Form **990-EZ** 

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No. 1545-1150

Department of the Treasury

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

Open to Public

Internal Revenue Service			► Go to www.irs.gov/Form990EZ for instructions						
A I	or the	2018 calend	ar year, or tax year beginning	, 2018,	and ending			, 20	
B	Check if a	pplicable	C Name of organization ?			D Emp	loyer ide	entification number	
Address change  Name change  Initial return  Final return/terminates  Amended return		change	Daniel E. Stuntz Memorial Foundation				9	11286218	
		-	Number and street (or P.O. box, if mail is not delivered to street address)	21	Room/suite	E Tele	phone nu	ımber	
			6518 Woodlawn Ave N				20	065242950	
			City or town, state or province, country, and ZIP or foreign postal code		03	F Gro	up Exer	mption	
Ī.	Application	on pending	Seattle WA 98103-5428		0.5	Nur	nber 🕨	?;	1
G /	Accoun	ting Method:	☐ Cash ☐ Accrual Other (specify) ▶		Н	Check	<b>▶ ☑</b> 11	the organization is not	1
I V								ach Schedule B	
JT	ax-exer	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 49	47(a)(1) o	or []527	(Form 9	90, 990	)-EZ, or 990-PF).	
		organization	— — — · · · · · · · · · · · · · ·	] Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or	more, or if tota	assets			
(Pai	rt II, col		6500,000 or more, file Form 990 instead of Form 990-EZ.		<u> </u>		<b>▶</b> \$	90300	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund	Balanc	ces (see the	instru	ctions	for Part I) 📶	
		Check if	the organization used Schedule O to respond to any q	uestion	in this Part I			<u>.</u> 🗹	
?1	1	Contribution	ons, gifts, grants, and similar amounts received				1	50	
71	2	Program se	ervice revenue including government fees and contracts				2		
?1	3	Membersh	ip dues and assessments				3		
71	4	Investment					4	15836	
	5a	Gross amo	ount from sale of assets other than inventory	5a		74414			
	b	Less: cost	or other basis and sales expenses	5b		68582			
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5	b from I	line 5a)		5c	5832	
	6	Gaming an	d fundraising events						_
_	a		ome from gaming (attach Schedule G if greater tha	n				RECEIVED	)
ĭ		\$15,000) .		_6a					$\neg$
Revenue	b	Gross inco	me from fundraising events (not including \$	o	f contribution	ıs	B047	MAY 1 0 2019	
Re	l	from fundr	aising events reported on line 1) (attach Schedule G if th	e .				WAI 1 U ZUIS	1
		sum of suc	th gross income and contributions exceeds \$15,000)	6b					
	С	Less: direc	t expenses from gaming and fundraising events	_6c				OGDEN, UT	•
	d		e or (loss) from gaming and fundraising events (add line	s 6a an	d 6b and sul	otract			-
	ĺ	line 6c) .		• . • •			6d		
	7a	Gross sale	s of inventory, less returns and allowances	7a	L				
	b		of goods sold	_7b					
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from lin	e 7a) .			7c		
	8	Other rever	nue (describe in Schedule O)				8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · ·	<u></u>	<u>.</u> ▶	9	21718	
	10	Grants and	similar amounts paid (list in Schedule O)				10		
	11		aid to or for members				11		
es	12		ther compensation, and employee benefits 🚰				12		
Expenses	13		al fees and other payments to independent contractors 📆				13		
ğ	14	Occupancy	y, rent, utilities, and maintenance				14		
ш	15		nting, publications, postage, and shipping						
	16							56	
	17	Total expe	nses. Add lines 10 through 16	<u> </u>	· ·	<u>.</u> •	17	56	
S	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)				18	21662	
Net Assets	19		or fund balances at beginning of year (from line 27, col					_	
		<u> </u>	r figure reported on prior year's return)				19	365957	
	20		iges in net assets or fund balances (explain in Schedule O				20	(80936)	
	21		or fund balances at end of year. Combine lines 18 through	120 .	<u> </u>	. ▶	21	306683	
For	Paper	work Reduct	ion Act Notice, see the separate instructions.	Cat.	No. 10642I			Form 990-EZ (2018)	

Part II			arrantian in this F	·		
	Check if the organization used Schedul	e O to respond to a				
				(A) Beginning of year		(B) End of year
	Cash, savings, and investments			365957		306683
	and and buildings		the state of the s	·	23	
	Other assets (describe in Schedule O)			2/5057	24	20//02
	Total assets			365957	<del>   </del>	306683
	Total liabilities (describe in Schedule O) .			0/5053	26	201100
	let assets or fund balances (line 27 of column			365957	21	306683
Part III		-				Expenses
(lb = 4 != .	Check if the organization used Schedul	see Schedule O	ny question in this r	Part III 🗹	(Requ	ured for section
	the organization's primary exempt purpose?		<u> </u>			)(3) and 501(c)(4)
s meas ersons	e the organization's program service accomp sured by expenses. In a clear and concise benefited, and other relevant information for o	manner, describe the	e services provided	ogram services, the number of	other	iizations, optional for s)
28 <u></u>						
?i (Gr	rants \$ ) If this amour	at includes foreign gra	ants, check here .	▶ 🗆	28a	
<u> </u>						
(Gr	rants \$ ) If this amour	t includes foreign gra	ants, check here .	<u> ▶ 🗆</u>	29a	
30						
					00-	
IC.	rante © 1 If this amoun	it includes toreian ara	ants check here	<u> ▶ □</u> _	30a	
					1	
31 Oti	her program services (describe in Schedule O					
31 Oti (Gr	her program services (describe in Schedule O rants \$ ) If this amour	t includes foreign gra		▶ □	31a	
31 Oti (Gr 32 To	her program services (describe in Schedule O rants \$ ) If this amour tal program service expenses (add lines 28a	nt includes foreign gra h through 31a)	ants, check here		31a 32	tions for Part IV
31 Oth (Gr 32 To	her program services (describe in Schedule O rants \$ ) If this amour tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and K	nt includes foreign gra i through 31a) . ey Employees (list eac	ants, check here	▶ □ ▶ pensated—see the ⊪	31a 32	
31 Oth (Gr 32 To	her program services (describe in Schedule O rants \$ ) If this amour tal program service expenses (add lines 28a	nt includes foreign grant includes foreign grant through 31a)  ey Employees (list each include O to respond to a	ants, check here	▶ □ ▶ pensated—see the ⊪	31a 32	
31 Oth (Gr 32 To	her program services (describe in Schedule O rants \$ ) If this amour tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and K	at includes foreign gra a through 31a) ey Employees (list eac e O to respond to a (b) Average hours per week	ants, check here  h one even if not comp ny question in this f  (c) Reportable compensation	pensated—see the III  art IV  (d) Health benefits, contributions to employ	31a 32 nstruc	stimated amount of
31 Oth (Gr 32 To	her program services (describe in Schedule O rants \$ ) If this amour tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and K Check if the organization used Schedul	nt includes foreign gra a through 31a)	ants, check here  h one even if not comp ny question in this f (c) Reportable	pensated—see the III  art IV  (d) Health benefits, contributions to employ	31a 32 nstruc 	🗆
31 Oth Gr 32 To Part IV	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and King Check if the organization used Schedule (a) Name and title	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the III Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc 	stimated amount of
31 Oth (Gr 32 To Part IV	her program services (describe in Schedule Orants \$ ) If this amountal program service expenses (add lines 28a List of Officers, Directors, Trustees, and K Check if the organization used Schedule (a) Name and title	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the III Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc 	Estimated amount of her compensation
31 Oth (Gr 32 To Part IV	her program services (describe in Schedule Orants \$ ) If this amour tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title	at includes foreign grant includes foreign grant through 31a)	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the III Part IV  (d) Health benefits, contributions to employ benefit plans, and	31a 32 nstruc 	Estimated amount of their compensation
Joanne Presid	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title	at includes foreign grant through 31a)	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of ther compensation
Joanne Presid Kim Tr	her program services (describe in Schedule Orants \$ ) If this amour stal program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title	at includes foreign grant through 31a)	h one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of ther compensation
Joanne Presid Kim Tr Secret	her program services (describe in Schedule Orants \$ ) If this amour stal program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title	at includes foreign grant includes foreign grant through 31a)	h one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of their compensation
Joanne Presid Kim Tr Secret Jocely Treasu	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young enterage eary on Phillips	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of their compensation
Joanne Preside Kim Tr Secret Jocely Margar	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young enter averse ary on Phillips	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of their compensation
Joanne Preside Kim Tr Secret Jocely Treasu Margar	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young enter averse ary on Phillips	at includes foreign grant includes foreign grant through 31a)	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of their compensation
Joanne Preside Kim Tr Secret Jocely Treasu Margar	her program services (describe in Schedule Orants \$ ) If this amour tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Kong Check if the organization used Schedule (a) Name and title e Young enter averse ary in Phillips arer ret Dilly eica Cline	at includes foreign grant through 31a)	h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of their compensation
Joanna Preside Kim Tr Secrete Jocely Treasu Margar Truster Dr Eri	her program services (describe in Schedule Orants \$ ) If this amour tal program service expenses (add lines 28a List of Officers, Directors, Trustees, and Kong Check if the organization used Schedule (a) Name and title e Young enter averse ary in Phillips arer ret Dilly eica Cline	at includes foreign grant through 31a)	ants, check here	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc: 	Estimated amount of their compensation
Joanne Preside Kim Tr Secrete Jocely Treasu Margar Truste Dr Eri Truste	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young lent raverse ary mehillips are rot Dilly e ica Cline see solliver	at includes foreign grant includes foreign grant through 31a)	ants, check here	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc: 	Estimated amount of ther compensation
Joanne Preside Kim Tr Secrete Jocely Treasu Margar Truste Dennis Truste	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young lent raverse ary mehillips are rot Dilly e ica Cline see solliver	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of ther compensation
Joanne Presid Kim Tr Secret Jocely Treasu Margar Truste Dennis Truste Dennis	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young ent raverse ary in Phillips urer rot Dilly e ica Cline ee s Oliver ee ed Rhoades	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of ther compensation
Joanne Presid Kim Tr Secret Jocely Treasu Margar Truste Dr Eri Truste Dennis Truste Dr. Fre	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young ent raverse ary in Phillips urer rot Dilly e ica Cline ee s Oliver ee ed Rhoades	at includes foreign grant through 31a)	nny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of ther compensation
Joanne Preside Kim Tr Secret Jocely Truste Dennis Truste Dr. Fre Truste Richard	her program services (describe in Schedule Orants \$ ) If this amour ital program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young ent enterprocess ary in Phillips are ret Dilly e ica Cline ee solliver e ed Rhoades error Schedule (a) Schedule (b) Schedule (c) S	at includes foreign grant through 31a)	nny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of ther compensation
Joanne Preside Kim Tr Secret Jocely Treasu Margar Truste Dennis Truste Dr. Fre Richar Truste	her program services (describe in Schedule Orants \$ ) If this amour ital program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young ent averse ary in Phillips urer ret Dilly e ica Cline see solliver e ed Rhoades errord Sieger	at includes foreign grant through 31a)	nny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of ther compensation
Joanne Preside Kim Tr Secret Dr. Fre Truste Richal Truste Miltor	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e Young ent raverse arry on Phillips arrer rot Dilly e ica Cline ee so Oliver ee ed Rhoades er rd Sieger ee in Tam	at includes foreign grant through 31a)	nny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of her compensation
Joanne Preside Kim Tr Secret Jocely Treasu Margar Truste Dennis Truste Richar Truste Richar Truste Miltor Truste Miltor Truste	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and Kondeck if the organization used Schedule (a) Name and title e Young enter averse ary in Phillips are rot Dilly e ica Cline ee so Oliver ee ed Rhoades er of Sieger ee in Tam ee	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of her compensation
Joanne Preside Kim Tr Secrete Jocely Truste Dennis Truste Dr. Fre Truste Richan Truste Miltor Truste	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e. Young lent eaverse lary in Phillips liner rot Dilly lee lica Cline lee e. So Oliver lee e.	at includes foreign grant through 31a)	ants, check here  h one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 	Estimated amount of her compensation  0  0  0  0  0  0  0  0  0  0
Joanne Presid Kim Tr Secret Jocely Truste Dennis Truste Dr. Fre Truste Richar Truste O Dr St Truste	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule (a) Name and title e. Young lent eaverse lary in Phillips liner rot Dilly lee lica Cline lee e. So Oliver lee e.	at includes foreign grant through 31a)	ants, check here	pensated—see the iii  Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 0 0 0 0 0	Estimated amount of
Joanne Preside Kim Tr Secret. Jocely Treasu Margar Truste. Dennis Truste. Richar Truste. Richar Truste. Milton Truste. O Dr St Truste. Truste. Truste. Richar Truste. Truste. Richar Truste. Truste. Richar Truste. Truste. Richar Truste. Truste. Truste. Richar Truste. Trus	her program services (describe in Schedule Orants \$ ) If this amour tall program service expenses (add lines 28a List of Officers, Directors, Trustees, and K. Check if the organization used Schedule e Young ent raverse eary in Phillips curer rot Dilly e ica Cline ee sollower ee ed Rhoades errd Sieger ee in Tam ee teve Trudell ee Whitford	at includes foreign grant through 31a)	ants, check here	pensated—see the III  art IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	31a 32 nstruc 0 0 0 0 0	Estimated amount of her compensation



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	SPart	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<i></i>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		· ·
35a Î		35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<u>v</u>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ ; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	4	<u>/</u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>V</b>
41	List the states with which a copy of this return is filed ▶		4.1"	<del></del>
42a	The organization's books are in care of ► Telephone no. ►	·		
b.	Located at   ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	No V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country	42c		
<b>43</b> .	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	No No
<b>44</b> a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	L	<b>/</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<b>129</b>	<u>'</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
45a` b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		V

Form 99	90-EZ (2	2018)					Page 4
46	Did t	he organization engage, directly or in indidates for public office? If "Yes," c	directly, in political complete Schedule C	ampaign activities	on behalf	of or in opposi	Yes No
Part		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s Only s must answer que	stions 47–49b a	nd 52, and	d complete th	
47 48 49a b 50	year? Is the Did t If "Ye Com	the organization engage in lobbying? If "Yes," complete Schedule C, Parter organization a school as described in the organization make any transfers to es," was the related organization a seplete this table for the organization's oyees) who each received more than	II	i)? If "Yes," comple intable related orgon? sated employees (	ete Schedul anization?  other than ganization	e E	47
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu	lealth benefits, tions to employee lans, and deferred impensation	(e) Estimated amount of other compensation
f 51	Com \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ Name and business address of each independent	s five highest compenization. If there is no	ensated independe		<del></del>	received more than
d 52	Did 1	number of other independent contra the organization complete Schedul pleted Schedule A	•	ction 501(c)(3) o	. ▶rganization		ı a .►☑ Yes □ No
Under p	enalties rect. an	of perjury, I declare that I have examined this red complete. Declaration of preparer/(ottjer than	eturn, including accompant	ying schedules and stat	ements, and t	o the best of my kn	owledge and belief, it is
Sign Here	71	Signature of officer  Jocelyn Phillips TREASUR  Type or print name and title				5/4/20 Date	519
Paid Prepa Use (		Print/Type preparer's name  Firm's name ▶	Preparer's signature		Date	Check ☐ self-employ	,
		Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no	►
iviay ti	ic ing	discress this retain with the highwigh	SHOWIT ADOVE: DEET		· · · ·		L LES LINO

## **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Daniel E Stuntz Memorial Foundation 911286218 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No Stuntz Mycology Fund 820823889 sect 170(b)(1)(A)(vi) 30,000 (B) (C) (D) (E) TO THE PROPERTY OF THE PARTY OF

Total

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All Supporting Organizations		
	*		

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) at satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)( purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization usi to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)( purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actic (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribut (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a. Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a' Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, determine whether the organization had excess business holdings.)

ng	J. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	意思	
by	- Masimina - Argy Ex		
Dy	i Madinipo J. K. Ko		152.3
	1		
us			
cd	3		
CU	<b>1</b>	100	22.15
	2		<b></b>
/cr	A Took winds	ni William ji	
		33,325	1331123
	3a		<i>V</i>
nd		AZZY Z MUNICIPA	
he	2.350		333
,,,		£ 22982	
	3b	•	
(B)	1. 18 P.		影響
` ′		in the same	Sattleman's
	3c	2 3 7	100
' If	ر اعماد سائد	\$ <b>3</b> 0 %	總計
	4a		<b>V</b>
	S. Same		-361681654
gn		3.0	
on	mijou i ja		
	4b		1 JANUARY 18
	70 110		<
on	(3 0) 15 41 6 (3 0) 15 15 15 15 15 15 15 15 15 15 15 15 15	1	
ed	tron.		
(B)			
(0)	-100	330	
	4c	,	
s, "	他に	<b>医</b>	200
IN	S 18 8	140%	2000
	4c		
on;	nand grange	កការការការក្នុងវិប	
on	وي الأرث	Pirit.	
	5a	-	SAN COLOR
		1	Para Para Para Para Para Para Para Para
dy			
.dy			
dy	5b		
dy	5b 5c	· . ·	
dy to	5b 5c	· . ·	
to	5b 5c	· . ·	
to ed	5b 5c	· . ·	
to	5b 5c	· . ·	
to ed	5b 5c		
to ed or	5b 5c		
to ed or tor	5b 5c		
to ed or	5b 5c		
to ed or tor	5b 5c 6		
to ed or tor tity	5b 5c 6		
to ed or tor tity 7?	5b 5c 6		
to ed or tor tity	5b 5c 6 6		
to ed or tor tity 7?	5b 5c 6 6 7		
to ed or ttor tity	5b 5c 6 6 7		
to ed or tor tity 7?	5b 5c 6 7 7 7 8 8		
to ed or ttor tity 7?	5b 5c 6 6 7		
to ed or ttor tity	5b 5c 6 7 7 7 8 8		
to ed or ttor tity 7?	5b 5c 6 7 7 7 8 8		
to ed or tor tor tity 7?	5b 5c 6 7 7 7 8 8		
to edd or tor tity 7? ore odd	5b 5c 6 7 7 7 8 8		
to ed or tor tor tity 7?	5b 5c 6 7 7 7 8 8		
to edd or tor tity 7? ore odd	5b 5c 6 7 7 7 8 8		
to ed or tor tity 7?	5b 5c 6 7 7 7 8 8		
to edd or tor tity 7? ore odd	5b 5c 6 7 7 7 8 8		
to ed or tor tity 7?	5b 5c 6 7 7 7 8 8		
to ed or tor tity 7? Ore ed on the effit on ed to	5b 5c 6 6 7 7 8 8 9a 9b 10a 10b		

Part	Supporting Organizations (continued)			
,			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	4	13.79	18
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	<u> </u>	15 K 14 V
	below, the governing body of a supported organization?	11a		~
	A family member of a person described in (a) above?	11b		' /
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		V
Secti	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported arganizations have the newer to	20-36 Test	Yes	No 28.739
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		37, 4,33	300
	controlled the organization's activities. If the organization had more than one supported organization,	12 m		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.14	30/21
٠	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	المرات	استفنادا
2	Did the organization operate for the benefit of any supported organization other than the supported	010 4	ફેડ્ડ, <b>દે</b> ડ્ડ	10 3 30
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		A	30
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.5
	supervised, or controlled the supporting organization.	2		~
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)		-	
Sacti	on D. All Type III Supporting Organizations	1		L
<u>Jecu</u>	on D. All Type III Supporting Organizations	· · · · ·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	43%	- Sec. 4	130
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			-1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		*
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	555		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	·	1007.00
3 '	By reason of the relationship described in (2), did the organization's supported organizations have a	感到		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	
a	The organization satisfied the Activities Test. Complete line 2 below			3)
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	soo ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
,	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ŠŽ.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
-	how the organization was responsive to those supported organizations, and how the organization determined		Popular	
_	that these activities constituted substantially all of its activities.	2a	ار جاري.	6,#4°+51
b ·	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	漫場		
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			48
	activities but for the organization's involvement.	O.L	<u> </u>	
2	-	2b	A 2 4 2 5 1	् युरकुः स्त्र
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		經營	
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	المطلقاتين	المنتشب
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	28 <u>3.5.5</u>	200
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	الدمائنتانن	أستنسط

### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Daniel E Stuntz Memorial Foundation	911286218				
Form 990-EZ Part I, line 16, other expenses \$10 - state filing fee, \$46 - website					
Form 990-EZ Part I, line 20, Other changes in net assets: unrealized capital losses					
Form 990-EZ Part III, Primary Exempt Purpose The mission of the Daniel E. Stuntz Memorial Foundation is to advance mycologicl research,					
education, and appreciation for fungi in the Pacific Northwest.					
······································					
	••••••				
······································					
······································	·				
<u></u>					
······································					
<u></u>					
······································					
<u></u>					
<u></u>					