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OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

2018

		► Go to <u>www.irs.gov/Form990P</u>	<u>F</u> for instructions an	d the	latest informa	ation.	Open to Public Inspection		
For	caler	ndar year 2018, or tax year beginning 01-01-2	018 , aı	nd en	ding 12-31-	2018			
		indation SULLIVAN (WAREAGLE) FOUNDATION			A Employer Id	entification numb	er		
"	IL JLAN	SOLLIVAN (WANLAGLE) FOONDATION		20-5157885					
		street (or P O box number if mail is not delivered to street address ELMONTE DRIVE		B Telephone nu	mber (see ınstructı	ons)			
4	024 N D	ELMONTE DRIVE			(208) 426-0106	j			
	or town SE, ID	, state or province, country, and ZIP or foreign postal code 83704	1		C If exemption	application is pendi	ing, check here		
G C	neck all	I that apply	former public charity		D 1. Foreign or	ganizations, check l	here ${f au}$		
		Final return Amended return	•			ganızatıons meetin			
		\square Address change \square Name change			·	k here and attach o	· -		
H C	neck ty	pe of organization \square Section 501(c)(3) exempt private	foundation			undation status was n 507(b)(1)(A), che			
		4947(a)(1) nonexempt charitable trust Other taxab							
		set value of all assets at end rom Part II, col (c),	✓ Cash ☐ Accru	ıal		ation is in a 60-mor n 507(b)(1)(B), che			
		◆\$ 250,609	t be on cash basis)						
Da	et T			l l			T(4) Dishings and and		
ŀΘ	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only		
	1	Contributions, gifts, grants, etc , received (attach					(525.1. 255.5 5)		
		schedule)					_		
	2	Check ► ✓ If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	11,122	2	11,122				
	5a	Gross rents							
۵,	ь	Net rental income or (loss)	_						
Σ	6a	Net gain or (loss) from sale of assets not on line 10	-23,445	<u> </u>					
Revenue	b	Gross sales price for all assets on line 6a 249,66	3						
ă	7 8	Capital gain net income (from Part IV, line 2)			0		_		
	9	Income modifications					+		
	10a	Gross sales less returns and allowances					+		
	ь	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	-12,323	3	11,122				
	13	Compensation of officers, directors, trustees, etc	0		0				
	14	Other employee salaries and wages							
ses	15	Pension plans, employee benefits					_		
en:	16a	Legal fees (attach schedule)	06-1 450						
Exp	b	Accounting fees (attach schedule)	450	<u> </u>	0				
_ Ve	c c	Other professional fees (attach schedule)					_		
rati	17 18	Interest					_		
] S t	19	Taxes (attach schedule) (see instructions)					+		
Ē	20	Occupancy					+		
Ā	21	Travel, conferences, and meetings					+		
and	22	Printing and publications							
<u>b</u> i	23	Other expenses (attach schedule)	408	В	0				
Operating and Administrative Expenses	24	Total operating and administrative expenses.							
<u>5</u>		Add lines 13 through 23	858	3	0				
ں	25	Contributions, gifts, grants paid	18,000				18,00		
	26	Total expenses and disbursements. Add lines 24 and 25	18,858		0		18,00		
	27	Subtract line 26 from line 12	10,858	1	U		18,00		
	a	Excess of revenue over expenses and							
	ь	disbursements Net investment income (If negative, enter -0-)	-31,181	-	11 122				
	c	Adjusted net income (if negative, enter -0-)			11,122				
		\(\cdot\) \(\cdot\) \(\cdot\)	1	1		i	i		

317,989

2,021

325,466

325,466

325,466

325,466

289.765

296,044

1,759

1,759

294,285

294,285

296,044

2

3

4

5

6

325,466

-31,181

294,285

294,285 Form 990-PF (2018)

0

0

244,330

250,609

Assets	

6

7

8

9

10a

11

12

13

14

15

16

17

18

19

20 21

22 23

24

Liabilities

lances

Bal 25

Fund 26

ō

Assets 27

Net 30

28

29

31

Part III

2

b C

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

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.

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

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

Grants payable

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)

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)

Foundations that do not follow SFAS 117, check here 🕨 🗹

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

Capital stock, trust principal, or current funds

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

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs	: MLC Co) P	ow acquired —Purchase)—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1aSee Additional Data Table	e				
b					
С					
d					
e					
	(f)	(g)			h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other plus expense		Gain d	or (loss) 5) minus (g)
a See Additional Data Table	· · · · · · · · · · · · · · · · · · ·				, , , , , , , , , , , , , , , , , , , ,
b					
С					
d					
e					
	showing gain in column (h) and ow	ned by the foundation on 13	2/31/69		71)
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of co	ol (ı)	Gains (Col (col (k), but not	(I) (h) gain minus (less than -0-) or fom col (h))
a See Additional Data Table	as of 12/31/69	over col (j),	ir any	Losses (II	0111 (01 (11))
	=				
b					
<u>c</u>					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in Part I, If (loss), enter -0- in Part I		2	-23,445
	gain or (loss) as defined in sections I rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0-	}	3	
Part V Qualification L	Jnder Section 4940(e) for Re	educed Tax on Net Inv	estment I	ncome	
	rivate foundations subject to the sec				
(101 optional use by domestic p	Tivate foundations subject to the set	ction 4540(a) tax on het inv	estillerit illed	ine j	
If section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributal	· · ·	ne base perio	d? 🗌 Y	es 🗹 No
·	nount in each column for each year,		ing any entr	IES	
(a)				(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use	e assets	Distribution rat (col (b) divided by o	
2017	17,724		297,125		0 059652
2016	13,448		326,617		0 041174
2015	16,730		345,950		0 048360
2014	16,848		344,944		0 048843
2013	16,338		335,653		0 048675
2 Total of line 1, column (d	i)		2		0 246704
3 Average distribution ratio	for the 5-year base period—divide t	the total on line 2 by 5 0, or			
	dation has been in existence if less		3		0 049341
	ncharitable-use assets for 2018 from	•	4	_	11,862
5 Multiply line 4 by line 3			5		585
	ent income (1% of Part I, line 27b)		6		111
			7		696
	ons from Part XII, line 4 ,				18,000
, ,	ater than line 7, check the box in Pa	art VI, line 1b, and complete	that part us	sing a 1% tax rate Se	e the Part VI
instructions				F	orm 990-PF (201

Page **6**

1.	Statements Regard	iiiig	ACTIVITIES IOI WITHCIT	FOITH 4720 May Be	Kequirea (continuea)			
5a	During the year did the foundation p	oay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	vise a	ittempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ No	,		
	(2) Influence the outcome of any sp	pecifi	c public election (see sect	tion 4955), or to carry					
	on, directly or indirectly, any vo		-		· · · 🔲 Yes	✓ No	,		
	(3) Provide a grant to an individual	for t	ravel, study, or other sım	ılar purposes?		✓ No			
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See in		•	, -	d				
	(5) Provide for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	⊔ Yes	⊻ No	'		
	educational purposes, or for the		· ·		∟ Yes	✓ No	,		
b	If any answer is "Yes" to $5a(1)-(5)$,	did a	any of the transactions fa	nd to qualify under the ex	ceptions described in				
	Regulations section 53 4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	ructions		5b		
	Organizations relying on a current n	otice	regarding disaster assist	ance check here		П			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the									
	tax because it maintained expenditu	ire re	sponsibility for the grant?	⁷	· · 🔲 Yes	□ No	,		
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)			´		
6 a	Did the foundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?				· 🔲 Yes	.	_		
b	Did the foundation, during the year,				res :	NC	° 6ь		No
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tra	nsaction? Yes				
b	If yes, did the foundation receive ar				∟ res i	⊻ No	7b		
8	Is the foundation subject to the sec		•						
_	excess parachute payment during th		, , ,						
					∟ Yes	✓ No			l
Pai	and Contractors	JIIIC	ers, Directors, Trust	ices, roundation ma	anagers, Highly Paid	Emp	ioyees,		
1	List all officers, directors, truste	es. fo	oundation managers ar	nd their compensation	. See instructions				
			b) Title, and average	(c) Compensation (If		Τ,	- \		
	(a) Name and address		hours per week	not paid, enter	employee benefit plans a	and 1	e) Expen other al		
		ļ	devoted to position	-0-)	deferred compensation	n			
See /	Additional Data Table	1							
		1							
		1							
2	Compensation of five highest-pa	id en	nployees (other than t	hose included on line	1-see instructions). If	none,	enter "	NONE.	."
			(b) Title, and average		(d) Contributions to				
(a)	Name and address of each employee	paid	hours per week	(c) Compensation	employee benefit	(€	Expens		
	more than \$50,000		devoted to position		plans and deferred compensation		other all	owanc	es
NON	===============================				Compensation				
	_								
			-						
Tota	I number of other employees paid ov	er \$5	0,000						
						F	orm 99 0	0-PF	(2018

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id 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		
List the foundation's four largest direct charitable activities during the tax year. Include releving and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	
Describe the two largest program-related investments made by the foundation during the	<u>'</u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		P 0
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Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

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

1a

1b

2

3a 3h

4

5

18,000

18.000

17.889

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111

482

482

0

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Pa	rt XIII	

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b Total for prior years

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

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

6 Enter the net total of each column as

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

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. . .

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))

0-PF	(2	01	8)	
VIII	Į				

- Undistributed Income (see instructions)
- 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only.
 - Excess distributions carryover, if any, to 2018
- Corpus

(a)

11.795

11,795

11,795

11.795

(b)

Years prior to 2017

(c)

2017

5,723

5,723

factors



Enter gros	s amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
-						
2 Member 3 Interes	and contracts from government agencies ership dues and assessments					
4 Divide	nds and interest from securities			14	11,122	
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
8 Gain o	r (loss) from sales of assets other than					
invent	•			14	2,714	-26,159
	come or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
b						
с						
е	al Add columns (b), (d), and (e).		0		13,836	-26,159
e 12 Subtot 13 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				13,836	
e 12 Subtot 13 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	ılatıons)		13	<u> </u>	
e 12 Subtot 13 Total. (See w	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation.	ilations) ne Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribut	Bted importantly to	
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which	Ilations) ne Accomplish Income is report Kempt purposes (nment of Exem	pt Purposes f Part XVI-A contribut	Bted importantly to	
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e 12 Subtot 13 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the second sec	Ilations) ne Accomplish Income is report Kempt purposes (nment of Exem	pt Purposes f Part XVI-A contribut	Bted importantly to	
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e 12 Subtot 13 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the second sec	lations) ne Accomplish ncome is report kempt purposes (nment of Exem	pt Purposes f Part XVI-A contribut	Bted importantly to	
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e 12 Subtor 13 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the second sec	Ilations) ne Accomplish Income is report Kempt purposes (nment of Exem	pt Purposes f Part XVI-A contribut	Bted importantly to	-26,159 -12,323
e 12 Subtot 13 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the second sec	Ilations) ne Accomplish Income is report Kempt purposes (nment of Exem	pt Purposes f Part XVI-A contribut	Bted importantly to	

. (20	10)
Ή	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII	Exempt Organi:	zations							
1 Did the org		directly engage	in any of the or in section 5	following with any 527, relating to pol	other organization	on described in section	501	Yes	No
	rom the reporting foun								
(1) Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
b Other trans	sactions								
	of assets to a nonchari	•	-				. 1b(1)		No
	ases of assets from a n						. 1b(2)		No
(3) Rental of facilities, equipment, or other assets									No
							1b(4)		No
	or loan guarantees.						1b(5)		No
	mance of services or me						1b(6)		No No
-	facilities, equipment, n	-				ways show the fair mar			NO
of the good	ls, other assets, or serv	vices given by th	ne reporting f in column (d	oundation If the f) the value of the	oundation receive goods, other asse	ed less than fair market ets, or services received transfers, transactions, an	value I	ngemen	ts
described i	dation directly or indire in section 501(c) (other implete the following so (a) Name of organizatio	than section 50 chedule)1(c)(3)) or II			_	☑ No		
of my which		, it is true, corre				ng schedules and state than taxpayer) is base			
Sign Here -	****			2019-03-18	*****		May the IRS d return with the prepa pelow		
y s	ignature of officer or to	rustee		Date	Title		(see instr)?	√ γes l	□No
	Print/Type preparer's	name Pr	eparer's Sign	ature	Date	Check if self- employed ▶ □	N P00876	5132	
Paid Preparer	RACHEL DYKSTRA	OT MEALTH DIAM	UNITALC		2019-03-18				
Jse Only	Firm's name ► VERI	DI WEALTH PLAN	NINTING			Firr	n's EIN ▶20	-10576	551
•		2 E PARKCENTE DISE, ID 83706	R BLVD STE	325		Pho	one no (208	331-7	7858
	I	.152, 15 05/00							

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 1 AMERICAN SMALLCAP WORLD FUND 2018-09-21 2018-11-19 1 COLUMBIA DIVIDEND OPPORTUNITY 2017-12-13 2018-09-19 COLUMBIA DIVIDEND OPPORTUNITY 2016-07-19 2018-09-19 **EXCHANGE LISTED FDS HIGH YIELD** 2018-09-19 OPPENHIEMER STEELPATH 2018-09-19 PIONEER MULTI ASSET 2018-09-19 2018-09-19 THORNBURG INV INCOME CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Cost or other basis Gain or (loss) (e) Gross sales price (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (q) 5.000 5,701 -701 3,695 3.712 -17 45,635 45,846 -211 22.099 32,024 -9,925 40,681 52,329 -11,648 48,171 51,433 -3,262 81,668 82,063 -395 2,714 2,714 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -701 -17 -211 -9,925 -11,648 -3,262-395 2,714

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation TUCK S THOMAS CO-TRUSTEE 0 0

4024 N DELMONTE DRIVE BOISE, ID 83704	1 00			
AMY C HERBERGER	CO-TRUSTEE	0	0	
1040 W PALO VERDE CEREET	0 00			

AMY C HERBERGER	1 0 00	0	O	
1040 W PALO VERDE STREET GILBERT, AZ 85233				
WADE P THOMAS	CO-TRUSTEE	0	0	

GILBERT, AZ 85233				
WADE P THOMAS	CO-TRUSTEE	0	0	0
344 VIRGINIA ST APT 1	0 00			

WADE P THOMAS	CO-TRUSTEE	0	0	0
344 VIRGINIA ST APT 1 EL SEGUNDO, CA 90245	0 00			
MEGHAN E CONRAD	CO-TRUSTEE	0	0	0

EL SEGUNDO, CA 90245				
MEGHAN E CONRAD	CO-TRUSTEE	0	0	0
1827 S TRAVERTINE WAY	0 00			

LL SLGONDO, CA 90243				
MEGHAN E CONRAD	CO-TRUSTEE	0	0	0
1827 S TRAVERTINE WAY BOISE, ID 83712	0 00			

1827 S TRAVERTINE WAY BOISE, ID 83712	0 00			
WILLIS E SULLIVAN IV	CO-TRUSTEE	0	0	0

BOISE, ID 83712				
WILLIS E SULLIVAN IV	CO-TRUSTEE	0	0	

0 00

1617 N 12TH ST BOISE, ID 83702

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 ANIMALS IN DISTRESS ASSOCIATION 501(C)(3) TO SUPPORT THE RESCUE. 600 REHABILITATION AND PO BOX 7263 EXEMPT ORG BOISE, ID 83707 SUCCESSFUL RELEASE OF INJURED, DISPLACED AND

		ORPHANED WILDLIFE	
BOISE BICYCLE PROJECT1027 LUSK ST BOISE, ID 83706	501(C EXEMI)(3) PT ORG TO PROMOTE THE PERSONAL, SOCIAL, AND ENVIRONMENTAL BENEFITS OF BICYCLING TO THE COMMUNITY	600
BOISE PUBLIC SCHOOLS EDUCATION FOUNDATION 8169 W VICTORY ROAD BOISE, ID 83709	501(C EXEMI	TO ENHANCE THE EDUCATIONAL EXPERIENCES OF STUDENTS THROUGHOUT THE BOISE SCHOOL DISTRICT AT EVERY GRADE LEVEL BY PROVIDING FOR THE NEEDS OF INDIVIDUAL STUDENTS, A WHOLE CLASSROOM, OR AN ONGOING PROGRAM	1,000

▶ 3a

18,000

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)

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

·	or substantial contributor			
a Paid during the year				
BOISE RESCUE MISSIONPO BOX 1494 BOISE, ID 83701		501(C)(3) EXEMPT ORG	TO PROVIDE FOOD, SHELTER, CLOTHING, COUNSELING AND EDUCATION TO THOSE IN NEED	1,000
CHILDREN'S HOME SOCIETY OF IDAHO 740 WARM SPRINGS AVENUE BOISE, ID 83712		501(C)(3) EXEMPT ORG	TO IMPROVE THE LIVES OF CHILDREN IN THE BOISE COMMUNITY BY PROVIDING	900

			·
740 WARM SPRINGS AVENUE BOISE, ID 83712	EXEMPT ORG	CHILDREN IN THE BOISE COMMUNITY BY PROVIDING COUNSELING SERVICES TO AT RISK CHILDREN AND THEIR FAMILIES, AND TO FOSTER THE PROFESSIONAL DEVELOPMENT OF MENTAL HEALTH PROVIDERS WHO SERVE CHILDREN AND THEIR CAREGIVERS	
740 WARM SPRINGS AVENUE	EVENDT OPG	CHILDREN IN THE BOICE	

		PROFESSIONAL DEVELOPMENT OF MENTAL HEALTH PROVIDERS WHO SERVE CHILDREN AND THEIR CAREGIVERS	
CORPUS CRISTI HOUSE 525 S AMERICANA BLVD	501(C)(3) EXEMPT ORG	TO DELIVER HOSPITALITY, FRIENDSHIP AND LOVE TO THE	60

		OF MENTAL HEALTH PROVIDERS WHO SERVE CHILDREN AND THEIR CAREGIVERS	
CORPUS CRISTI HOUSE 525 S AMERICANA BLVD BOISE, ID 83702	501(C)(3) EXEMPT ORG	TO DELIVER HOSPITALITY, FRIENDSHIP AND LOVE TO THE HOMELESS, POOR, AND	

		OF MENTAL HEALTH PROVIDERS WHO SERVE CHILDREN AND THEIR CAREGIVERS	
CORPUS CRISTI HOUSE 525 S AMERICANA BLVD	501(C)(3) EXEMPT ORG	TO DELIVER HOSPITALITY, FRIENDSHIP AND LOVE TO THE	60

ORPUS CRISTI HOUSE 25 S AMERICANA BLVD	501(C)(3) EXEMPT ORG	TO DELIVER HOSPITALITY, FRIENDSHIP AND LOVE TO THE	600
OISE, ID 83702		HOMELESS, POOR, AND	
		DISADVANTAGED	

Total	 	▶ 3a	18,000
525 S AMERICANA BLVD BOISE, ID 83702		FRIENDSHIP AND LOVE TO THE HOMELESS, POOR, AND DISADVANTAGED	300

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 EXPEDITION INSPIRATION FUND FOR 501(C)(3) TO RAISE AWARENESS & 800

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

BREAST CANCER RESEARCH PO BOX 4289 KETCHUM, ID 83340	EXEMPT ORG	MONIES TO BENEFIT BREAST CANCER RESEARCH, AND TO PROMOTE THE WELLBEING OF BREAST CANCER SURVIVORS	
FEED THE GAPPO BOX 5511 BOISE, ID 83705	501(C)(3) EXEMPT ORG	TO PROVIDE SUPPLEMENTAL FUNDS TO UNDERFUNDED IDAHO BASED CHILD FOOD PROGRAMS	

900

18,000

BOISE, ID 83705	EXEMPT ORG	FUNDS TO UNDERFUNDED IDAHO BASED CHILD FOOD PROGRAMS	
HAYS SHELTER HOMEPO BOX 8538 BOISE, ID 83707	501(C)(3) EXEMPT ORG	TO PROVIDE 24-HOUR EMERGENCY CARE, COUNSELING AND EDUCATION FOR CHILDREN WHO ARE RUNAWAYS, HOMELESS, OR VICTIMS OF	

		IDAHO BASED CHILD FOOD PROGRAMS	
HAYS SHELTER HOMEPO BOX 8538 BOISE, ID 83707	EXEMPT ÓRG	TO PROVIDE 24-HOUR EMERGENCY CARE, COUNSELING AND EDUCATION FOR CHILDREN WHO ARE RUNAWAYS, HOMELESS, OR VICTIMS OF ABUSE AND/OR NEGLECT	300

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 HEADTI AND HUNGED & DESCUIDE 501(C)(3) TO ALLEVIATE THE HUNGER AND 500

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

CENTER PO BOX 1929 MCCALL, ID 83638	EXEMPT ORG	HUNGER RELATED ISSUES OF THOSE IN NEED OF VALLEY COUNTY AND SURROUNDING AREAS THROUGH A FOOD BANK	300
ID VETS ASSISTANCE LEAGUEBRAVE HEARTS 320 COLLINS ROAD	501(C)(3) EXEMPT ORG	TO PROVIDE EMERGENCY FUNDING FOR IDAHO VETERANS AND THEIR FAMILIES,	1,000

ID VETS ASSISTANCE LEAGUEBRAVE HEARTS 320 COLLINS ROAD BOISE, ID 83702	501(C)(3) EXEMPT ORG	TO PROVIDE EMERGENCY FUNDING FOR IDAHO VETERANS AND THEIR FAMILIES, EXPERIENCING CRITICAL NEED	1,000
IDAHO LION'S CLUB HEARING & VISION FOUNDATION	501(C)(3) EXEMPT ORG	TO PROVIDE ASSISTANCE AND ALLEVIATE BLINDNESS AND	600

320 COLLINS ROAD BOISE, ID 83702		AND THEIR FAMILIES, EXPERIENCING CRITICAL NEED	
IDAHO LION'S CLUB HEARING & VISION FOUNDATION 1090 N COLE RD BOISE, ID 83704	` ', '	TO PROVIDE ASSISTANCE AND ALLEVIATE BLINDNESS AND DEAFNESS TO THOSE IN NEED	600

18,000

BOISE, ID 83702		EXPERIENCING CRITICAL NEED	
IDAHO LION'S CLUB HEARING & VISION FOUNDATION 1090 N COLE RD BOISE, ID 83704	501(C)(3) EXEMPT ORG	TO PROVIDE ASSISTANCE AND ALLEVIATE BLINDNESS AND DEAFNESS TO THOSE IN NEED	60

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 TO A LIC DUBLIC TELEVICION E01/C\/2\ TO DROVIDE OUALITY FAA

1455 N ORCHARD BOISE, ID 83706	EXEMPT ORG	EDUCATIONAL AND CULTURAL TELEVISION AND RELATED RESOURCES, AND TO PROVIDE LEARNING OPPORTUNITIES AND FOSTERING PARTICIPATION & COLLABORATION IN EDUCATIONAL AND CIVIC ACTIVITIES	500
MCPAWS REGIONAL ANIMAL SHELTER PO BOX 1375 BOISE, ID 83638	501(C)(3) EXEMPT ORG	TO PROVIDE SAFE SHELTER, MEDICAL CARE, COMFORT, VACCINATIONS, MICROCHIPS, DAILY ENRICHMENT AND SPAY & NEUTER SERVICES TO ANIMALS	600
PAYETTE LAKES COMMUNITY ASSOCIATION PO BOX 1118 MCCALL, ID 83638	501(C)(3) EXEMPT ORG	TO PROMOTE THE HEALTH, SOCIAL, EDUCATIONAL AND CHARACTER DEVELOPMENT OF AT-RISK YOUTH BY PROVIDING	300

		EDUCATIONAL AND CIVIC ACTIVITIES	
MCPAWS REGIONAL ANIMAL SHELTER PO BOX 1375 BOISE, ID 83638	501(C)(3) EXEMPT ORG	TO PROVIDE SAFE SHELTER, MEDICAL CARE, COMFORT, VACCINATIONS, MICROCHIPS, DAILY ENRICHMENT AND SPAY & NEUTER SERVICES TO ANIMALS	600
PAYETTE LAKES COMMUNITY ASSOCIATION PO BOX 1118 MCCALL, ID 83638	501(C)(3) EXEMPT ORG	TO PROMOTE THE HEALTH, SOCIAL, EDUCATIONAL AND CHARACTER DEVELOPMENT OF AT-RISK YOUTH BY PROVIDING AFTER SCHOOL PROGRAMS, EDUCATIONAL TRIPS, AND ACADEMIC ASSISTANCE WITH HOMEWORK	300
Total	 	▶ 3a	18,000

		NEUTER SERVICES TO ANIMALS	
PAYETTE LAKES COMMUNITY ASSOCIATION PO BOX 1118 MCCALL, ID 83638	501(C)(3) EXEMPT ORG	TO PROMOTE THE HEALTH, SOCIAL, EDUCATIONAL AND CHARACTER DEVELOPMENT OF AT-RISK YOUTH BY PROVIDING AFTER SCHOOL PROGRAMS, EDUCATIONAL TRIPS, AND ACADEMIC ASSISTANCE WITH HOMEWORK	3

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)

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

(1101110 0110 0110 0110 0110 0110 0110	or substantial contributor			
a Paid during the year				
RONALD MCDONALD HOUSE CHARITIES OF IDAHO 101 WARM SPRINGS AVENUE BOISE, ID 83712		501(C)(3) EXEMPT ORG	TO PROVIDE A TEMPORARY HOME AWAY FROM HOME FOR FAMILIES OF ILL OR INJURED CHILDREN RECEIVING TREATMENT AT BOISE MEDICAL FACILITIES	700
ST LUKE'S HUMPHREYS DIABETES		501(C)(3)	TO PROVIDE EDUCATION IN	600

ST LUKE'S HUMPHREYS DIABETES CENTER 1226 RIVER STREET BOISE, ID 83702		501(C)(3) EXEMPT ORG	TO PROVIDE EDUCATION IN DIABETES SELF-MANAGEMENT AND PREVENTION BY SUPPORTING A DAY CAMP FOR CHILDREN WITH DIABETES AGES 3-7 THE DAY CAMP ACTIVITIES TEACH CHILDREN ABOUT DIABETES AND HELP THEM DEVELOP THE SKILLS THEY NEED TO MAINTAIN GOOD HEALTH	
--	--	-------------------------	---	--

		CHILDREN WITH DIABETES AGES 3-7 THE DAY CAMP ACTIVITIES TEACH CHILDREN ABOUT DIABETES AND HELP THEM DEVELOP THE SKILLS THEY NEED TO MAINTAIN GOOD HEALTH	
ST VINCENT DE PAUL 3217 W OVERLAND ROAD BOISE, ID 83705	501(C)(3) EXEMPT ORG	TO PROVIDE ASSISTANCE WITH FOOD, CLOTHING, RENT, UTILITIES, AND COMPANIONSHIP TO PEOPLE FACING ECONOMIC, EMOTIONAL, OR SPIRITUAL CRISES	1,000

		ACTIVITIES TEACH CHILDREN ABOUT DIABETES AND HELP THEM DEVELOP THE SKILLS THEY NEED TO MAINTAIN GOOD HEALTH	
ST VINCENT DE PAUL 3217 W OVERLAND ROAD BOISE, ID 83705	501(C)(3) EXEMPT ORG	TO PROVIDE ASSISTANCE WITH FOOD, CLOTHING, RENT, UTILITIES, AND COMPANIONSHIP TO PEOPLE FACING ECONOMIC, EMOTIONAL, OR SPIRITUAL	1,0

Total .

18,000

▶ 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 TERRY REILLY HEALTH SERVICES 501(C)(3) TO PROVIDE QUALITY. 1,000 211 16TH AVE NORTH PO BOX 9 EXEMPT ORG COMPREHENSIVE HEALTH CARE NAMPA. ID 83653 TO PEOPLE WHO MIGHT HAVE DIFFICULTY OBTAINING CARE ELSEWHERE DUE TO RURAL ISOLATION, FINANCIAL BARRIERS, OR CULTURAL SENSITIVITY

		SENSTITUTIT	
THE IDAHO FOOD BANK 3562 S TK AVENUE BOISE, ID 83705	501(C)(3) EXEMPT ORG	TO PROVIDE FOOD, INFORMATION AND SUPPORT SERVICES TO HUNGRY PEOPLE IN ITS SERVICE AREA	1,000
THE SALVATION ARMY 4308 W STATE STREET BOISE, ID 83703	501(C)(3) EXEMPT ORG	TO PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET HUMAN NEEDS WITHOUT DISCRIMINATION BY PROVIDING PROGRAMS THAT ASSIST WITH DISASTER RELIEF, PRISONER REHABILITATION, DRUG AND ALCOHOL REHABILITATION, YOUTH CAMPS, AND ELDERLY	1,000

Total .

SERVICES

18,000

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
TREASURE VALLEY INSTITUTE FOR CHILDREN'S ARTS 1406 EASTMAN STREET BOISE, ID 83702		501(C)(3) EXEMPT ORG	TO PROVIDE MEANINGFUL EXPERIENCES IN THE ARTS TAUGHT BY OUTSTANDING AND LOVING EDUCATORS, INSPIRING	700
WOMEN'S & CHILDREN'S ALLIANCE 720 W WASHINGTON STREET BOISE, ID 83702		501(C)(3) EXEMPT ORG	TO PROVIDE SERVICES TO WOMEN, MEN AND THEIR CHILDREN ESCAPING DOMESTIC ABUSE AND SEXUAL ASSAULT THESE SERVICES INCLUDE EMERGENCY SHELTER, CRISIS HOTLINES, COUNSELING AND COURT ADVOCACY	1,000
INTERFAITH SANCTUARY 1620 W RIVER ST BOISE, ID 83702		501(C)(3) EXEMPT ORG	INTERFAITH SANCTUARY SHELTER SERVES PEOPLE OF ALL GENDERS, RACES, RELIGIONS, AND SEXUAL ORIENTATION, AS WELL AS FAMILIES WITH CHILDREN, BY PROVIDING SAFE OVERNIGHT	400

		THESE SERVICES INCLUDE EMERGENCY SHELTER, CRISIS HOTLINES, COUNSELING AND COURT ADVOCACY	
INTERFAITH SANCTUARY 1620 W RIVER ST BOISE, ID 83702	501(C)(3) EXEMPT OR	INTERFAITH SANCTUARY SHELTER SERVES PEOPLE OF ALL GENDERS, RACES, RELIGIONS, AND SEXUAL ORIENTATION, AS WELL AS FAMILIES WITH CHILDREN, BY PROVIDING SAFE OVERNIGHT EMERGENCY SHELTER AND PRACTICAL SERVICES TO	40

Total

TRANSITION OUT OF HOMELESSNESS

18,000

. ▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ST JUDES CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		501(C)(3) EXEMPT ORG	THE MISSION OF ST JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY	400

	CATASTROPHIC DISEASES	
	THROUGH RESEARCH AND	
	TREATMENT CONSISTENT WITH	
	THE VISION OF OUR FOUNDER	
	DANNY THOMAS, NO CHILD IS	
	DENIED TREATMENT BASED ON	
	RACE, RELIGION OR A FAMILY'S	
	ABILITY TO PAY	

18,000

efile GRAPHIC print - DO NOT F	PROCESS	As Filed D	ata -		DL	N: 93491077006079
TY 2018 Accounting Fe	ees Sch	edule				
_						
		THE JEAN 20-5157	N SULLIVAN (WAF 885	EAGLE) FOU	NDATIO	N
Category	Am	ount	Net Investment Income	Adjusted Incom		Disbursements for Charitable Purposes
ACCOUNTING FEES		450		0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN:	93491077006079
TY 2018 Investments - Other	Schedule		
No	THE JEAN CHILTY	AN (WARFACIE) FOUNDATION	
name:	THE JEAN SULLIV	AN (WAREAGLE) FOUNDATION	
EIN:	20-5157885		
Investments Other Schedule 2			

Investments Other Schedule 2							
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value				
MUTUAL FUNDS	FMV	289.765	244,330				

Name: THE JEAN SULLIVAN (WAREAGLE) FOUNDATION

EIN: 20-5157885

Other Assets Schedule

Value

Description

efile GRAPHIC print - DO NOT PROCESS

End of Year - Fair Market Value

As Filed Data -

2,021

End of Year - Book

DLN: 93491077006079

DIVIDENDS RECEIVABLE

Beginning of Year -Book Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491077006079					
TY 2018 Other Expenses Schedule							
Name:	: THE JEAN SULLIVAN (WAREAGLE) FOUNDATION						
EIN:	20-5157885						
Other Expenses Schedule				4			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

408

ACCOUNT FEES