Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

29491320021179 OMB No 1545-0052

Department of the Treasury

!	nter	nai H	tevenue Service	P G	o to www.irs.g	owroini	990PF for instr	uctions and t	ie latest iii	TOTITIA	tion.	en to Public inspection	
Ī	or	cal	endar year 2018	or tax year	beginning			, 2018	and end			, 20	
1	۱am	ne of foundation							A Employer identification number				
			FOUNDATION		_					74-2398199			
Ī	Number and street (or P.O. box number if mail is not delivered to				o street ad	street address) Room/suite			B Telephone number (see instructions)				
			TTLERIDGE I								()	_	
Ī	City	or to	wn, state or province	, country, and ZIF	or foreign posta	al code							
			-	•	_	•		•		ľ	C If exemption applica pending, check here	tion is	
	E	NGI	LEWOOD, CO 8	80113									
ī	G (he	ck all that apply	Initial	return		Initial return	of a former p	oublic cha	rity	D 1. Foreign organizati	ons, check here >	
				Final	return		Amended re	turn			2. Foreign organizat		
				Addre	ess change		Name chang	е			85% test, check h computation .	ere and attach	
Ī	н	he	ck type of organi	zation X	Section 501	c)(3) ex	empt private f	foundation	\mathcal{M}		E If private foundation	status was terminated.	
		٦s	ection 4947(a)(1) r	nonexempt cha	aritable trust	Ot	her taxable pr	ivate founda	tion		under section 507(b)	► I I	
Ī	F		market value o		at J Acco	unting r	nethod: X C	ash Acc	crual		F If the foundation is	* * * *	
	e	end	of year (from Pa	art II, col (c), I		ther (sp						(1)(B), check here . >	
`				143,386.			d) must be on ca	ash basis.)					
/ I	Pa	ırt l	Analysis of Rev	venue and Ex	kpenses (The	(a) R	levenue and					(d) Disbursements	
ι λ ΄			total of amounts	ın columns (b),	(c), and (d)	, v~,	enses per	(b) Net inve		(0	:) Adjusted net income	for charitable purposes	
~\			may not necessa column (a) (see in		mounts m		books			L		(cash basis only)	
•	Т	1	Contributions, gifts, gran		tech schodulo) .		98,385	E SAME	Renter of	357-6	建 2.24.19指点。本元	THE COMPANY TO SERVICE	
		2	Chack I If th	e foundation is n	not required to	FC5295	TEST WASSE				ELECTRICAL PROPERTY.	おいい はんない はっ	
		- 3	Interest on savings a	ch Sch B			13,492		3,492.			ARREST	
		4	Dividends and inte	• •			160,857	16	0,857.			*5:456	
	ı,		Gross rents									PROMOGE	
			Net rental income or			100 C	高。中i与独裁。	A226, 44 (A72) 198	NAMES AND A STREET	Quiting)	· "然"中,"自己"(22)	The state of the s	
,	ال		Not gain or (loss) tro			77.112.11	46,629					別が関すび、立て	
;	Kevenue	b	Gross sales once for a		665,775.	8367	127. 1881. 18				都是特殊的	严肃的, 源 注:	
	<u>ا</u>	7	assets on line Ca Capital gain net in				K. W. C.		6,629.		数字字 13 (E149)	AND THE PROPERTY OF THE	
ď	2	8	Net short-term car				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					FRIED DOWNER OF	
	L	9	Income modification	•			沙岛中国产现代	THE STATES			,	アンスをある かんしょう しょうし	
			Gross sales less return	ns			TALLAN ST. WILLIAM			30 35	· 103.000 200 12.000 12.000	さいがた と お外別日本の外	
		1.	and allowances Less Cost of goods s				March Art Albert				村部,特别教授的	The state of the state of	
	ŀ		Gross profit or (los		dule)			文·3865年李治公司				76. 53. 12. 53. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	
	1		Other income (atta				13,785.		2,601.			Particular in the	
	- 1	2	Total. Add lines 1				333,148.	23	3,579.			である。これは、これははいいない	
•		3	Compensation of offi			 	0.		•				
!			Other employee sa										
		5	Pension plans, em	_								-	
	빏.	о 6 а	Legal fees (attach			[
ď	diministrative expenses	ь	Accounting fees (7,985.		7,985.				
	<u>≥</u>	c	Other professional		2		75,370.	7	5,370.				
3	<u>E</u> 1	7	Interest		낁ీ								
	1 2	8	Taxes (attach sche	ا (see insti	ructions)[4].		5,312.		5,312.				
က [.]	≣ ₁	9	Depreciation (atta	ch schedule) a	ind depletion.							とのなる。	
Ö.	5 2	0									•		
号:	37		Occupancy Travel, conference	es, and meeting	s			:					
Ž	2 and 2	2	Printing and public										
SCANNED	0,	3	Other expenses (a				55,569.	5	5,363.				
ED DEC	٥,	4	Total operating a	•									
		•	Add lines 13 throu		•		144,236.	14	4,030.	ĺ			
	٥١	5	Contributions, gift				367,250.	1.7. 1.5. 1.6.4°	(35) F. (36)	P., C.	にはよればればればず	367,250	
	2	6	Total expenses and dist				511,486.		4,030.		0.	367,250	
20	_		Subtract line 26 fr							3,423	TOTAL SOS DAYES		
			Excess of revenue ov		disbursements		-178,338.			100 H	表記されば		
2019			Net investment in			\$00 (2003)	·		9,549.	17.78	\$1800 FURNES	Chica Car Car Car	
			Adjusted net inco				20年1月8日代推算55					建筑水水水水水水水水水	

JSA For Paperwork Reduction Act Notice, see instructions.
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Form **990-PF** (2018) PAGE 2

Page 2

	T Deleves Charte	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		of year
Part	Balance Sheets	amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ring	485,406.	448,754	. 448,754.
2					
3	Accounts receivable	cash investments	CATALON STANCES	金融经济中央的企业	建设设施设施设施
l "	Less: allowance for do	intful accounts		6,515	.] 6,515.
	Divides essivable	ubtful accounts ▶	ACTIVITIES CHAIN	THE WALL OF THE STATE OF	Service Colors
4	Preuges receivable	ubtful accounts ▶	To a min - Benefite 4/1 hand & Takk bear Ave are	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	N Secretarial Colors
					
5					
6		officers, directors, trustees, and other			
'	disqualified persons (a	ttach schedule) (see instructions) receivable (attach schedule)	SCHOOL SANDARSON TO 10 100 10	20 North NO. 12 125 N. C. 127 25 25000	9 1883 5 COM TODO OF SERVICE SERVICE
7			Berton gray and a consider		E STEE FEATURE STREET STEEL STATE AT
	-	ubtful accounts ►		·	
ssets 6 &		se			
SS 9	Prepaid expenses and	deferred charges			
▼ 10		ite government obligations (attach schedule), ,		5 257 242	7 600 117
	b Investments - corporate	e stock (attach schedule) ATCH 6	5,506,143.	5,357,942	7,688,117
	c Investments - corporat	e bonds (attach schedule)			<u> </u>
111	and equipment basis		第二次中央公共 第二次	Entered to the second s	Berger Branch Comment
	Less accumulated depreci (attach schedule)	ation >			
12		e loans			
13	Investments - other (at	e loans			
14	Land, buildings, and	>	remailing of manager	MANUTE AND THE PARTY OF	
	Less accumulated deprec	nation >			
15	(attach schedule) Other assets (describe)	>)			
16	-	completed by all filers - see the			
'		page 1, item l)		5,813,211	8,143,386
17		accrued expenses			物教徒 医外线 天 人
					William Branch
18					The state of the s
Liabilities 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
割20		tors, trustees, and other disqualified persons		 	THE STATE OF THE S
면 21	• •	otes payable (attach schedule)			FRA DALLE
— 22	Other liabilities (describ	pe ▶)			
		- 47 thus ab 00)	0.		
23		es 17 through 22)	ļ		BURGANIA IA DE SE SE
6	Foundations that follo	ow SFAS 117, check here ▶			
Ö	and complete lines 24	through 26, and lines 30 and 31.			
E 24	Unrestricted			<u> </u>	THE RESERVE OF THE PROPERTY OF
Net Assets or Fund Balances	Temporarily restricted				のの意味を表現している。
공 26	Permanently restricted				型型点次系统等价值。
	Foundations that do r	not follow SFAS 117, check here ▶ 🔀			
빈	and complete lines 27	' through 31.			
0 27	Capital stock, trust pri	ncipal, or current funds	1,685,614.	1,685,614	
ə 28	Paid-in or capital surplus,	or land, bldg , and equipment fund			William Call Control Control
S 29	Retained earnings, accun	nulated income, endowment, or other funds	4,305,935	4,127,597	"""《《张知》""""
₹ 30	Total net assets or fun	nd balances (see instructions)	5,991,549.	5,813,211	・無機をあることが
2 31	Total liabilities and	d net assets/fund balances (see			12 - Se Contraction - Contraction
			5,991,549	5,813,211	
Par		anges in Net Assets or Fund Bal	ances		
		balances at beginning of year - Part		(must agree with	
		ted on prior year's return)			5,991,549
2 -	inter amount from Part	I, line 27a		2	-178,338
				F	170,330
					E 012 011
4 A	Nou lines 1, 2, and 3				5,813,211
	ecreases not included	The state of the s	 	5	F 012 011
6 T	otal net assets or fund	balances at end of year (line 4 minu	s line 5) - Part II, column	(b), line 30 6	5,813,211

P	an	А	3

Part	IV Capital Gains	and Losses for Tax on Inve	stment Income			
	(a) List and des	scribe the kind(s) of property sold (for ex	kample, real estate,	(b) How	(c) Date acquired	(d) Date sold
	=	rick warehouse; or common stock, 200 s	hs. MLC Co.)	P - Purchase D - Donation	` (mo , day, yr)	(mo , day, yr)
1 a	SEE PART IV SCHE	DULE				
b				-		
<u>C</u>						
<u>d</u>						
<u>е</u>		15.5	(g) Cost or other basis		(h) Cora es (le	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
а						
<u>b</u>						
<u>C</u>						
<u>d</u>						
е	Complete only for appets of	howing gain in column (h) and owned	by the foundation on 12/31/60			
	Complete only for assets s				Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(J) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	001.	Losses (from co	
а						
b						
С						
d						
<u>e</u>				1		
2	Capital gain net income	or (not conital loce)	ain, also enter in Part I, line 7)	2		46,629.
3	Net short-term capital o	ain or (loss) as defined in sections	• •	-		
•		Part I, line 8, column (c). See inst				
	• .		•	3		0.
Par		Under Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
Was		the section 4942 tax on the distrib		ase perio	d?	Yes X No
		n't qualify under section 4940(e). D		ng any er	otriae	
1	(a)	mount in each column for each yea		ng any ei	(d)	
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	atio
Cale	ndar year (or tex year beginning in) 2017	442,569.	8,388,475.		(00. (0) 0	0.052759
	2016	303,500.	7,752,425.			0.039149
	2015	303,500.	7,608,021.			0.039892
	2014	451,942.	7,519,068.			0.060106
	2013	266,250.	6,756,842.			0.039405
						0 001011
2		(d)		2		0.231311
3	, •	io for the 5-year base period - divid				0.046262
	the number of years the	foundation has been in existence	If less than 5 years	3		0.040202
4	Enter the net value of n	oncharitable-use assets for 2018 f	rom Bart V. line 5	4	8,	424,111.
4	Enter the net value of n	Officialitable-use assets for 2010 f	ion raitA, mie o ,	 		· · · · · · · · · · · · · · · · · · ·
_	Multiply line 4 by line 2			5		389,716.
5	manipy mic 4 by mic 3.					
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		895.
-						
7	Add lines 5 and 6			7	· · · · · · · · · · · · · · · · · · ·	390,611.
						367,250.
8	Enter qualifying distribu	tions from Part XII, line 4 greater than line 7, check the box	un Part VI. line 1h, and complete	that nad	Lucina a 10/ 4a	
	Part VI instructions.	greater than line 7, check the box	in rait vi, lille 10, and complete	mat pan	Lusing a 1% (a	A 1815. SEE 1118
	i art vi monuciono.					

Pấr	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstruc	tions	5)
1a	Exempt operating foundations described in section 4940(d)(2), check here		NA TON	No.		
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		7.3		1 × 3	1.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			1,7	91.
	here ▶ 🔛 and enter 1% of Part I, line 27b	*. (a)		Nacion	\$1 \$7, J., J. 35 %	nk.,
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J 🕏 Part I, line 12, col. (b).	2.678			\$ - 1	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				
	· · · · · · · · · · · · · · · · · · ·	3			1,7	91.
4		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			1,7	91.
6	Credits/Payments		A STATE	7. F. 7.	6.54.	· ,
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,800.	33		\$	Sec.	
b	Exempt foreign organizations - tax withheld at source			gan A and		
С	Tax paid with application for extension of time to file (Form 8868)	* # T				رث، ^ک و
d	Backup withholding erroneously withheld					S. W
7	Total credits and payments. Add lines 6a through 6d	7			6,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			 ; -	
10		10				09.
11		11			3,2	09.
	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation			\vdash	Yes	No_
	participate or intervene in any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			۱ ۱		х
	instructions for the definition			1b	i 5*	· ~
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an	y ma	iterials	7.00 C	·**	,
	published or distributed by the foundation in connection with the activities.		1		`	∢ () - X
	Did the foundation file Form 1120-POL for this year?			1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1		*;
	(1) On the foundation ►\$(2) On foundation managers ►\$	_		1/2/1	3.7 _a\$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımpo	sed	3.5	100	^` -` }
	on foundation managers. \$			2	. ·	х .
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			L	21.2-2	<u> </u>
	If "Yes," attach a detailed description of the activities				120	17.5
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume			3	FTB) AV.	X
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			4a		- :
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4b		
_	If "Yes," has it filed a tax return on Form 990-T for this year?			5		X
5		• • •	• • •	12.32	Ϋ́, +	
	If "Yes," attach the statement required by <i>General Instruction T</i> . Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		!	3 25	\$. \$. £	
6						٠, ١
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory dire 	otion	e that		<i>!</i> [9]	
	conflict with the state law remain in the governing instrument?			6	χ̈́	,
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a			7	X	
_	Enter the states to which the foundation reports or with which it is registered. See instructions.		211 X V	 1	3. 11.	4
8a	CO,			* Y.	ار از کرایہ	, , ,
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	nev (General	13	· · · · · · · · · · · · · · · · · · ·	1 2
IJ	(or designate) of each state as required by General Instruction G? If "No," attach explanation	-		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 48			\$585°		15,00
3	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XI			754 4	- 1	150
	• • • • • • • • • • • • • • • • • • • •			9		Х
	complete Part XIV					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule I	_		10	х	
	names and addresses					

Date	AVII A Statemente Degarding Activities (continued)			
Par	t VII-A Statements Regarding Activities (continued)	[7] T	Yes	No
4.4	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	<u> </u>		
11		11		х
40	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		х
	person had advisory privileges? If "Yes," attach statement See instructions	13		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address PIAM M DEFVY	-383	9	
14				
				т т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• • •	. •	
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		162	X
	over a bank, securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1,254	ger G	- ;
_	the foreign country	131		<u> </u>
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-* 44 L	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		103	140
1a	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	, ,		[.
	(1) Engage in the early of eventually as broken, which are desired to the control of the control			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	11 37,		
	disqualified personit		,	
	(3) Furnish goods, services, or racinities to (or accept them norm) a disquarated personn.	, ,		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	, '.		· '
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	`	٠,	
	the benefit or use of a disqualified person)?	يم,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	j."	,	Ì
	foundation agreed to make a grant to or to employ the official for a period after	- 1] (
	termination of government service, If terminating within 90 days.)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	· '	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	;	ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	- ' - '	<u>.</u> .	ا . ا
	were not corrected before the first day of the tax year beginning in 2018?	1c	,	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	, ,	100	
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?].	,	j
	If "Yes," list the years ,,,	1 ()		
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	, •	, ,	1
	(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		<u> </u>
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	17.4	.,	
)	'	١,	
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 34] ,
	at any time during the year?		, 17	
ı	b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	1.515		
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	المراجعة ا	-43	.
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1.4	15.75	ľ '
	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		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	35, 4		١.
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х

Pái	t VII-B Statements Regarding Activities	for which Form	4/20 May Be Req	uirea (cont	inuea)			
5a	During the year, did the foundation pay or incur any am	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	Yes	X No			
	(2) Influence the outcome of any specific public ele	ection (see section 4	955); or to carry on			'		
	directly or indirectly, any voter registration drive?			1 1	X No			
	(3) Provide a grant to an individual for travel, study, or				X No	- v	,	
	(4) Provide a grant to an organization other than a	* *			_			
	section 4945(d)(4)(A)? See instructions	-			X No		,	
	(5) Provide for any purpose other than religious, c				_			
	purposes, or for the prevention of cruelty to children				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the			_	scribed in	,		
	Regulations section 53.4945 or in a current notice rega					5b		
	Organizations relying on a current notice regarding disa					1		
_	If the answer is "Yes" to question 5a(4), does the							
·	because it maintained expenditure responsibility for the			1	X No			
	If "Yes," attach the statement required by Regulations s	-			—	, -		
6a	Did the foundation, during the year, receive any fu		ectiv, to pay premiun	าร				
va	on a personal benefit contract?			Yes	X No			
b	Did the foundation, during the year, pay premiums, dir			. —	_	6b		х
	If "Yes" to 6b, file Form 8870.	,,,						
7 a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?	Yes	X No			
b	If "Yes," did the foundation receive any proceeds or ha					7b		
8	Is the foundation subject to the section 4960 tax on pa	•						
•	remuneration or excess parachute payment(s) during the	•		Yes	No	,	ŀ	
Pa	rt VIII Information About Officers, Directo	rs, Trustees, Fou	Indation Managers	, Highly P	aid Emp	loyees,		
1	and Contractors List all officers, directors, trustees, and foundar	lan mananana and		0	Alama			
			thair companeation					
<u>'</u>		(b) Title, and average	(c) Compensation	(d) Contribu	tions to	(e) Expens	e acco	unt
<u>'</u>	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)		tions to efit plans	(e) Expens	e acco	unt,
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	tions to efit plans	(e) Expension	se acco	es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	tions to efit plans	(e) Expension	se acco lowance	unt, es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation	(e) Expension	se acco	es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation	(e) Expension other all	se acco lowance	es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation	(e) Expens	se acco	es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation	(e) Expension other all	se acco	es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribu employee ben	tions to efit plans mpensation	(e) Expension other all	se acco	es
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribu employee ben and deferred co	itions to efit plans impensation	other al	lowance	0.
	(a) Name and address H 7 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribu employee ben and deferred co	itions to efit plans impensation	other al	lowance	0.
ATC	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribu	itons to effit plans in pensation 0.	other al	lowance	0.
ATC	(a) Name and address H 7 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribu	itons to effit plans appensation O. instruction to benefit	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribu (d) Contribu	instructio	other all	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter
ATC	(a) Name and address H 7 Compensation of five highest-paid employees "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contribuend (d) Contribu	instructio	ns). If n	one,	enter

WJD FOUNDATION 74-2398199 Form 990-PF (2018) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." 3 (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0. Total number of others receiving over \$50,000 for professional services ▶ **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NONE-GRANTS ONLY Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

All other program-related investments See instructions

NONE

JSA

Form 990-PF (2018)

Pag	e	8

Pai	Minimum Investment Return (All domestic foundations must complete this passee instructions.)	art. Foreign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable purposes	e, etc.,	
а	a Average monthly fair market value of securities	1a	8,085,317.
	b Average of monthly cash balances		467,080.
	c Fair market value of all other assets (see instructions)		
	d Total (add lines 1a, b, and c)		8,552,397.
е	e Reduction claimed for blockage or other factors reported on lines 1a and	1 5 7.1	
	1c (attach detailed explanation)	1 to the to	
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d		8,552,397.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt, see	
·	instructions)		128,286.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V		8,424,111.
6	Minimum investment return. Enter 5% of line 5		421,206.
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	421,206.
2 a		1,791.	
	b Income tax for 2018. (This does not include the tax from Part VI) 2b	- · ` ` i	
C		2c	1,791.
3			419,415.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		419,415.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Pa		
•	line 1	1	419,415.
Pa	art XII Qualifying Distributions (see instructions)		
1	have (-1.	
	a Expenses, contributions, gifts, etc total from Part I, column (d), line 26		367,250.
b	b Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	le, etc,	
	purposes	<u>2</u>	
3	the contract of the contract o	200	
а	a Suitability test (prior IRS approval required)		
b	b Cash distribution test (attach the required schedule)		
4	, and the same of		367,250.
5	, , , , , , , , , , , , , , , , , , , ,		
	Enter 1% of Part I, line 27b. See instructions		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		367,250.
	Note: The amount on line 6 will be used in Part V column (b) in subsequent years a	when colculating w	bother the foundation

Form 990-PF (2018)

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

		^
'ao	0	2

Pa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
	line 7				419,415.
	Undistributed income, if any, as of the end of 2018:			344,947.	
	Enter amount for 2017 only		South was a constitution as a section of the		ATTOMETS AND THE
	Excess distributions carryover, if any, to 2018:				
	From 2013				
-	From 2014				
	From 2015				
	From 2016				
	From 2017				
_	Total of lines 3a through e	٠, 0.	海岛於伊姆森住地	ALL TO LAKE THE	公司を記録を表する。
4	Qualitying distributions for 2018 from Part XII,				
	line 4 ▶ \$ 367,250.				
a	Applied to 2017, but not more than line 2a			344,947.	
b	Applied to undistributed income of prior years (Election required - see instructions)				
. с	Treated as distributions out of corpus (Election	•			
	required - see instructions)	So that " A first of the Section 18 In the Company of the distri-			以外のできる。
d	Applied to 2018 distributable amount				22,303.
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2018	·		The state of the s	MARKET STATE OF THE STATE OF TH
0	(If an amount appears in column (d), the same amount must be shown in column (a))				TORREST CHARES SHOTT IN A COLOR ST
6	Enter the net total of each column as indicated below:	,			
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	,			A STATE OF THE STA
b	Prior years' undistributed income. Subtract line 4b from line 2b,				
c	Enter the amount of prior years' undistributed			MATERIAL PROPERTY.	
	income for which a notice of deficiency has				
í	been issued, or on which the section 4942(a) tax has been previously assessed		-		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions ;				
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instructions				
,	Undistributed Income for 2018 Subtract lines				
•	4d and 5 from line 1. This amount must be				. 207 112
	distributed in 2019				397,112.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	,			
	170(h)(1)(F) or 4942(g)(3) (Election may be	,			
_	required - see instructions)			THE DAY OF STATE	
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	, , , , , , , , , , , , , , , , , , , ,			
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	0.	PASSA ASSAULTO		mater to be the
10	Analysis of line 9:				
á	Excess from 2014				
t	Excess from 2015				
, c	Excess from 2016				
c	Excess from 2017				
	Excess from 2018		治理技術系統於新教		

Check here $\triangleright [X]$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed.

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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Form 990-PF (2018)

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Form 990-PF (2018)
Part XV

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Page 11

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ing the Year or App	roved for I	Future Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATCH 8				
		İ		
			1	
,				
				!
		,		
	<u> </u>		<u> </u>	267 250
Total		· · · · · ·		367,250.
b Approved for future payment				
	1	1		
		1		
				1
		1		
		}		
	1	1		
Total			▶ 3b	

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Form 990-PF (2018)

Page 12

Part	XVI-A Analysis of Income-Produ	ucing Acti	ivities		······································	
	gross amounts unless otherwise indicated.		ated business income	Excluded by	y section 512, 513, or 514	(e)
	ogram service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See instructions)
а						
b						
c						
q						
0						
f						
g	Fees and contracts from government agencies					
_	embership dues and assessments					
	erest on savings and temporary cash investments			14	13,492.	
	vidends and interest from securities			14	160,857.	
	et rental income or (loss) from real estate:	, ,		1	23 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	?
a	Debt-financed property			<u> </u>		
b	Not debt-financed property			<u> </u>		
	et rental income or (loss) from personal property					
7 Ot	ther investment income				13,785.	
8 Ga	ain or (loss) from sales of assets other than inventory			18	46,629.	
9 Ne	et income or (loss) from special events					
	coss profit or (loss) from sales of inventory					·
11 Ot	her revenue: a			ļ		
b						·
C						
d				<u> </u>		
e				ļ		
	btotal Add columns (b), (d), and (e)			2	234,763.	
13 To	tal. Add line 12, columns (b), (d), and (e)			• • • • • •	13	234,763.
	worksheet in line 13 instructions to verify calculationship of Activities		11 1 1 1 1 1 T			
Line	No. Explain below how each activity accomplishment of the foundation	-				
			· · · · · · · · · · · · · · · · · · ·			·
				· ·		· · · · · · · · · · · · · · · · · · ·
		·······				
		_				
						
						·-
			· · · · · · · · · · · · · · · · · · ·			
				·····		`

orm 99	0-PF	(2018)	WJD FOUN	DATION	•			74-239	8199	Par	ge 13
Part				insfers to and	d Transactio	ons and Rel	ationships	With Non	chari		
a T () () () ()	rgan rans 1) Ca 2) Other 1) Sa 2) Po	te organization direction 501(c) (other izations? fers from the reportingsh	than section g foundation to ncharitable exen	a noncharitable mpt organization. ble exempt organ	exempt organ	in section 5	27, relating	to political	1a(1) 1a(2) 1b(1) 1b(2)	Yes	X X X
() () c S d II	4) Ro 5) Lo 6) Po Sharii the alue	ental of facilities, equiperimbursement arrange of ans or loan guarantee erformance of serviceing of facilities, equipm answer to any of the fithe goods, other in any transaction or (b) Amount Involved	ements	ip or fundraising s, other assets, s," complete the ces given by the	solicitations . or paid employe of following so e reporting fou	ees	nn (b) should	always sho received less or assets, or	1b(4) 1b(6) 1c w the s than service	fair m fair m	arke eived
		foundation directly ibed in section 501(c)	<u> </u>							es X	
		s," complete the follo (a) Name of organization	wing schedule.	· · · · · · · · · · · · · · · · · · ·	of organization			cription of relation			
_	Und	er penalties of perjury, I decis	are that I have examin				ents, and to the b	est of my knowled	ige and t	oelief, it	is tru

with the preparer shown below Title X Yes See instructions

Phone no

PRESIDENT

Print/Type preparer's name Date PTIN Paid HEIDI S MACINTYRE P00417390 self-employed Preparer Firm's EIN ▶ 84-1530545 ► CHEROKEE FINANCIAL SERVICES, **Use Only** ▶ PO BOX 256 Firm's address FRANKTOWN, CO 80116

Form 990-PF (2018)

3032730053

May the IRS discuss this return

Sign

Here

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

C	APITAL GAI	NS AND LC	SSES FUI	K IAX ON	INVEST	P	NT INCOME	
Kind of P	roperty		Desc	ription		or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
CAPCHAGO OI GUIO	ono maste	TOTAL LONG- PARTNERSHIP ESTATES OR	TERM COMMON	TRUST FUN	D AND		300.	
		TOTAL CAPIT					36,594.	
		BAIRD #0763	- SEE ATTA	ACHED		P	VAR	VA
167,262.		PROPERTY TY	PE: SECURIT	ries			-13,686.	
		BAIRD #5651 PROPERTY TY				P	VAR	VA
24,155.		21,163.					2,992.	
		BAIRD #5651 PROPERTY TY				P	VAR	VA
20,170.		15,102. BAIRD #5689	SEE ATT	ACHED			5,068. VAR	VA
1,085.		1,063.	- SEE ATTA	CHED			22.	¥£
į		BAIRD #5689 PROPERTY TY				P	VAR	VA
42,302.		33,894.					8,408.	
19,433.		BAIRD #6760 PROPERTY TY 22,737.				P	-3,304.	VA
		BAIRD #8468 PROPERTY TY				P	VAR	VP
5,561.		6,177. BAIRD #8468	CDD AMM	ACUED		B	-616. VAR	VA
43,625.		PROPERTY TY 39,875.					3,750.	VF
		GS #48246 -				P	VAR	VF
159,620.		149,448.					10,172.	
599,884.		GS #48246 - 562,160.	· SEE ATTACI	HED			VAR 37,724.	VF
		GS #48246 - PROPERTY TY				P	VAR	VA
11.							11.	

2018 FÖRM 990-PF WJD FOUNDATION
FORM 990-PF - PART IV

					11 7 7 100 0	P	ENT INCOME	Date sold
Kind of Pr		ļ		cription		or D	acquired	Date Sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		GS #75426 -				P	VAR	VAI
171,456.		PROPERTY TY 190,650.	PE: SECURI	TIES			-19,194.	
		GS #75426 -				P	VAR	VAI
193,972.		PROPERTY TY 153,794.	(PE: SECURI	TIES			40,178.	
		SCHWAB - SE				P	VAR	VA
8,708.		PROPERTY TY 9,025.	PE: SECURI	TIES			-317.	
		SCHWAB - SE				P	VAR	VA
171,637.		233,110.	PE: SECURI	TIES			-61,473.	
TAL GAIN(1C	ss)		• • • • • • • • • • •		• • • • • • •		46,629.	
			(
		:						
1								

FORM 990PF, PART I - OTHER INCOME

	LP
	LAINS ALL AMERICAN PIPELINE, ONTAXABLE DISTRIBUTIONS NCOME TAX REFUND
NOTHOTOSEG	PLAINS ALL AMERICA NONTAXABLE DISTRI INCOME TAX REFUND

TOTALS

NET INVESTMENT	INCOME	3, 286.	ì	9,315.	12,601.
REVENUE AND EXPENSES	PER BOOKS	3,286.	1,184.	9,315.	13,785.

FEES
ACCOUNTING
۱ H
PART
990PF,
ORM

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	7,985.	7,985.
REVENUE AND EXPENSES PER BOOKS	7,985.	7,985.
		TOTALS
DESCRIPTION	TAX PREPARATION FEES	

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

NET INVESTMENT INCOME	75,370.	75,370.
REVENUE AND EXPENSES PER BOOKS	75,370.	75,370.
		TOTALS
DESCRIPTION	MANAGEMENT FEES	

ATTACHMENT 3
PAGE 23

- TAXES PART I FORM 990PF,

NET INVESTMENT INCOME	2,512. 2,800.
REVENUE AND EXPENSES PER BOOKS	2,512.
DESCRIPTION	FOREIGN TAXES PAID INCOME TAXES

TOTALS

PART I - OTHER EXPENSES FORM 990PF,

NET	INVESTMENT		111.		55,363.	
REVENUE AND	EXPENSES I PER BOOKS	206.	111.	55,252.	. 55, 569.	
					TOTALS	
		EXPENSE		EXPENSE		
	DESCRIPTION	NONDEDUCTIBLE E	BANK FEES	MISCELLANEOUS		

ſ

ATTACHMENT 5 PAGE 25

STOCK	
ORPORA	
- II	
PART	
990PF,	
FORM	

7,683,117.
5,357,942.
ALS
TOTALS

ATTACHMENT 6 PAGE 26

ATTACHMENT 7	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES		
	COMPENSATION	.0	°.
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR/PRESIDENT	VP/SECRETARY
FORM 990PF, PART VIII - I	NAME AND ADDRESS	BRIAN M. DEEVY 1 LITTLERIDGE LANE ENGLEWOOD, CO 80113	CARYN OSTERGARD 1 LITTLERIDGE LANE ENGLEWOOD, CO 80113

GRAND TOTALS

ATTACHMENT 7 PAGE 27

74-2398199
2018 FORM 990-PF
WJD FOUNDATION

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS

SEE STATEMENT ATTACHED

FOUNDATION STATUS OF RECIPIENT

ă

367,250.

AMOUNT

ATTACHMENT 8

PURPOSE OF GRANT OR CONTRIBUTION

EDUCATION & GENERAL PURPOSES

367,250.

TOTAL CONTRIBUTIONS PAID

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ATTACHMENT 8

10:34:58 AM

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WJD FOUNDATION FORM 990PF- Part XV- GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 12/31/2018

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION	PURPOSE OF CONTRIBUTION	AM	AMOUNT
ACE SCHOLARSHIPS 1201 EAST COLFAX AVE. DENVER, CO 80218	NONE	PUBLIC	EDUCATION	₩	10,000
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA CITY, OK 73123-1718	NONE	PUBLIC	неагтн	↔	2,000
AMERICAN RED CROSS 444 SHERMAN STREET DENVER, CO 80203	NONE	PUBLIC	EDUCATION	()	2,000
AMOS TUCK SCHOOL DARTMOUTH COLLEGE HANOVER, NH 03755	NONE	PUBLIC	EDUCATION	6	10,000
AUTISM SPEAKS 1 EAST 33RD STREET, 44TH FLOOR NEW YORK, NY 10016	NONE	PUBLIC	GENERAL	⇔	2,000
BOYS AND GIRLS CLUB OF DENVER 2017 W 9TH AVE DENVER, CO 80204	NONE	PUBLIC	EDUCATION	⇔	5,000
BOY SCOUTS OF AMERICA 10455 W. 6th AVENUE DENVER, CO 80215	NONE	PUBLIC	EDUCATION	⇔	5,000
CHOSEN & DEARLY LOVED FOUNDATION 1400 WEWATTA STREET DENVER, CO 80202	NONE	PUBLIC	EDUCATION	⇔	10,000
COLORADO COUNCIL FOR ECONOMIC EDUCATION 3443 S. GALENA STREET, SUITE 190 DENVER, CO 80231	NONE	PUBLIC	EDUCATION	↔	5,000
DARTMOUTH COLLEGE 635 MAIN STREET, SUITE 6066 HANOVER, NH 03755	NONE	PUBLIC	EDUCATION	↔	15,000

WJD FOUNDATION FORM 990PF- Part XV- GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 12/31/2018

FORM 990PF- Part XV- GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 12/31/2018	PAID DURING THE YEAR				·	
RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS	PURPOSE OF CONTRIBUTION		AMOUNT	,
DENVER ACADEMY 4400 E ILIFF AVE DENVER, CO 80222	NONE	PUBLIC	EDUCATION	₩	25,000	
DENVER RESCUE MISSION PO BOX 5206 DENVER, CO 80217	NONE	PUBLIC	GENERAL	↔	2,000	
DENVER ZOOLOGICAL FOUNDATION 2300 STEELE STREET DENVER, CO 80205	NONE	PUBLIC	GENERAL	↔	5,000	
FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 73101-0036	NONE	PUBLIC .	GENERAL	↔	2,000	,
FRIENDS OF DARTMOUTH FOOTBALL DARTMOUTH COLLEGE HANOVER, NH 03755	NONE	PRIVATE	EDUCATION	₩	5,000	
FRIENDS OF DARTMOUTH RUGBY DARTMOUTH COLLEGE HANOVER, NH 03755	NONE	PRIVATE	EDUCATION	₩	5,000	
GIRLS INC OF METRO DENVER 1499 JULIAN STREET DENVER, CO 80204-1641	NONE	PUBLIC	GENERAL	↔	5,000	
HABITAT FOR HUMAITY 1345 ELIOT STREET DENVER, CO 80211	NONE	PUBLIC	GENERAL	₩	5,000	
MOST PRECIOUS BLOOD CATHOLIC COMMUNITY 2250 S HARRISON STREET DENVER, CO 80210	NONE	PUBLIC	GENERAL	₩	25,000	
MOUNT SAINT VINCENT HOME 4159 LOWELL BLVD. DENVER, CO 80211	NONE	PUBLIC	GENERAL	↔	30,000	

WJD FOUNDATION FORM 990PF- Part XV- GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 12/31/2018

	RELATIONSHIP TO	FOUNDATION			,
RECIPIENT NAME AND ADDRESS PETITE FAMILY FOUNDATION PO BOX 310 PLAINVILLE, CT 06062	SUBSTANTIAL CONTRIBUTOR NONE	STATUS PUBLIC	PURPOSE OF CONTRIBUTION GENERAL	∀	2,000
ROCKY MOUNTAIN CHILDRENS LAW CENTER 1325 S. COLORADO BLVD., SUITE 701 DENVER, CO 80222	NONE	PUBLIC	EDUCATION	↔	5,000
SALVATION ARMY 4751 BROADWAY DENVER, CO 80216	NONE	PUBLIC	GENERAL	⇔	5,000
SEEDS OF HOPE 8101 COLLEGE BLVD OVERLAND PARK, KS 66210	NONE	PUBLIC	GENERAL	6	2,000
STAY FOCUSED 245 East 44th Street, Surte 22B New York, NY 10017	NONE	PUBLIC	GENERAL	₩	5,000
TAKE NOTE COLORADO 1727 TREMONT PLACE DENVER, CO 80202	NONE	PUBLIC	GENERAL	↔	7,500
USA RUGBY 2500 ARAPAHOE AVE BOULDER, CO 80302	NONE	PUBLIC	GENERAL	₩	15,750
US OLYMPIC AND PARALYMPIC FOUNDATION 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	NONE	PUBLIC	GENERAL	↔	150,000
TOTAL				ь	367,250

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

2018

Employer identification number

WJD FOUNDATION		74-2398199
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation
	501(c)(3) taxable private foundation	
General Rule X For an organization	0(7), (8), or (10) organization can check boxes for both the General R on filing Form 990, 990-EZ, or 990-PF that received, during the yea y or property) from any one contributor. Complete Parts I and II. See I contributions.	ar, contributions totaling \$5,000
Special Rules		
regulations under 13, 16a, or 16b, a \$5,000, or (2) 2% For an organization	on described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (and that received from any one contributor, during the year, total cost of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E on described in section 501(c)(7), (8), or (10) filing Form 990 or 990.	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1) EZ, line 1. Complete Parts I and II.
literary, or educat	g the year, total contributions of more than \$1,000 exclusively for retional purposes, or for the prevention of cruelty to children or animab) instead of the contributor name and address), II, and III.	- ·
contributor, during contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, contributions exclusively for religious, charitable, etc., pulled more than \$1,000. If this box is checked, enter here the total corr an exclusively religious, charitable, etc., purpose Don't complete lies to this organization because it received nonexclusively religious, or more during the year	urposes, but no such ontributions that were received any of the parts unless the , charitable, etc., contributions
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules does tust answer "No" on Part IV, line 2, of its Form 990, or check the be to certify that it doesn't meet the filing requirements of Schedule B	ox on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 74-2398199

Part I	Contributors (see instructions). Use duplicate copies of	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	BRIAN & CARYN DEEVY 1 LITTLERIDGE LANE ENGLEWOOD, CO 80113	- \$\$ 98,385.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	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 Payroll Noncash (Complete Part if for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization WJD FOUNDATION

Employer Identification number 74-2398199

Dart II	Noncash Property	(see instructions)	. I lee dunlicate co	pies of Part II if addition	al space is needed
r au t u	Noncasii i topeity	(See manachema)	. Obe auplicate of	pico or rarrir ir additioni	ar opaco io ricoaca.

altin	Noncasii Property (see ilistructions). Ose duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	ENTEGRIS INC STOCK - 1,633 SHARES		
		\$\$.	12/21/2018
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	CORNING INC - 2,000 SHARES		
		\$\$	12/21/2018
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u> </u>
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

	(Form 990, 990-EZ, or 990-PF) (2018)			Page 4	
Name of or	rganization WJD FOUNDATION		=	Employer Identification number 74-2398199	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any ions completing Par- ie year. (Enter this in	one contributor. (t III, enter the total formation once. S	cribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	(e) Trans Transferee's name, address, and ZIP + 4		Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf nd ZIP + 4	_	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			·		
		(e) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses ► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. ► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No 1545-0092

Name of estate or trust

WJD FOUNDATION

Note: Form 5227 filers need to complete only Parts I and II

Employer identification number

74-2398199

Pa	rt I Short-Term Capital Gains and Losses - Gen	erally Assets Hele	d One Year or Les	s (see instruc	tions)
the I	instructions for how to figure the amounts to enter on nes below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss t	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	form may be easier to complete if you round off cents note dollars	(sales price)	(or other basis)	Form(s) 8949, P line 2, column		column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	331,076.	340,098:			-9,022.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	8,708.	9,025.			-317.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	217,496.	232,088.			-14,592.
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S cor				5	
6	Short-term capital loss carryover. Enter the amoun Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back				7	-23,931.
Pai		erally Assets Hele	d More Than One	Year (see inst	truction	
See the I	instructions for how to figure the amounts to enter on nes below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss t	s from	(h) Gain or (loss) Subtract column (e) from column (d) and
to w	form may be easier to complete if you round off cents hole dollars	(sales price)	(or other basis)	Form(s) 8949, P line 2, column		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	793,856.	715,954.		•	77,902.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	171,648.	233,110.			-61,462.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	106,097.	88,871.			17,226.
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	d 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	porations, and other e	estates or trusts		12	300.
13	Capital gain distributions,				13_	36,594.
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amoun Carryover Worksheet	t, if any, from line	14 of the 2017	Capital Loss	15	(
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back	8a through 15 in	column (h). Enter	here and on	16	70,560.
<u></u>	angrouph Reduction Act Notice, see the Instructions for Far				10	,0,000.

Scriedule D (Form 1041) 2018				Page Z
Part III Summary of Parts I and II Caution: Read the instructions before completing this p	art.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17			-23,931.
18 Net long-term gain or (loss):				-
a Total for year	18a			70,560.
b Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b			
c 28% rate gain	18c			
19 Total net gain or (loss). Combine lines 17 and 18a ▶	19			46,629.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4				

necessary.

Part IV Capital Loss Limitation

Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: 20

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 38), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 38, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b. col. (2) or line 18c. col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)	21			
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero				
23	Enter the estate's or trust's qualified dividends			{	
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23			1	
24	Add lines 22 and 23			ļ	
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 25			ļ	
26	Subtract line 25 from line 24 If zero or less, enter -0	26			
27	Subtract line 26 from line 21. If zero or less, enter -0	27]	
28	Enter the smaller of the amount on line 21 or \$2,600	28]	
29	Enter the smaller of the amount on line 27 or line 28	29			
30	Subtract line 29 from line 28. If zero or less, enter -0- This amount is taxed at 0	% .	 	30	
31	Enter the smaller of line 21 or line 26	31			
32	Subtract line 30 from line 26	32]	
33	Enter the smaller of line 21 or \$12,700	33] .	
34	Add lines 27 and 30	34	·	j	
35	Subtract line 34 from line 33. If zero or less, enter -0	35		1	
36	Enter the smaller of line 32 or line 35	36		1	
37	Multiply line 36 by 15% (0 15)	• • •		37	
38	Enter the amount from line 31	38]	
39	Add lines 30 and 36	39			
40	Subtract line 39 from line 38. If zero or less, enter -0	40		ļ	
41	Multiply line 40 by 20% (0 20)	· · ·		41	
42	Figure the tax on the amount on line 27 Use the 2018 Tax Rate Schedule for Estates			,	
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42			
43	Add lines 37, 41, and 42	43			
44	Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Estates]	
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and	on Fo	orm 1041, Schedule]	
	G, line 1a (or Form 990-T, line 40)			45	

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for Instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No

Na	me(s)	shown on return
	מד.ש	FOUNDATTON

Social security number or taxpayer identification number 74-2398199

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

P	aı	rt	1

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions r (B) Short-term transactions r			_			e Note above)	
(C) Short-term transactions r	ot reported t	o you on For	m 1099-B		T		
(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a cod	ny, to gain or loss. mount in column (g), le in column (f) rate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
GS #48246 - SEE							
ATTACHED			159,620.	149,448.			10,172.
GS #75426 - SEE					1		
ATTACHED			171,456.	190,650.			-19,194.
·							
				_			
 							
	ļ <u>.</u>				ļ -		
							
					1		
							
					[
				<u></u>			
	L	L			311		
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), lin	lude on your e 2 (if Box B	331,076.	340,098.			-9,022.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number 74-2398199

WJD FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B

(a) Description of property (Example, 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr) (c) Date sold or disposed of (Mo , day, yr)		(d) Proceeds	Cost or other basis See the Note below	If you enter an a enter a co-	(h) Gain or (loss). Subtract column (e)	
		(sales price) (see instructions)	and see Column (e) in the separate Instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
SCHWAB - SEE ATTACHED			8,708.	9,025.			-317
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	l here and inc is checked), lin	lude on your e 2 (if Box B	8,708	9,025			-317.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

2018

edule D. Attachment Sequence No 1

Department of the Treasury
Internal Revenue Service
Name(s) shown on return
WJD FOUNDATION

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number 74-2398199

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

Description of property Date as	(b)	(c)	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a if you enter an a enter a cod See the separ	(h) Gain or (loss). Subtract column (e)	
	(Mo, day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) In the separate Instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
BAIRD #0763 - SEE							
ATTACHED			167,262.	180,948.			-13,686
BAIRD #5651 - SEE	1]]		
ATTACHED			24,155.	21,163		······································	2,992
BAIRD #5689 - SEE					1		
ATTACHED			1,085.	1,063	 		22
BAIRD #6760 - SEE			10 422	22 727	1		2 204
ATTACHED	-	ļ	19,433.	22,737	 		-3,304
BAIRD #8468 - SEE ATTACHED			5,561.	6,177	1		-616
	:						

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No 12A Page 2 Form 8949 (2018) Social security number or taxpayer identification number Name(s) shown on return Name and SSN or taxpayer Identification no not required if shown on other side 74-2398199 WJD FOUNDATION Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D. E. or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g), (h) (e) Gain or (loss). (c) enter a code in column (f). (d) Cost or other basis (a) (b) Date sold or Subtract column (e) See the separate instructions. **Proceeds** See the Note below Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e) (Example 100 sh. XYZ Co) (Mo, day, yr) (Mo , day, yr.) combine the result (see instructions) In the separate (g) Code(s) from Amount of with column (g) Instructions instructions adjustment GS #48246 - SEE ATTACHED 599,884 562,160 37,724. GS #75426 - SEE ATTACHED 193,972 153,794 40,178.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

793,856,715,954.

33 Ja 30 3

77,902.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

above is checked), or line 10 (if Box F above is checked)

negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Form 8949 (2018) Attachment Sequence No 12A Page 2 Social security number or taxpayer identification number Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side 74-2398199 WJD FOUNDATION Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box, If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS Х (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (g) (h) (e) (c) enter a code in column (f) Gain or (loss). (d) Cost or other basis (b) (a) Date sold or Subtract column (e) See the separate instructions. Proceeds See the Note below Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e) (Example 100 sh XYZ Co) (Mo, day, yr) (Mo, day, yr) combine the result (see instructions) In the separate (g) with column (g) Code(s) from Amount of instructions instructions adjustment GS #48246 - SEE ATTACHED 11. 11. SCHWAB - SEE ATTACHED 171,637. 233,110 -61,473.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

171,648.

233,110

-61,462.

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2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

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Attachment Sequence No. 12A

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side WJD FOUNDATION

Social security number or taxpayer identification number 74-2398199

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

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(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales pnce)	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a cod See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
	(Mo , day, yr.)	(Mo , day, yr)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
BAIRD #5651 - SEE ATTACHED			20,170.	15,102.			5,068
BAIRD #5689 - SEE ATTACHED			42,302.	33,894.			8,408
BAIRD #8468 - SEE ATTACHED			43,625.	39,875.			3,750
				_			
						`	
2 Totals. Add the amounts in column negative amounts) Enter each tot Schedule D, line 8b (if Box D abov above is checked) or line 10 (if R)	al here and incl e is checked), line	ude on your e 9 (if Box E	106.097	88.871			17 226

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment