Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

| | For | caler | ndar year 2018 or tax year beginning | , 2018, and ending , 20 | | | | | | | | | |
|-------------|--------------|------------|--|-------------------------|------------------|--|--|--|---|--------------------|--|--|--|
| • | Nam | e of fou | indation | | | | A Employe | r identification number | er | | | | |
| | | | ndation for Research and Education | 1 | | ı | | 45-5464550 | • | | | | |
| • | Num | ber and | street (or P O box number if mail is not delivered to street address) | | Room/su | nte | B Telephor | e number (see instruct | ions) | | | | |
| | 636 | 3 S Fic | Idlers Green Cir, 14th FI | | | | | 303-495-1200 |) | , | | | |
| | City | or town | , state or province, country, and ZIP or foreign postal code | | | | C If exempt | tion application is pend | ing, check here | <u></u> | | | |
| • | Gre | enwoo | d Village, CO 80111-5024 | | | | | | • | | | | |
| | | | <u>_</u> | n of a former p | oublic ch | arity | D 1. Foreig | n organizations, check | here | ►□ | | | |
| | | | ☐ Final return ☐ Amended | return | | | 1 | | | | | | |
| - | | • | ☐ Address change ☐ Name cha | nge | | | Foreign organizations meeting the 85% test check here and attach computation | | | | | | |
| | Н | Check | type of organization: Section 501(c)(3) exempt p | rivate founda | tion 💍 | 11 | | foundation status was | terminated und | _ | | | |
| ۱ ا | | Section | on 4947(a)(1) nonexempt charitable trust Other ta: | xable private | foundati | hói | section 5 | 07(b)(1)(A), check here | | ▶□ | | | |
| | I | Fair m | narket value of all assets at J Accounting method | i: 🗌 Cash [| ✓ Accr | ual | E if the four | ndation is in a 60-mont | h termination | | | | |
| | | | f year (from Part II, col. (c), Other (specify) | | 4 3 | | | ction 507(b)(1)(B), chec | | ▶ 🗌 | | | |
| | | | 6) ► \$ 363,158 (Part I, column (d) must be | on cash basis | .) | | | | | | | | |
| , | Pa | art I | | (a) Revenue a | and a | | | | (d) Disbursem | | | | |
| | | • | amounts in columns (b), (c), and (d) may not necessarily equal | expenses p | | | nvestment ome | (c) Adjusted net income | for charitab purposes | 3 | | | |
| λ. | | | the amounts in column (a) (see instructions).) | books | , | ٠. | | | (cash basis o | only) | | | |
| ` | | 1 | Contributions, gifts, grants, etc., received (attach schedule) | , 32 | 4,382 | 影響 | | | | | | | |
| | | 2 | Check ► ☐ if the foundation is not required to attach Sch. B | | | 14 27 | | Madra Hally | anne et e | | | | |
| | , | 3 | Interest on savings and temporary cash investments | | | | | | SEMPLEY | 190 | | | |
| | | 4 | Dividends and interest from securities | | | | | | | 經測 | | | |
| | | 5a | Gross rents | ١ | | | | | | 深薄 | | | |
| • | ļ | b | Net rental income or (loss) | REAL STATE | 6.70 | | | | <i>300</i> | | | | |
| | e | 6a | Net gain or (loss) from sale of assets not on line 10 | | | 13000 | 200,000 | | 第二十二十 | 經網 | | | |
| | Revenue | ь | Gross sales price for all assets on line 6a | A ALEXANDER | SEDI | $\mathbb{E}[N]$ | FIN | | | aria | | | |
| | <u>6</u> | 7 | Capital gain net income (from Part IV, line 2) | 244 8534 | がでて | 4'- | | 5 457 6 8 | 18 18 18 18 18 18 18 18 18 18 18 18 18 1 | | | | |
| | ~ | 8 | Net short-term capital gain | AMB (20 Ma) | | | 1010 | 80 | | W. | | | |
| | - | 9 | Income modifications | - 18 P | NON | 2 b | 2019 | <u> </u> | 4.00 | | | | |
| | - 1 | 10a | Gross sales less returns and allowances | 101 | 3%对17% | | | <u>u</u> | | | | | |
| | | , b | Less: Cost of goods sold | | | | XX 14 12 12 | | | | | | |
| | | C | Gross profit or (loss) (attach schedule) | | JGD | - S | | recently . | | <u>69531</u> | | | |
| • | | 11 | Other income (attach schedule) | - | | | | | WARE TO SERVE | English Topogra | | | |
| - | - | 12 | Total. Add lines 1 through 11 | 32 | 4,382 | | | | ZHUMHUATUM | \$45.W | | | |
| | S | 13 | Compensation of officers, directors, trustees, etc | - | • | | | | | | | | |
| | Expenses | 14 15 | Other employee salaries and wages | | | | | | | | | | |
| , | B | ุเอ 16a | Pension plans, employee benefits CEIVED IN COR Legal fees (attach schedule) | REC | + | | | <u></u> | | | | | |
| | <u>й</u> | b | | 1123 | | | | | ī | | | | |
| - | 8 | 0 | Other professional fees (attach schedule) | | | | | | · | | | | |
| | = | 17 | Accounting fees (attach schedule) Other professional fees (attach schedule) Interest 1.5.2020 | | - | | | | | | | | |
| | 탏 | 18 | Taxes (attach schedule) (see instructions) | | | | | ` | | | | | |
| | <u>Ē</u> │ | 19 | Depreciation (attach schedule) and depletion UTAH | | 20 | <u>.</u> | • | | 4.0 | 20 | | | |
| (| ጀ | 20 | Occupancy | | | | | | LANGUAGE CHARLES | <u>FURDEDS</u> | | | |
| 5 | ₹ | 21 | Travel, conferences, and meetings | 5 | 1,004 | | | | <u>.</u> | 1,004 | | | |
| Ž | 2 | 22 | Printing and publications | | .,004 | | | | 3 | 1,004 | | | |
| Д | , a | 23 | Other expenses (attach schedule) | 20: | 3,150 | | • | | 203 | 3,150 | | | |
| | . <u>E</u> | 24 | Total operating and administrative expenses. | • | ,,,,,, | | | | | <i>,,</i> 100 | | | |
| Š | ā | | Add lines 13 through 23 | 25 | 4,174 | | ļ | | 254 | 4,174 ⁻ | | | |
| - WARED MAR | ᆲ | 25 | Contributions, gifts, grants paid | | 1,961 | 14.6 | 4.5 | 4,459 | | 1,961 | | | |
|) | 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | | 6,135 | ************************************** | a | THE PARTY OF THE PROPERTY OF T | | 6,13 <u>5</u> | | | |
| . | | 27 | Subtract line 26 from line 12: | - 50 | 134 | | 24.0 | 74 | 3 | 5 M | | | |
| | | а | Excess of revenue over expenses and disbursements | (71 | ,752) | | | | 44.0 | | | | |
| 2020 | ľ | b | Net investment income (if negative, enter -0-) | | (7A) | | - 2000000 | \$ * 1 (e 1) | | | | | |
| _ | - 1 | _ | Addition and the second of the | FEFERENCESCONOST/UTS | TAKANSTAN MEGANI | William Brad | Co. LONGSTON OF STREET, AND ST | | 42 LC TOTAL OF THE A STATE OF THE A | F 44 67 24 | | | |

For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

Cat No 11289X

Form **990-PF** (2018)

| _ F.6 | rt II | Balance Sheets Attached schedules and amounts in the description column | | | of year |
|---|----------|---|---|---|--|
| | | should be for end-of-year amounts only. (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | ` 1 | Cash—non-interest-bearing | 434,910 | 360,158 | 360,158 |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | 3,000 | 3,000 |
| | 4 | Less: allowance for doubtful accounts ► Pledges receivable ► Less: allowance for doubtful accounts ► | | V412 by 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | 11.00 | 10.7 | 1940 |
| | | Less: allowance for doubtful accounts ▶ | | | |
| ध | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| ł | С | Investments—corporate bonds (attach schedule) | | | |
| - 3 | 11 | Investments—land, buildings, and equipment basis ▶ | | | F 44.5 |
| | | Less: accumulated depreciation (attach schedule) ▶ | 3.55.665.565.5656.656.656.656.656 | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | |
| | | Less. accumulated depreciation (attach schedule) ▶ | JAMES STREET, | DATE OF THE PARTY | |
| | 15 | Other assets (describe ▶) | | | |
| - 1 | 16 | Total assets (to be completed by all filers-see the | | | |
| | | instructions. Also, see page 1, item l) | 434,910 | 363,158 | 363,158 |
| | 17 | Accounts payable and accrued expenses | · | | 127 |
| ဖ | 18 | Grants payable | | | SYMPHON TO |
| Ę. | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | TO CONTRACTOR |
| ia | 21 | Mortgages and other notes payable (attach schedule) | | | West to Committee of |
| _ | 22 | Other liabilities (describe ►) | | | Not the Wall of the Control of the C |
| <u>. </u> | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| und Balances | | Foundations that follow SFAS 117, check here ▶ ✓ and complete lines 24 through 26, and lines 30 and 31. | | | |
| <u>a</u> | 24 | Unrestricted | 0 | 313,158 | |
| Ba | 25 | Temporarily restricted | 434,910 | 50,000 | |
| פ | 26 | Permanently restricted | | | |
| Fur | | Foundations that do not follow SFAS 117, check here ▶ □ | | | |
| | 27 | and complete lines 27 through 31. | | | |
| Net Assets or | 28 | Capital stock, trust principal, or current funds | - | | Section 1 |
| Set | | Retained earnings, accumulated income, endowment, or other funds | | | SANGARAN SANGARAN |
| As | 29 30 | | 404.040 | 000.450 | Charles and the Control of the Contr |
| et ' | 31 | Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see | 434,910 | 363,158 | 100 m |
| Z | Ĭ' | · · · · · · · · · · · · · · · · · · · | 404.040 | 202.452 | 4.1 |
| 22 | rt III | Analysis of Changes in Net Assets or Fund Balances | 434,910 | 363,158 | |
| | | | (a) lin - 00 (| | <u> </u> |
| F | | I net assets or fund balances at beginning of year—Part II, colu of-year figure reported on prior year's return) | | | 404.046 |
| 2 | | | | | 434,910 |
| 3 | | unimono ao ao ao kamalanda da Bara O (Assa) N | | | (71,752) |
| | | lines 1, 2, and 3 | | 4 | 000 455 |
| 5 | | reases not included in line 2 (itemize) | | | 363,158 |
| | | I net assets or fund balances at end of year (line 4 minus line 5)— | Part II column /b\ ti | 5 ne 30 6 | 000 - 77 |
| <u> </u> | · Jiai | The access of fund balances at end of year (line 4 minus line 5)— | art ii, colulliii (D), iii | 116 30 16 | 363,158 |

| , | (a) List and describe the kill 2-story brick warehout | nd(s) of property sold (for e ise, or common stock, 200 | | | (b) How acquired P—Purchase D—Donation | (c) Date acc | | (d) Date sold (mo , day, yr) |
|----------|--|--|------------------------------------|---------------|--|---------------------------------------|-------------|---|
| 1a | | | | | | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| <u>d</u> | | | | | | | | |
| е | | | | | L | | | |
| | (e) Gross sales price | (f) Depreciation alle (or allowable) | | | other basis nse of sale | | | or (loss) minus (g)) |
| a | | | | | | | | |
| b | | | | | | | | • |
| <u> </u> | | | | | | | | |
| <u>d</u> | | | | | | | | |
| е_ | Complete only for assets sho | wing gain in column (h) | and owned by the | e foundation | on 12/31/69 | | | |
| | (i) FMV as of 12/31/69 | (j) Adjusted bas as of 12/31/69 | iis | (k) Exces | s of col (i) (j), if any | col (k |), but not | (h) gain minus less than -0-) or om col (h)) |
| a | | <u> </u> | | | | | | |
| b | | | | | - | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 2 | Capital gain net income o | r (net capital loss) | f If gain, also If (loss), ente | | | 2 | | |
| 3 | Net short-term capital gar If gain, also enter in Part | I, line 8, column (c). | See instruction | s. If (loss), | | 3 | | |
| Part | Part I, line 8 | ler Section 4940(e | for Reduced | Tay on N | et Investment | | | · · · · · · · · · · · · · · · · · · · |
| | ptional use by domestic pri | | | | | | ne l | · · · · · · · · · · · · · · · · · · · |
| If sect | non 4940(d)(2) applies, leav | e this part blank. | - | | | | | ☐ Yes ☑ No |
| | s," the foundation doesn't o | | | | | ase penou | 11 | ☐ TES ☑ NO |
| 1 | Enter the appropriate amo | | | | | aking any e | ntries. | |
| Cale | (a) Base period years endar year (or tax year beginning in | (b) | | | (c) nonchantable-use a | note | Dıştr | (d) abution ratio avided by col (c)) |
| | 2017 | | 446,833 | | 51 | 5,606 | | 0.8667 |
| | 2016 | | 489,959 | | 71 | 0,971 | ı | 0.6891 |
| | 2015 | | 330,879 | | 65 | 0,445 | (| 0.5087 |
| | 2014 | | 179,141 | | 46 | 5,711 | | 0.3847 |
| | 2013 | | 179,044 | | 34 | 2,118 | ı | 0.5233 |
| 2 | Total of line 1, column (d) | | | | | . 2 | | 2 9725 |
| 3 | Average distribution ratio the number of years the fo | | | | | · | | 0.5945 |
| 4 | Enter the net value of non | | | | | . 4 | | 394,049 |
| 5 | Multiply line 4 by line 3 | | | | | . 5 | | 234,262 |
| | | | | | | | | |
| 6 | Enter 1% of net investmen | | | | | | | 0 |
| 7 | Add lines 5 and 6 | | | | | . 7 | | 234,262 |
| 8 | Enter qualifying distribution of line 8 is equal to or great Part VI instructions. | | | | | . 8 hat part us | sing a 19 | 396,158 % tax rate. See the |

| Part | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—sec | e instr | uctio | ns) |
|------|---|---------------------|---|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. | 例如對 | | |
| ` | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | | Sir of | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | |
| • | here ► 🗹 and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | |
| 3 | Add lines 1 and 2 | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | | <u> </u> |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | | |
| 6 | Credits/Payments. | | | 数型 |
| а | 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a | 11 | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | |
| С | Tax paid with application for extension of time to file (Form 8868) . 6c 6c | | | |
| d | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9 | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10 | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 | | | |
| Part | VII-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign? | t <u>2.36</u> 1a | Yes | No ✓ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | e 1b | | 1. |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material | | I Sala | 始號 |
| | published or distributed by the foundation in connection with the activities. | | 5 1-4-17 | 1,13 |
| С | Did the foundation file Form 1120-POL for this year? | 1c | الله الله الله الله الله الله الله الله | 1 |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | 7.00 | , 25 ch ch | 沙豐 |
| _ | (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ | | 麗樓 | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ | - | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ | |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . | 3 | | √ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | 1 | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | 1 | - |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | 1 385-177.2 | √ |
| _ | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | | | 76 |
| | By language in the governing instrument, or | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that | | . istu | STA |
| _ | conflict with the state law remain in the governing instrument? | . 6 | 1 | <u> </u> |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X | 7 | √ | L4953+14 |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ | | | |
| | Delaware, Colorado | - 1 | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | l | / | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of | r 💯 | | 100 |
| | 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes, | | | |
| | complete Part XIV | 9 | ✓ | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the | r | | |
| | names and addresses | 10 | ✓ | |

| Par | VII-A Statements Regarding Activities (continued) | | | |
|------|--|--------|--|----------------|
| | \. | | Yes | No |
| 11 ` | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | 1 |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions | 12 | | 1 |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | 1 | |
| | Website address ► N/A | | | |
| 14 | | 3-495- | 1200 | |
| | Located at ► 6363 S Fiddlers Green Cir, 14th FI, Greenwood Village CO ZIP+4 ► 8 | 0111-5 | 024 - | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here | | • | ▶ ⊔ |
| 40 | and enter the amount of tax-exempt interest received or accrued during the year | | Vaa | N. |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No ✓ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | # 7 7 | | 7 |
| Par | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | W. | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): | 學經 | | N/A |
| ٠, | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | * 2 |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes | | | |
| • | (5) Transfer any income or assets to a disqualified person (or make any of either available for | 1 | | |
| | the benefit or use of a disqualified person)? | | | 4.5 |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| . b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . | 1b | . | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | 分為 |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? | 1c | | √ |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? | | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement—see instructions.) | 2b | ************************************** | Description of |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2018.) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | . 345.47.1 | √ |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | ✓ |

| Part | VII-B | Statements Regarding Activities | s for V | Vhich Form | 4720 | May Be F | equire | e d (conti | nued) | | | Ī |
|---------|----------------|--|----------|--------------------------------|----------|-------------------------|----------|------------------------------|--------------|---|--------------------|-------------|
| 5a | - | the year, did the foundation pay or incur | • | | | | | | | (2.27 | Yes | No |
| ` | | ry on propaganda, or otherwise attempt t | | | | | | ☐ Yes | ✓ No | | | |
| | | uence the outcome of any specific publi | | ion (see sect | | | • | ' | _ | | | |
| | | ectly or indirectly, any voter registration dr | | • • • | | | | ☐ Yes | ✓ No | 5725424 | | |
| | | vide a grant to an individual for travel, stu | | | | | | ☐ Yes | ✓ No | | | |
| | | vide a grant to an organization other than | | | | | | _ | | | | |
| | | tion 4945(d)(4)(A)? See instructions | | | | | | _ ∐ Yes ' | ✓ No |) | | |
| | | vide for any purpose other than religious poses, or for the prevention of cruelty to a | | | | ary, or edu | | _ | □ N- | | | |
| h | | inswer is "Yes" to 5a(1)-(5), did any of the | | | | | | ∐Yes | No No ∑ | 120000000000000000000000000000000000000 | | |
| | | lations section 53 4945 or in a current no | | | | | | | | 5b | | فتت د. |
| | - | zations relying on a current notice regardi | | | | | | | ▶□ | 1947 704 74 | | |
| С | | nswer is "Yes" to question 5a(4), does t | | | | | the tax | (| | | | |
| | | e it maintained expenditure responsibility | | | | • | | | □No | | | |
| | If "Yes, | " attach the statement required by Regula | ations s | section 53.49 | 945–5(d |). | | | | | 5.7 | |
| 6a | | foundation, during the year, receive any | funds, | directly or in | directly | , to pay pre | emiums | ; | | | | |
| | • | ersonal benefit contract? | | | | | | Tes Yes | ✓ No | | | |
| b | | foundation, during the year, pay premiun | ns, dıre | ectly or indire | ctly, on | a persona | benefi | t contract | ? . | 6b | | √ |
| _ | | to 6b, file Form 8870. | | | | | | _ | _ | | | |
| | | ime during the tax year, was the foundation | | | | | | Yes | | | | |
| ь 8 | | " did the foundation receive any proceed oundation subject to the section 4960 ta | | | | | | | n <i>r</i> . | 7b | enders. | Y86561 |
| 0 | | eration or excess parachute payment(s) di | | | | | | Yes | ∏ No | | | |
| Part | VIII | Information About Officers, Direc | | | | | | | | 2.4.47 | ees. | PARTICIPANS |
| | | and Contractors | , | , . | | | -g, | | | | , | |
| 1 | List all | officers, directors, trustees, and found | lation r | managers ar | nd their | compens | ation. S | See instru | uctions | 5. | | |
| | | (a) Name and address | | e, and average irs per week | | mpensation not paid, | | Contribution byee benefit | | (e) Expe | | |
| | | · · · · · · · · · · · · · · · · · · · | | ed to position | | ter -0-) | | erred compe | | otner | allowan | ces |
| Randy | Strozyk | | | | | | | | | | | |
| | | , Seattle, WA | Preside | ent | ļ | | | | | | | |
| Susan | | | L | | | | | | | | | |
| Sean T | | Green Cir, 14th FI GRWND Village CO | Treasu | rer | | | | | | | | |
| | | Green Cir, 14th FI GRWND Village CO | Sagrati | | | | | | | | | |
| 0303 3 | i idulei s | Green Cir, 140111 GRWIND VIIIage CO | Secreta | ат у | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Compe "NONE | ensation of five highest-paid employed." | es (oth | er than tho | se incl | uded on li | ne 1- | see instr | uction | s). If n | one, o | enter |
| | | | | (b) Title, and a | average | | | (d) Contribi | | | | |
| (| a) Name a | nd address of each employee paid more than \$50,00 | 00 | hours per v | week - | (c) Compe | nsation | employee plans and o | deferred | (e) Expe | nse acc allowan | |
| | | | | devoted to p | OSICION | | | compens | sation | | | |
| N/A | | | | Ì | | | | | | | | |
| | | | | ļ | | | | | | | | |
| | | | | İ | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | - ···· · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | | • | | | | | | | | | | |
| | | | | 1 | | | | - | | | | |
| | | | | | | | | | | | | |
| Total r | number | of other employees paid over \$50,000 . | | | | | | | . • | | | |

| rectors, Trustees, Foundation Managers, Highly Paid of Foundation of Fou | |
|--|-------------|
| | ONE." |
| | J.1 |
| | (c) Comp |
| | |
| | |
| | |
| professional services | > |
| e Activities | |
| during the tax year Include relevant statistical information such as the numb invened, research papers produced, etc | of Expe |
| iveried, research papers produced, etc | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| d la contraction de la contrac | |
| d Investments (see instructions) by the foundation during the tax year on lines 1 and 2 | Amo |
| y the foot datast outling the tax you of three value | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Part | Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.) | gn found | lations, |
|------|---|-----------|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | Ι. Ι | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | 400,973 |
| C | Fair market value of all other assets (see instructions) | 1c | - |
| d | Total (add lines 1a, b, and c) | 1d | 400,973 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 400,973 |
| 4 | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 6,019 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 394,958 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 19,748 |
| Part | | oundatio | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | | |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | 1 | |
| С | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | - |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | |
| Part | XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 396,158 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 396,158 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| | Enter 1% of Part I, line 27b. See instructions | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 396,158 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years. | g whether | |
| | | | 000 DE |

| Part | XIII Undistributed Income (see instruction | ons) | | | |
|--------|--|------------------------------------|--|--|--|
| | | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
| 1 | Distributable amount for 2018 from Part XI, line 7 | | | | |
| 2 | Undistributed income, if any, as of the end of 2018 | | #17 #17 V A 27 F E | Company Company of the Company of th | |
| а | Enter amount for 2017 only | | | | |
| b | Total for prior years 20, 20, 20 | | | er modernen ign | PORTON CONTROL |
| 3 | Excess distributions carryover, if any, to-2018: | 2.0 | (AU) | | |
| а | From 2013 | | | | |
| Ь | From 2014 | | | | |
| С | From 2015 | | | | |
| a | From 2016 | | | | |
| f | Total of lines 3a through e | NAME OF THE PROPERTY. | ARTER ARTER ARTER AREA | | Parkalanter (* 1951) Balling Roma Liver († 120) |
| Α' | Qualifying distributions for 2018 from Part XII, | 100 | | MUNCONSON APARTIAN SEAS | |
| 7 | line 4 > \$ | | | | |
| а | Applied to 2017, but not more than line 2a . | | 1 | Mark of the Control | |
| b | Applied to undistributed income of prior years (Election required—see instructions) | | , | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required—see instructions) | LTTP LINEYP STESSION / LINEWISS TO | | | |
| d | Applied to 2018 distributable amount | Marie Marie Marie 19 | | | THE WAS ASSETTED ASSESSED |
| е - | Remaining amount distributed out of corpus | i . | | | |
| 5 | Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same | | | | |
| | amount must be shown in column (a), the same | | | | |
| 6 | Enter the net total of each column as | | | | |
| а | indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | , | | | |
| b | Prior years' undistributed income. Subtract | | TAMES TO THE SECOND STATE OF THE | ALC: SALVENCE SALVE SALVENCE SALVENCE SALVENCE SALVENCE SALVENCE SALVENCE SALVENCE S | 14.55E. / 1327E. Su |
| | line 4b from line 2b | | | | |
| С | 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 | | | | |
| | Subtract line 6c from line 6b. Taxable | | · · | | |
| u | amount—see instructions | | , | | |
| е | Undistributed income for 2017. Subtract line | A 5 / A 90 / 7 5 7 1 | | | |
| | 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 | | | | |
| _ | , | AGA STOPHAN (METAL) | | | |
| 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). | | 44.00 (10 Table 0 10 T | | |
| 9 | Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | | | | |
| 10 | Analysis of line 9: | | | | |
| а | Excess from 2014 | 25/53/04/25 | | | |
| b | Excess from 2015 | | | | |
| c | Excess from 2016 | | | | |
| d | Excess from 2017 | | | | |
| е | Excess from 2018 | | | | ing says and the |

| | 90-PF (2018) | | | | | Page 1.0 |
|---------|--|----------------------|----------------------|------------------------|----------------------|--------------------|
| Part | XIV Private Operating Founda | tions (see instru | ctions and Part | VII-A, question 9 |) | |
| 1a ` | If the foundation has received a ruling foundation, and the ruling is effective for | r 2018, enter the da | ate of the ruling | . • | 9/11 | |
| b | Check box to indicate whether the fou | | operating foundat | | ection / 4942(j)(3 | 3) or 🗌 4942(j)(5 |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | (e) Total |
| | investment return from Part X for | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | _ |
| | each year listed | | | | / | |
| | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed . | | | | | |
| | • | 396,135 | 446,833 | 489,959 | 330,879 | 1,663,806 |
| 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 | 200 425 | 446 022 | 400.050 | 220 070 | 1 002 000 |
| 3 | Complete 3a, b, or c for the | 396,135 | 446,833 | 489,959 | 330,879 | 1,663,806 |
| J | alternative test relied upon: | | | | | |
| а | "Assets" alternative test – enter: | | | | | |
| a | (1) Value of all assets | 363,158 | 434,9,10 | 583,102 | 547,393 | 1,928,563 |
| | (2) Value of assets qualifying under | 303,130 | 434,5,10 | 303,102 | 047,000 | 1,020,000 |
| | section 4942(j)(3)(B)(i) | 363,158 | 434,910 | 583,102 | 547,393 | 1,928,563 |
| b | "Endowment" alternative test-enter 2/3 | 333,133 | /, | | | |
| | of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| C | "Support" alternative test - enter | | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, | <i>,</i> | | | | |
| | 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 . | 7 | | | | |
| Part | XV Supplementary Information | on (Complete th | is part only if th | ne foundation h | ad \$5,000 or mo | re in assets at |
| | any time during the year- | | ıs.) | | | |
| 1 | Information Regarding Foundation | | | | | |
| а | List any managers of the foundation | | | | | by the foundation |
| | before the close of any tax year (but o | only if they have co | ontributed more tha | an \$5,000). (See s | ection 507(d)(2).) | |
| NONE | | h 400/ - | | 1 | | |
| b | List any managers of the foundation | | | | | ge portion of the |
| | ownership of a partnership or other e | ility) of which the | iouridation nas a i | 1076 or greater little | 51631 | |
| NONE | Information Department Contribution | Creat Citt Lee | n Cabalarabin at | to Drograms | | |
| 2 | Information Regarding Contribution | | | | organizations and | door not accord |
| | Check here ▶ ✓ if the foundation unsolicited requests for funds. If the f | | | | | |
| | complete items 2a, b, c, and d See in | | giris, granis, etc., | to individuals of o | rganizations under | otrier conditions, |
| а | The name, address, and telephone nu | | dress of the persor | n to whom applica | tions should be ad | dressed: |
| | | | | | | |
| b | The form in which applications should | be submitted and | information and r | materials they sho | uld include | |
| С | Any submission deadlines: | | | | | |
| d | Any restrictions or limitations on av | vards, such as h | / geographical ar | eas, charitable fie | elds, kinds of insti | itutions, or other |
| _ | factors: | , | , ggp w. | | , | _, |

Form 990-PF (2018) Supplementary Information (continued) ₀Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year **AIMS Community College Foundation** NONE PC 5401 20th St, Greeley CO, 80634 Statement 4 15,000 **Upstate Emergency Medicine Inc** NONE PC Statement 4 15,000 750 East Adams Street, Syacuse, NY 13210 Santa Rosa Junior College Foundation 1501 Mendocino Ave, Santa Rossa, CA 95401 NONE PC Statement 4 15,000 National Association of EMS Physicians NONE PC 34,500 4400 College Boulevard, Overland Park, KS 66211 Statement 4 Miami Valley Tech College 6800 Hoke Rd, Clayton, OH 45315 NONE PC Statement 4 9,726 **Pueblo Community College** PC 900 W. Orman Ave, Pueblo, CO 81004 NONE Statement 4 6,541 St. Anthony Hospital Paramedic Program 9100 E Mineral Cir, Centennial, CO 80112 PC NONE Statement 4 5,835 Colordo Mesa University 1100 North Ave, Grand Junction, CO 81501 NONE PC Statement 4 5,000 Volunteer State College 1480 Nashville Pike, Gallatin, TN 37066 PC NONE Statement 4 3,000 St. Petersburg College Foundation 6605 5th N, St. Petersburg, FL 33710 NONE PC Statement 4 3,000 Kent County Emergency Medical Service Inc 678 Front Ave NW, Suite 410, Grand Rapids, MI 49504 NONE PC Statement 4 3,000 **Arapahoe Community College** 16000 E Centretech Pkwy, Aurora, CO 80111 NONE PC Statement 4 1,078 Vietnam NONE Statement 4 281 **EMS Asia** NONE PC Statement 4 20,000 **Saves Lives Sonoma** 930 S A Street, Santa Rosa, CA 95404 NONE PC Statement 4 5,000 141,961 Approved for future payment

| Part XVI- | A Analysis of Income-Producing Ao amounts unless otherwise indicated. | Unrelated bu | isiness income | Excluded by sect | ion 512, 513, or 514 | 1-1 |
|---|---|----------------------|----------------------|-----------------------|----------------------|--|
| ` | am service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exemp function income (See instructions.) |
| а | | | | | | |
| b | | | | | | |
| c | - | | | | _ | |
| d | · | | | | | |
| e | | | | | | |
| † - | | | - | | | |
| - | es and contracts from government agencies ership dues and assessments | | | | | |
| | ership dues and assessments t on savings and temporary cash investments | - | | 1 | | |
| | nds and interest from securities | | | | | |
| | ntal income or (loss) from real estate: | | | | | |
| | bt-financed property | | | | | |
| | t debt-financed property | | | | | - |
| | ntal income or (loss) from personal property | | | " " | | |
| | investment income | | | | | |
| 8 Gain or | r (loss) from sales of assets other than inventory | | | | | |
| 9 Net inc | come or (loss) from special events | | | | | |
| 10 Gross | profit or (loss) from sales of inventory | | | | | |
| 11 Other | revenue: a | | | | | |
| b | | | | | | _ |
| | | | | 1 | | |
| c | | | | + | | |
| d _ | | | | | | |
| d | | | | | | |
| d e 12 Subtot | tal. Add columns (b), (d), and (e) | | | | 40 | |
| d e e 12 Subtot 13 Total. | tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | | 13 | |
| d e 12 Subtot 13 Total. See worksh | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | |
| d e 12 Subtot 13 Total. See worksh | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | nportantly to th |
| d e 2 Subtot 3 Total. ee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | nportantly to th |
| d e 12 Subtot 13 Total. Gee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | mportantly to th |
| d e 2 Subtot 3 Total. ee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | nportantly to th |
| d e 12 Subtot 13 Total. Gee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | nportantly to thations) |
| d e 12 Subtot 13 Total. Hee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | mportantly to the |
| d e 12 Subtot 13 Total. Gee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | mportantly to the |
| d e 2 Subtot 3 Total. ee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | mportantly to the |
| d e 2 Subtot 3 Total. ee worksh art XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | mportantly to the |
| d e 2 Subtot 3 Total. ee worksh Part XVI- | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | nportantly to th |
| d e 12 Subtot 13 Total. Gee worksh Part XVI- Line No. | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | mportantly to th |
| d e 12 Subtot 13 Total. Gee worksh Part XVI- Line No. | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | mportantly to the |
| d e 12 Subtot 13 Total. See worksh Part XVI- Line No. | tal. Add columns (b), (d), and (e) | ns.) | ent of Exemp | t Purposes | | nportantly to the |

| - | | Organizati | ons | | | | | | | | | |
|---------------|-------------|-----------------------|---------------------------------|--|--------------|-----------------|---------|----------------|------------------|-------------------------------------|---------------------|----------------|
| 1` | ın s | ection 501(c) (o | | ngage in any of the followin 501(c)(3) organizations) or | | | | | | | Yes | No |
| _ | - | nizations? | nadina farindatian ta | a nanahawtahla ayamat ara | | . . . | | | | | | |
| а | | | - | a noncharitable exempt org | |)I. | | | | 4 - (4) | | <u> </u> |
| | | Cash | | | | | | | | 1a(1) | _ | ✓ |
| | | Other assets . | | | | | | | | 1a(2) | | ✓, |
| b | | r transactions: | | | | | | | | | | |
| | | | | npt organization | | | | | | 1b(1) | | ✓ |
| | (2) F | urchases of asse | ets from a noncharitat | ole exempt organization . | | | | | | 1b(2) | | ✓ |
| | (3) F | Rental of facilities, | , equipment, or other | assets | | | | | | 1b(3) | | . ✓ |
| | (4) F | Reimbursement a | rrangements | | | | | | | 1b(4) | | \ |
| | (5) L | oans or loan gua | rantees | | | | | | | 1b(5) | | \ |
| | (6) F | erformance of se | ervices or membership | p or fundraising solicitations | s | | | | | 1b(6) | | ✓ |
| С | | | • | s, other assets, or paid emp | | | | | | 1c | | 1 |
| | | _ | - | " complete the following s | • | | | | | ow the | fair m | arket |
| | | | | es given by the reporting for | | | | | | | | |
| | | | | ment, show in column (d) th | | | | | | | | |
| (a) Line | | (b) Amount involved | | ritable exempt organization | | tion of transfe | | | | | | |
| (-, | + | (-, | | F | (0, 0000) | | | | , | | | |
| | -+ | | | | | | | | | | | |
| | | | | | . | | | | | | | |
| | | | | | | | | | | | | |
| | -+ | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | • | | | | | | |
| | | | | | | | | | | | | |
| | desc | ribed in section 5 | | iliated with, or related to, tition 501(c)(3)) or in section 5 | | | | | | _ | es [| No. |
| | | (a) Name of organ | ization | (b) Type of organization | | | (c) Des | criptio | n of relat | ionship | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | _ | | | | |
| | | | | - | | | | | | - | | |
| | | | | this return, including accompanying s | | | | | my know | edge and | belief, it | ıs true, |
| Sign Here | corre | | aration of preparer (other than | taxpayer) is based on all information | | | | | May the | IRS disci preparer s ructions | ıss this shown b | retum elow? |
| Paid Prepa | | Print/Type preparer | | Preparer's signature | | Date | | Chec self-e | k if mployed | PTIN | | |
| Jse C | | Firm's name ▶ | | | | | Firm's | EIN P | • | | | |
| | - · · · · y | Firm's address ▶ | | · | | | Phone | e no | | | | |
| | | • | | | | | | | | | A DE | |

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

AMR Foundation for Research and Education 45-5464550 Organization type (check one): Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

| AMR Foul | ndation for Research and Education | 45-5464550 | | |
|------------|--|-------------------------------|--|--|
| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space is | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 1 | University of Washington 4333 Brookyln Ave NE, 17th Floor Box 359472 Seattle, WA 98195 | \$30,000 | Person | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | Pendrick Capital Partners LLC 1209 Orange Street Wilmington, DE 19801 | \$ 12,000 | Person Payroll Noncash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 3 | Velocity 7130 Spring Medows Drive West Holland, OH 98083 | \$12,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 4 | AMR Holdco 6363 S Fiddlers Green Cir, 14th Fl Greenwood Village, CO 80111-5024 | \$12,000 | Person Payroll Noncash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 5 | Physio Foundation PO Box 196 Kirkland, WA 98083 | \$12,000 | Person Payroli Noncash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 6 | Bass. Berry & Sims PLC 1700 Riverview Tower 900 S Gay Street Knoxville, TN 37902 | \$12,000 | Person Payroll Noncash (Complete Part II for noncash contributions) | |

Name of organization **Employer identification number AMR Foundation for Research and Education** 45-5464550 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person \square . 7 Credence Resource Management LLC **Payroll** 17000 Dallas Parkway #204 Noncash 12,000 (Complete Part II for noncash contributions) Dallas, TX 75248 (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \square Person 8 Laerdal Medical **Payroll** 12,000 Noncash 167 Myers Corners Rd (Complete Part II for noncash contributions) Wappingers Falls, NY 12590 (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person \square 9 St. Anthony PreHospital Services Pavroll \Box Noncash 11600 W 2nd Pl 9,000 (Complete Part II for noncash contributions.) Lakewood, CO 80228 (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person \square 10 Chubb Insurance Group Payroll 400 Inverness Pkwy #300 6,100 Noncash (Complete Part II for noncash contributions) Englewood, CO 80112 (b) (d) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Greenwood Management Advisors LTD ◩ 11 Person **Payroli** Noncash 6312 S Fiddlers Green Cir, Suite 300E 6,000 (Complete Part II for Greenwood Village, CO 80111 noncash contributions) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 Person \square Edward Van Horne Payroll 5,700 Noncash 6363 S Fiddlers Green Cir,14th Fl (Complete Part II for noncash contributions.) Greenwood Village, CO 80111

| • | |
|---|--------------------------------|
| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | Page |
| Name of organization | Employer identification number |
| AMR Foundation for Research and Education | 45-5464550 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 13 | Sedgwick Claims Management 65 Tejon St Denver, CO 80223 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| .14 | Ricoh Americas Corporation 7245 South Havana Street, Suite 300 Centennial, CO 80112 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 15 | Simpson Thacher & Bartlett LLP 900 S Street, NW Washington, DC 20001 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 16 | SHI International Corp. 290 Davidson Avenue Somerset, NJ 08873 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 17 | American Emergency Vehicles 165 American Way Jefferson, NC 28640 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 18 | PWC 1900 16th Street Denver, CO 80202 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions) | | |

Name of organization

AMR Foundation for Research and Education

45-5464550

| MIVIN FUUI | idation for Research and Education | | 43-3404330 | | |
|------------|--|----------------------------|---|--|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 19 | Aon Foundation 1900 16th Street, Suite 1000 Denver, CO 80202 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 20 | KPMG 1225 17th Streeet Denver, CO 80202 | \$5,700 | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 21 | Lytx 9785 Towne Center Dr San Diego, CA 92121 | \$5,500 | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 22 | Lombardi, Loper & Conant, LLP 1999 Harrison St Oakland, CA 94612 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 23 | Pozo-Diaz & Pozo, P.A. 9260 Sunset Dr Miami, FL 33173 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| _24 | Phillip Hack & Associates 703 Palomar Airport Rd Carlsbad, CA 92011 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization

AMR Foundation for Research and Education

45-5464550

| AMR FOU | idation for Research and Education | | 45-5464550 |
|------------|---|-------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space is | needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | Halloran & Sage LLP 225 Asylum Street Harford, CT 06103 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | Centrex Revenue Solutions LLC 318 U.S. Hwy 1 #205 Jupiter, FL 33477 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27 | BH Colorado Electric Utility Co LLP 105 S Victoria Ave Pueblo, CO 81003 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | Lowis & Gellen LLP 175 West Jackson Blvd Chicago, IL 60604 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| AMR FOUNDATION FOR RESEARCH AND EDUCATION | | 45-5464550 |
|---|-----------------------------------|-------------------|
| FORM 990-PF | REVENUE | STATEMENT 1 |
| CONTRIBUTIONS, C | FIFTS, GRANTS, ETC., RECEIVED | AMOUNT |
| GRANTS CONTRIBUTIONS | | 30,000 294,382 |
| TOTAL INCLUDED O | ON FORM 990-PF, PART I, LINE 1(a) | 324,382 |

| FORM 990-PF | REVENUE | STATEMENT |
|-------------|---------|-----------|
| TAXES | | AMOUNT |
| Use Tax | | |

AMR FOUNDATION FOR RESEARCH AND EDUCATION

45-5464550

| FORM 990-PF | OPERATION AND ADMINISTRATIVE EXPENSES | STATEMENT 3 |
|----------------|---------------------------------------|-------------|
| OTHER EXPENSES | | AMOUNT |
| Dank Base | | 222 |
| Bank Fees | | 222 |
| Consulting | | 49,974 |
| Contract Labor | | 36,348 |
| Event Expenses | | 86,421 |
| Miscellaneous | | 3,550 |
| Phone Fees | | 851 |
| Postage | | 54 |
| Printing | | 891 |
| Software | | 7,500 |
| Subscriptions | | 17,339 |

TOTAL INCLUDED ON FORM 990-PF, PART I, LINE 23

203,150

| ZMD | FOUNDATION | FOR | DECEARCH | ΔND | FDUCATION |
|-------|------------|-----|----------|-------------|-----------|
| AI*IR | LOUNDALION | rur | UDDEW/CU | AND | EDUCATION |

45-5464550

FORM 990-PF SUPPLEMENTARY INFORMATION STATEMENT 4

PURPOSE OF GRANT OR CONTRIBUTION - PART XV, LINE 3(a)

ALL GRANTS WERE DISTRIBUTED FOR THE PURPOSE OF IMPROVING CARDIAC ARREST SURVIVAL IN THESE COMMUNITIES.