Form 990 3 1	E	Exempt Organization Bus	ine	ss Income T	ax Return	Ļ	OMB No 1545-0687		
1 0	l	(and proxy tax und	er se	ection 6033(e))			0040		
· È!	For ca	lendar year 2018 or other tax year beginning		, and ending	<u>.</u>	_	2018		
Department of the Treasury Internal Revenue Service		► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	oyer identification number floyees' trust, see uctions)		
B Exempt under section	مينيم ا	Maki Foundation				8	4-0836242		
501()(C)	Print			netruetione		E Unrel	lated business activity code instructions)		
408(e) 220(e)	Туре		nber, street, and room or suite no. If a P.O. box, see instructions O North Mill St., Swite C						
408(e)220(e)		Oty or town, state or province, country, and ZIP o		in nostal code			• *		
529(a)		CO 81611	i lulely	jii postai code		900	099		
C Book value of all assets at end of year		F Group exemption number (See instructions)	>		.				
1,514,1	54.	G Check organization type ► X 501(c) corp	oratio	n 501(c) trust	401(a)	trust	Other trust		
	-		1	Describe	the only (or first) unr	elated			
		ee Statement 12			, complete Parts I-V. I				
describe the first in the t	lank spa	ice at the end of the previous sentence, complete Pa	rts I ar	nd II, complete a Schedule	M for each additiona	l trade	or		
business, then complete	Parts III	-V							
		oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶ [Ye	es X No		
		tifying number of the parent corporation.					.7		
		<u> Ann Harvey/Melinda VanM</u>	oor	sel Teleph	one number 🕨 9	<u> 70 – </u>			
Part I	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sal	es				学校联系等	i n			
b Less returns and allo	wances	c Balance ▶	1c		如这种经验。	经货	Land St. Co.		
· 2 Cost of goods sold (S	Schedule	A, line 7)	2				द्वारक जेता असक		
3 Gross profit Subtrac	t line 2 f	rom line 1c	3		有於語傳統經濟主				
4 a Capital gain riet incor	ne (attac	h Schedule D)	4a		Estatestic.				
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form 4797)	4b		4年4月10日 1000 1000 1000 1000 1000 1000 1000				
c Capital loss deductio			4c		等等的影響性的影響				
•		ship or an S corporation (attach statement)	5		A PARTIE AND A PARTIE OF A PAR	322			
6 Rent income (Schedi			6						
7 Unrelated debt-finance		me (Schedule E)	7	22,955.	20,43	31.	2,524		
		nd rents from a controlled organization (Schedule F)	8						
		on 501(c)(7), (9), or (17) organization (Schedule G)							
10 Exploited exempt act			10						
11 Advertising income (11			-			
12 Other income (See in		•	12		215749999574505	Direct	1		
40 - 100			13	22,955.			2,524		
		ot Taken Elsewhere (See instructions for							
(Except for	contrib	utions, deductions must be directly connected	with	the unrelated business	income)				
		rectors, and trustees (Schedule K)				14			
14 Compensation of of15 Salaries and wages	ilicers, ui	rectors, and trustees (ouredule K)				15			
	nanca					16			
•	Idillo					17			
17 Bad debts	adula) /a	an instructions)				18			
18 Interest (attach sch	edule) (S	ee instructions)			ŀ	19			
19 Taxes and licenses	(0-	a contract one for lamitation and on				20			
20 Charitable contribut		e instructions for limitation rules)				20 17.00	 		
21 Depreciation (attach			D	21			1		
N	aimed o	n Schedule A and elsewhere pri return		10 22a		22b			
23 Depletion		managation along 5 NOV 1 8 20	ra l	80	}	23_			
24 Contributions to do		mpensation plans S NOV 1 8 20	3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	}	24			
25 Employee benefit pr	•			<u>a</u>	}	25	 		
26 Excess exempt expe	•		T	1	}	26	 		
27 Excess readership of	•	ŕ		- l	}	27			
28 Other deductions (a		·			•	28			
29 Total deductions /						29	0		
		ncome before net operating loss deduction. Subtrac				30	2,524		
31 Deduction for her of		loss arising in tax years beginning on or after Janua	ry 1, 20	018 (see instructions)		31	· 持續影響語句(原語		
32 Unrelated business	taxable ı	ncome. Subtract line 31 from line 30				32	2,524		
823701 01-09-19 LHA F	or Pape	rwork Reduction Act Notice, see instructions.					Form 990-T (20		

Form #90-	T (2018;	Maki Foundation	84-083	6242	Page 2
Part	III, T	otal Unrelated Business Taxable Income			
33 4	► Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	2,524.
34	Amou	ints paid for disallowed fringes		34	
35	Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 3	33 and 34		36	2,524.
37	Specif	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrela	ated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
		the smaller of zero or line 36		38	1,524.
Part		Tax Computation			
39		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	320.
40	Trusts	s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		ļl	-
		Tax rate schedule or Schedule D (Form 1041)	•	40	
41	-	tax See instructions	•	41	
42		native minimum tax (trusts only)		42	
43		n Noncompliant Facility Income See instructions		43	220
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	320.
Part.		Tax and Payments		т т	
	-	on tax credit (corporations attach Form 1118; trusts attach Form 1116)		-	
b		credits (see instructions)		1	
C		al business credit. Attach Form 3800		-	
		t for prior year minimum tax (attach Form 8801 or 8827)		450	
		credits Add lines 45a through 45d		45e	320.
46		act line 45e from line 44 taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule)	46	. 320.
47			lach schedule)		320.
48		tax Add lines 46 and 47 (see instructions)		48	0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
		ents: A 2017 overpayment credited to 2018 estimated tax payments 50b	2,000.	1	
			2,000.	 	
				1	
		,		1 [
		up withholding (see instructions) t for small employer health insurance premiums (attach Form 8941) 506 506		1,,	
		credits, adjustments, and payments: Form 2439		†	
		Form 4136 Other Total 50g		!	
51		payments. Add lines 50a through 50g		51	2,000.
52		lated tax penalty (see instructions). Check if Form 2220 is attached		52	
53		lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54		payment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	1,680.
55		the amount of line 54 you want: Credited to 2019 estimated tax 1,680. Refu	nded 🕨	55	0.
Part	VI	Statements Regarding Certain Activities and Other Information (see instruct	ions)		
56	At any	y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here				X
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		X
		s," see instructions for other forms the organization may have to file.			2.
58		the amount of tax-exempt interest received or accrued during the tax year >\$			
	Un	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bi rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	est of my knowle	edge and belief, it i	s true
Sign	60		N	May the IRS discus	s this return with
Here		in Hawey 10/19/19 Director		ne preparer shown	
		Signature of officer Daté Title	ın	nstructions)?	Yes No
		Print/Type preparer's name Preparer's signature Date C	heck	if PTIN	
Paid			elf- employed		0.000
Prep	arer	Denise Jurgens, CPA			87338
Use ·		7.777.0.77.0.7.	Fırm's EIN 🕨	84-0	803727
	-	400 East Main St., Suite 2	DL	770 005	2771
		Firm's address ► Aspen, CO 81611	rnone no.	970-92 <u>5</u>	-3//1

Schedule A - Cost of Goods	Sold. Enter method of	invento	ry valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ſ		6		
2 Purchases	2		7 Cost of goods sold. Su	btract lu	ne 6			
3 Cost of labor	3		from line 5. Enter here a	and in P	art I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section 2	263A (w	ith respect to	-	Yes	No
b Other costs (attach schedule)	4b		property produced or ac				-	
5 Total. Add lines 1 through 4b	5		the organization?		, , , ,			
Schedule C - Rent Income (F		and F		eased	With Real Prop	erty)		
(see instructions)								
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received or accrued				3(a) Deductions directly	CODDOC	ted with the income in	,
 (a) From personal property (if the perce rent for personal property is more to 10% but not more than 50%) 	han 'ofre	nt for per	l personal property (if the percentag sonal property exceeds 50% or if s based on profit or income)	je			ittach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	O . Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A) •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt	t-Financed Income	(see in	structions)					
			2 Gross income from		3 Deductions directly con to debt-finance	nected v	vith or allocable erty	
1 Description of debt-fina	inced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
					(attach school)	0+	atement	
WESS Present Ctroot	Dartnerg IIC	, 	22,955.			-15	20,4	
(1) 529 Bryant Street	. Parthers DDC	-	22,555.			-+-	20,1	<u> </u>
(2)								
(3)						_		
4 Amount of average acquisition	5 Average adjusted basis		6. Column 4 divided		7. Gross income		8 Allocable deduct	ions
debt on or allocable to debt-financed property (attach schedule)	of or allocable to debt-financed property		by column 5		reportable (column 2 x column 6)	(column 6 x total of co 3(a) and 3(b))	
Statement 14	Statement 1	.5			z x column oj		o(a) and o(b))	
(1) 202,752.		15.	100.00%		22,955	•	20,4	31.
(2)			%					
(3)			%					
(4)								
		. –			nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		22,955		20,4	31.
Total dividends-received deductions and	cluded in column 8		•			>		0.

Schedule F Interest, A	muities	, noyan	ies, and	T	Controlled O			LION	s (see in:	structio	ns)
1 Name of controlled organizati	on	2 Emp identific numi	ation		related income a instructions)		al of specified nents made	includ	rt of column 4 ded in the cont zation's gross	rolling	6 Deductions directly connected with income in column 5
(1)							······································				
(2)							•				
(3)			•								
(4)											
Nonexempt Controlled Organiz	ations										
7. Taxable Income		related incom		9 Total	of specified payr made	nents	10 Part of column the controllingross	nn 9 tha ng organ s income	nization's		eductions directly connected th income in column 10
(1)				 							· · · · · · · · · · · · · · · · · · ·
(2)				<u> </u>						<u> </u>	
(3)				 							
(4)				-					<u> </u>		
				<u> </u>			Add colun		e 1, Part I,	j	add columns 6 and 11 here and on page 1, Part I, line 8, column (8)
							iine 6, 0	Junio (•		
Totals				==		<u>▶</u>			0.		0.
Schedule G - Investmer (see instri		e of a S	ection	501(c)(7	'), (9), or ([•]	17) Org	janization				
	iption of incom	ne			2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							,	/			(00. 0 p.00 00. 4)
(2)								-			
(3)											
(4)											
					Enter here and o Part I, line 9, co		 		<u>.</u>		Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.				-	0.
Schedule I - Exploited I (see instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income	_			
Description of exploited activity	2. Gr unrelated to income trade or b	ousiness from	directly o with pro of unr	penses connected oduction related s income	4 Net incom from unrelated business (co minus colum gain, compute through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)	-										
(4)											
	Enter here page 1, line 10, c	Part I,		re and on , Part I, col (B)	ŝ						Enter here and on page 1, Part II, line 26
Totals •		0.		<u> </u>	*.	• •		ı			0.
Schedule J - Advertisin					alidatad	Pacie					
Part I Income From F			orted or	1 a Con:	solidated	Dasis			, —— <u>—</u>		· ·
1 Name of periodical		2. Gross advertising income		3 Direct ertising costs			5 Circulat		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)] , .
(3)] ·] ' :
(4)											
Totals (carry to Part II, line (5))	>	().	0	•		1		<u></u>		0.

Total. Enter here and on page 1, Part II, line 14

%

%

%

▶

TOTH-330-1 (2016) MAKE FOUL					04 003024	za rago c
Part II Income From Perio	odicals Reporte	ed on a Separ	ate Basis (For ea	ach periodical listed	d in Part II, fill in	
columns 2 through 7 on						
1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	THE STATE OF THE S		₹# - * *	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	: *			0.
Schedule K - Compensation	n of Officers, l	Directors, and	Trustees (see in	nstructions)		
1. Name			2. Title	3 Percei time devot busines	ed to 4. Comp	ensation attributable related business
(1)					%	

0 . Form **990-T** (2018)

(2)

(3)

(4)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement 12

Investments that generate unrelated business income.

To Form 990-T, Page 1

Form 990-T	Schedule E - Other	Deductions		Statement 13
Description		Activity Number	Amount	Total
Allocated Expenses Interest Expense	- SubTotal -	1	16,682. 3,749.	
Total of Form 990-T,	Schedule E, Column	3(b)		20,431.

Form, 990-T	Average Acquisition Allocable to Debt-Fin			Statement 14
Description		Activity Number	Amount	Total
Average Debt Balance	e - SubTotal -	1	202,752.	202,752.
Total of Form 990-T	, Schedule E, Column	4		202,752.

Form, 990-T	Average Adjusted Allocable to Debt-Fi	Statement 15		
Description	in	Activity Number	Amount	Total
Average Basis	- SubTotal -	1	15.	15.
Total of Form 990	O-T, Schedule E, Column	5	•	15.