empt organization	of				
							1a(1)		No
(2) Othe	r assets						. 1a(2)		No
b Other tran	sactions								
(1) Sales	of assets to a nonchari	table exempt org	anızatıon.				. 1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization									No
(3) Rental of facilities, equipment, or other assets									No
(4) Reim	bursement arrangemen	ts					1b(4)		No
(5) Loan	s or loan guarantees.						. 1b(5)		No
(6) Perfor	mance of services or m	embership or fun	draising sol	licitations			1b(6)		No
_	f facilities, equipment, n	-	-				1c		No
	wer to any of the above								
	ds, other assets, or ser nsaction or sharing arra								
			,		3 ,	··· ,			
(a) Line No	(b) Amount involved	(c) Name of nonc	naritable exe	mpt organization	(d) Description of	transfers, transactions, a	ınd sharıng arra	ngemen	its
2a Is the four	ndation directly or indire	setly affiliated wit	h or rolato	d to one or more t	tay-ayamat argan	ızatıons			
	in section 501(c) (other	•		•			✓ No		
			.(c)(3)) 01	in section 3277.		ш тех	. E 110		
D IT Yes, C	omplete the following so (a) Name of organization		1 0	b) Type of organizatio	n I	(c) Description o	f relationshin		
	(a) Name of organization	···	,	b) Type of organizatio		(c) Description o	relationship		
of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, correc							
Sian	****	3 -		2019-10-24	*****		May the IRS di return		
					—) ——		with the prepai below	er shov	vn
	Signature of officer or ti	rustee		Date	, Title		(see instr)?	Z Yes	□ _{No}
	Print/Type preparer's	name Pre	parer's Sigi	nature	Date	Check if self-	TIN		
	J DANIEL O'DONNE	ELL			2019-10-24	employed ▶ □	P00956	833	
Paid	CPA								
Preparer Use Only	i ii iii a ii aiii e a	GUNSAULS & O	DONNELL	LLC		Fii	rm's EIN ▶45	-52971	.92
,		90 E YALE AVE S	UITE 201						
		NVER, CO 8022	2			Ph	none no (303	758-	5558
			_						

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

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

or substantial contributor

	or substantial contributor			
a Paid during the year				
AIR FORCE AID SOCIETY 241 18TH ST S STE 202 ARLINGTON, VA 22202	NONE	PC	CHARITABLE SUPPORT	3,000

ARLINGTON, VA 22202				
ALLIANCE FOR DEFENDING FREEDOM 15100 N 90TH STREET SCOTTSDALE, AZ 85260	NONE	PC	CHARITABLE SUPPORT	5,000

15100 N 90TH STREET SCOTTSDALE, AZ 85260	NONE		CHARTABLE SOLFOR	3,000
ALTERNATIVES PREGNANCY CENTER 1440 BLAKE ST STE 200 DENVER.CO 80202	NONE	PC	CHARITABLE SUPPORT	10,000

Total			▶ 3a	448,000
ALTERNATIVES PREGNANCY CENTER 1440 BLAKE ST STE 200 DENVER, CO 80202	NONE	PC	CHARITABLE SUPPORT	10,000
SCOTTSDALE, AZ 85260				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ANCHOR CENTER FOR BLIND CHILDREN | NONE

Total .

2550 ROSLYN ST DENVER, CO 80238			3317 3101	3,000
ARMSTRONG LEGACY FUND 8787 W ALAMEDA AVE	NONE	PC	CHARITABLE SUPPORT	50,000

PC

CHARITABLE SUPPORT

5 000

ARMSTRONG LEGACY FUND 8787 W ALAMEDA AVE LAKEWOOD, CO 80226	NONE	PC	CHARITABLE SUPPORT	50,00

LAKEWOOD, CO 80226				
BRENTS PLACE11980 E 16TH AVE AURORA, CO 80010	NONE	PC	CHARITABLE SUPPORT	5,000

BRENTS PLACE11980 E 16TH AVE AURORA, CO 80010	NONE	PC	CHARITABLE SUPPORT	5,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CANINE PARTNERS OF THE ROCKIES NONE PC CHARITABLE SUPPORT 12,000 651 POTOMAC ST STE E

AURORA, CO 80011				
CARE AND SHARE FOOD BANK FOR SOUTHERN COLORADO 2605 PREAMBLE PT COLORADO SPRINGS, CO 80915	NONE	PC	CHARITABLE SUPPORT	7,000
CENTENNIAL INSTITUTE	NONE	PC	CHARITABLE SUPPORT	5,000

2605 PREAMBLE PT COLORADO SPRINGS, CO 80915				
CENTENNIAL INSTITUTE 8787 W ALAMEDA AVE LAKEWOOD, CO 80226	NONE	PC	CHARITABLE SUPPORT	5,000

COLORADO SPRINGS, CO 80915				
CENTENNIAL INSTITUTE 8787 W ALAMEDA AVE	NONE	PC	CHARITABLE SUPPORT	5,0

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CENTER FOR WORK EDUCATION AND NONE PC CHARITABLE SUPPORT 6,000

EMPLOYMENT 1175 OSAGE ST STE 300 DENVER, CO 80204				
COLORADO CHILDRENS CHOIR 2420 W 26 AVE STE 350-D DENVER, CO 80211	NONE	PC	CHARITABLE SUPPORT	5,000

COLORADO CHILDRENS CHOIR 2420 W 26 AVE STE 350-D DENVER, CO 80211	NONE	PC	CHARITABLE SUPPORT	5,000
COLORADO SYMPHONY 1000 14TH ST NO 15	NONE	PC	CHARITABLE SUPPORT	5,000

DENVER, CO 80211				
COLORADO SYMPHONY 1000 14TH ST NO 15 DENVER, CO 80202	NONE	PC	CHARITABLE SUPPORT	5,000

Total .

Recipient
Recipi

NICKIE

Total . .

650 S TAYLOR AVE LOUISVILLE, CO 80027	NONE	PC	CHARTTABLE SUPPORT	5,000
CROHNS AND COLITIS FOUNDATION 1805 S BELLAIRE ST STE 285	NONE	PC	CHARITABLE SUPPORT	2,000

D.C

1805 S BELLAIRE ST STE 285 DENVER, CO 80222	NONE		CIVILLIANDEE SOTT SKI	2,000
DARE 2 SHAREPO BOX 745323 ARVADA, CO 80006	NONE	PC	CHARITABLE SUPPORT	7,500

448,000

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

DENVER RESCUE MISSIONPO BOX 5206 DENVER, CO 80217	NONE	PC	CHARITABLE SUPPORT	12,000
DOCTORS CARE 609 W LITTLETON BLVD STE 100 LITTLETON, CO 80120	NONE	PC	CHARITABLE SUPPORT	15,000

609 W LITTLETON BLVD STE 100 LITTLETON, CO 80120	inone		GIVINATIVISEE SOLV SIKV	13,000
FOCUS ON THE FAMILY 8655 EXPLORER DR COLORADO SPRINGS, CO 80920	NONE	PC	CHARITABLE SUPPORT	10,000

LITTLETON, CO 80120				
FOCUS ON THE FAMILY 8655 EXPLORER DR COLORADO SPRINGS, CO 80920	NONE	PC	CHARITABLE SUPPORT	10,00

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

FOOD BANK FOR LARIMER COUNTY 1301 BLUE SPRUCE DR FORT COLLINS, CO 80524	NONE	PC	CHARITABLE SUPPORT	5,000
a Paid during the year				
	or substantial contributor			

FOOD BANK OF THE ROCKIES PO BOX 151560 LAKEWOOD, CO 80215	NONE	PC	CHARITABLE SUPPORT	3,000
FREEDOM SERVICE DOGS OF AMERICA	NONE	PC	CHARITABLE SUPPORT	32,000

PO BOX 151560 LAKEWOOD, CO 80215	NONE		CHARTABLE SOFFORT	3,000
FREEDOM SERVICE DOGS OF AMERICA 7193 S DILLON CT ENGLEWOOD, CO 80112	NONE	PC	CHARITABLE SUPPORT	32,000

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year				
GUIDE DOGS FOR THE BLIND PO BOX 151200	NONE	PC	CHARITABLE SUPPORT	15,000

PO BOX 151200 SAN RAFAEL, CA 94915	NONE	PC	CHARITABLE SUPPORT	15,000
HOMEFRONT HEROESPO BOX 119	NONE	PC	CHARITABLE SUPPORT	7,000

SAN RAFAEL, CA 94915				
HOMEFRONT HEROESPO BOX 119 ARVADA, CO 80001	NONE	PC	CHARITABLE SUPPORT	7,000
HODE ACADEMY 200 AMMONG DD	NONE	DC.	CHARTTARI E CHRRORT	7.500

ARVADA, CO 80001	NONE	PC	CHARITABLE SUPPORT	7,000
HOPE ACADEMY1380 AMMONS DR	NONE	PC	CHARITABLE SUPPORT	7,500

ARVADA, CO 80001				
HOPE ACADEMY1380 AMMONS DR LAKEWOOD, CO 80214	NONE	PC	CHARITABLE SUPPORT	7,500

HOPE ACADEMY1 380 AMMONS DR NONE PC CHARITABLE SUPPORT					
LAKEWOOD, CO 80214	HOPE ACADEMY1380 AMMONS DR LAKEWOOD, CO 80214	NONE	PC	CHARITABLE SUPPORT	7,500

LAKEWOOD, CO 80214	NONE	FC	CHARITABLE SUPPORT	7,500
Total			▶ 3a	448,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year INNER CITY HEALTH3800 YORK ST NONE PC CHARITABLE SUPPORT 10,000 DENVER. CO 80205

LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	NONE	PC	CHARITABLE SUPPORT	10,000
MAXFUND ANIMAL ADOPTION CENTER 720 W 10TH AVE DENVER, CO 80204	NONE	PC	CHARITABLE SUPPORT	10,000

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year				
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	PC	CHARITABLE SUPPORT	5,000

GARDEN VALLEY, TX 75771				
MOUNT SAINT VINCENT 4159 LOWELL BLVD DENVER, CO 80211	NONE	PC	CHARITABLE SUPPORT	5,000

MOUNT SAINT VINCENT 4159 LOWELL BLVD DENVER, CO 80211	NONE	PC	CHARITABLE SUPPORT	5,000
PROJECT ANGEL HEART 4950 WASHINGTON ST	NONE	PC	CHARITABLE SUPPORT	7,000

DENVER, CO 80211				
PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	NONE	PC	CHARITABLE SUPPORT	7,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

PO BOX 157 RAMSEY, NJ 07446

Total .

a Paid during the year				
ROCKY MOUNTAIN FISHER HOUSE FOUNDATION 8354 NORTHFIELD BLVD STE 3700 DENVER, CO 80238	NONE	PC	CHARITABLE SUPPORT	13,000
SAVE OUR YOUTH3443 W 23RD AVE	NONE	PC	CHARITABLE SUPPORT	7,500

.000

8354 NORTHFIELD BLVD STE 3700 DENVER, CO 80238				
SAVE OUR YOUTH3443 W 23RD AVE DENVER, CO 80211	NONE	PC	CHARITABLE SUPPORT	7,!
SEVERAL SOURCES SHELTERS	NONE	PC	CHARITABLE SUPPORT	6,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
THE DENVER ART MUSEUM 100 W 14TH AVE PKY DENVER, CO 80204	NONE	PC	CHARITABLE SUPPORT	5,000
THE DENVER HOSPICE	NONE	PC	CHARITABLE SUPPORT	7,000

recipient

DENVER, CO 80204				
THE DENVER HOSPICE 501 S CHERRY ST STE 700 DENVER, CO 80246	NONE	PC	CHARITABLE SUPPORT	7,000
THE DENVER STREET SCHOOL	NONE	PC	CHARITABLE SUPPORT	7,500

501 S CHERRY ST STE 700 DENVER, CO 80246				,
THE DENVER STREET SCHOOL PO BOX 140069 DENVER, CO 80214	NONE	PC	CHARITABLE SUPPORT	7,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE INDEPENDENCE FUND NONE PC CHARITARI E SUPPORT 11 000

9013 PERIMETER WOODS DR STE E CHARLOTTE, NC 28216	NO.12			11,000
THE MASTERS APPRENTICE 646 MARIPOSA ST NO 104	NONE	PC	CHARITABLE SUPPORT	7,500

HE MASTERS APPRENTICE 46 MARIPOSA ST NO 104 DENVER, CO 80204	NONE	PC	CHARITABLE SUPPORT	
INIVERSITY OF COLORADO	NONE	PC	CHARITABLE SUPPORT	

Total .

DENVER, CO 80204				
UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT ST DENVER. CO 80203	NONE	PC	CHARITABLE SUPPORT	59,000

UNIVERSITY OF COLORADO FOUNDATION	NONE	PC	CHARITABLE SUPPORT	59,000
1800 GRANT ST				
DENVER, CO 80203				

If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PC CHARITABLE SUPPORT 25,000 VILLAGE HEALTH PARTNERSHIP

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

DENVER, CO 80218				
VOICE FOR THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006	NONE	PC	CHARITABLE SUPPORT	5,000

1815 SE BISON RD BARTLESVILLE, OK 74006				
WELD FOOD BANK1108 H ST GREELEY.CO 80631	NONE	PC	CHARITABLE SUPPORT	8,000

Total .

448,000

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
YOUTH WITH A FUTURE	NONE	PC	CHARITABLE SUPPORT	500

2102 MARTON STREET DENVER, CO 80205

Total .

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491316011889 TY 2018 Accounting Fees Schedule						
		THE EUGENE FAMILY FOUN 20-3970918		NCE ARMSTRONG		
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

1,325

2,650

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316011889		
TV 2019 Investments - Other 6	Schodulo			
TY 2018 Investments - Other Schedule				

888,253

888,253

Name: THE EUGENE C AND FLORENCE ARMSTRONG

FAMILY FOUNDATION INC

EIN: 20-3970918

_	 A	

VERONA SENIOR LENDER LLC

Investments Other Schedule 2				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
GVC CAPITAL	FMV	6,794,550	6,808,519	
THE EUGENE ARMSTRONG LIVING TRUST	AT COST	89,481	89,481	

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491316011889	
TY 2018 Other Expenses Schedule					
Name:	: THE EUGENE C AND FLORENCE ARMSTRONG				
	FAMILY FOUNDATION INC				
EIN:	20-3970918				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
BANK FEES/CHECKS	106	53		53	
INVESTMENT LOSS	164	164		0	

efile GRAPHIC print - DO NOT PROCESS		As Filed Data	-	DLI	N: 93491316011889
TY 2018 Taxes Schedule					
Name: THE EUGENE C AND FLORENCE ARMSTRONG FAMILY FOUNDATION INC					
	EIN:	20-3970918			
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX		11,540	0		0
PENALTIES		13	0		0