**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.

OMB No 1545-0047

V			nent of the Treasury Revenue Service	Do not enter so  ▶ Go to www.irs.							Open to Pul	blic Inspection
1	_			or tax year beginning				, and end				. 20
			f foundation			(20)	01)	<del></del>		Employer iden	tification nui	mber
1		MOL	LIE MITCHELI	L & JOHN WILSON F	CADNUO	ION()K	MM			26-12355	504	
	Νu	mbe	and street (or PO bo	ox number if mail is not delivered t	o street add	lress)		Room/suit	te E	3 Telephone nur	nber (see inst	ructions)
		- <b></b>										
Q			0 BANEBERRY					<u> </u>		(303) 5	526-178	1
$\mathcal{C}$	Cil	y or t	own, state or province	e, country, and ZIP or foreign posta	al code				,	If exemption app	lication is	<u> </u>
CANNED		GOT.	DEN, CO 8040	<b>1</b> 1						pending, check h		▶∐(
M	_		eck all that apply	Initial return		Initial return	of a former r	aublic cha	rity			, m
	•	One	sck all that apply	Final return		Amended re	•	Jubiic Cila	ן ייינא ן נ	<ol> <li>1 Foreign organi</li> <li>2 Foreign organi</li> </ol>		
MAY				Address change	х	Name chang			1	85% test chec	k here and alta	ch
=	$\overline{\mathbf{H}}$	Che	eck type of organia	zation X Section 501(				(7)		•		
8			Section 4947(a)(1) r	nonexempt charitable trust	Otl	ner taxable pr	ivate founda	tion	<b>╎</b> ☐'	If private founda under section 50		- I
1 2	L	Fair	market value o	of all assets at J Acco	unting m	ethod X C	ash Acc	crual	F	If the foundation		
202			of year (from Pa		ther (spe	cify)				under section 507	'(b)(1)(8), chec	k here . ▶
		_				), must be on c	ash basis )	<del></del>				
		art		venue and Expenses (The in columns (b), (c), and (d)	(0) 17	evenue and	(b) Net inve	estment	(c)	Adjusted net	for	sbursements charifable
			may not necessar	rily equal the amounts in		enses per books	incon		\-'	income		urposes n basis only)
3-1	Т	1	column (a) (see in	ts etc., received (attach schedule)		10.					(000)	
∦, ъ	.	2	Chack X If the	e foundation is not required to			<u></u>				-	
/ <del>\</del> Y	₩,	3	attac	ch Sch B								<del></del>
v	/	4	_	rest from securities		47,440.	4	7,440.	1	RECEIV	<b>JED</b>	
	-	5a										) J
•		b	Net rental income or (	(loss)					K	JUN 2 4	2h2n 10	21
	a	6a b	Net gain or (loss) from	m sale of assets not on line 10	1	,195,264.			181			ý
	Revenue	U		1,646,207.			1 10	5,264.	-	OGDEN		=
	Se l	7	<del>-</del>	come (from Part IV, line 2) .	<del>.</del>		1,19	5,204.		OGDLIV	, 01	
	_	8	•	oital gain						<del></del>	<del>-</del>	
_		10 a	Gross sales less return	ons			· <del></del>	-			-	
70		b	and allowances				·		_			
<b>2</b> 7	- [		-	s) (attach schedule)								
3	-	11	Other income (atta	nch schedule) ATCH 1		7,445.		7,445.				1
>	4	12	Total. Add lines 1	through 11	1	,250,159.		0,149.	_			·
2	ွှ	13		cers, directors, trustees, etc		0.						
>	Se	14		alaries and wages		·· <del>··</del>				<del></del>	<del> </del> -	
	e	15 10 -		ployee benefits					<del></del>	<del></del>	<del> </del>	<del> </del>
<b>i</b> -	ıΩl	16 a b		schedule)		2,290.		. —			+	2,290.
_	Administrative	C		fees (attach schedule)							<del></del>	<del></del>
J	ī	17	•						-			
J	ist	18		dule) (see instructions)[3].		1,643.						
4. O	틢	19	Depreciation (attac	ch schedule) and depletion.								
	ğ	20	Occupancy									
	ğ	21	•	s, and meetings								
	a	22		cations		10						1.0
	2	23	•	ttach schedule) ATCH . 4		10.					<del> </del>	
	ā	24	-	nd administrative expenses.		3,943.						2,300.
	Operating and A	2 5		gh 23		110,000.	<del></del>				+	110,000.
		25 26	_	s, grants paid	<del></del>	113,943.		0.		C	<del> </del>	112,300.
	$\rightarrow$	26 27	Subtract line 26 from			===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<del>`</del>	+	,
				er expenses and disbursements	1	,136,216.						
				come (if negative, enter -0-)			1,25	0,149.				
				me (if negative, enter -0-)								

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2019)

E	art II	Balance Sheets Attached scho	edules and amounts in the	Beginning of year	End	of year
		- aescription co	olumn should be for end-of-year (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,389.	746.	746
		Savings and temporary cash investme	· -	6,179.	31,537.	31,537
		Accounts receivable >		·- ·		
		Less allowance for doubtful accounts				
		Pledges receivable ▶				
		Less allowance for doubtful accounts				^
		Grants receivable		<del>-</del>		
		Receivables due from officers, dire-				
		disqualified persons (attach schedule				
	I	Other notes and loans receivable (att				
	1	Less allowance for doubtful accounts			•	•
ß		Inventories for sale or use				
Assets	1	Prepaid expenses and deferred charge	· · · · · · · · · · · · · · · · · · ·	~		
As		Investments - U.S. and state government o				
	ь	Investments - corporate stock (attach	schedule) ATCH 5	933,990.	1,555,000.	1,641,733.
		Investments - corporate bonds (attach				
	11	Investments - land, buildings,	'scriedule)			
		and equipment basis  Less accumulated depreciation			•	
		(attach schedule)				
	13	Investments - mortgage loans Investments - other (attach schedule)				<del></del> -
	14	Land, buildings, and	Γ			
		equipment basis Less accumulated depreciation (attach schedule)		ł		-
	15	(attach schedule) Other assets (describe ▶				
		Total assets (to be completed				
		instructions Also, see page 1, item I)	,	941,558.	1,587,283.	1,674,016.
_						
	i .	Accounts payable and accrued expen	<b> </b>			
s		Grants payable		-		<del></del>
Ę.		Deferred revenue	Γ			
abilities		Loans from officers, directors, trustees, and Mortgages and other notes payable (	· · · · F			
		Other liabilities (describe >			·- ·- ·-	
	22	Other habilities (describe	·/			
	23	Total liabilities (add lines 17 through	22)	0.	0.	
<u></u>		Foundations that follow FASB ASC				-
nces		and complete lines 24, 25, 29, and				
ä	ĺ	• • • • • • • • • • • • • • • • • • • •				
33	24	Net assets without donor restrictions	[1			
d		Net assets with donor restrictions Foundations that do not follow FASB AS				
듬		and complete lines 26 through 30	C 956, Check here			
ī	26	·	at frieds			
0	27	Capital stock, trust principal, or currer Paid-in or capital surplus, or land, bldg , and	T T			
ě	20	Retained earnings, accumulated income, e	· · ·	941,558.	1,587,283.	<del></del>
SS	20	Retained earnings, accumulated income, e Total net assets or fund balances (se	· · ·	941,558.	1,587,283.	
ĭ, A	29	Total liabilities and net asse		312,0001	2700.7200.	
ž	30		` }	941,558.	1,587,283.	
Ð		Analysis of Changes in Ne	<del></del>		2,30.,233.	<u> </u>
		I net assets or fund balances at I			nust agree with	
'		of-year figure reported on prior ye			_	941,558.
ว		r amount from Part I, line 27a				1,136,216.
						1,130,210.
		er increases not included in line 2				2,077,774.
		lines 1, 2, and 3			5	490,491.
		reases not included in line 2 (item I net assets or fund balances at e		line 5) - Part II - column /h		1,587,283.
0	rota	riner assets or juno palances at 6	end of year (line 4 minus	iiile 5) - marcii, column (c	7), mre 29   <b>0</b>	

Page	3
Page	u

Pa	Part IV Capital Gains and Losses for Tax on Investment Income									
	(a) List and de 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )						
1 a	SEE PART IV SCHE	DULE		D - Bondaon						
c						·				
d										
<u>e</u>										
	(e) Gross sales price	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu						
a										
b										
<u>c</u>										
d										
<u> </u>		howing gain in column (h) and owned	by the foundation on 12/31/69							
	Complete only for assets s		(k) Excess of col (i)		Gains (Col. (h) ga (k), but not less t					
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		Losses (from col					
<u>—</u>		-								
b					<del></del>					
c										
d										
е										
_	Canital compact income	( If ga	ain, also enter in Part I, line 7		<u> </u>					
2	Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2	1,	195,264.				
3	_	ain or (loss) as defined in sections								
	-	art I, line 8, column (c) See inst								
_		<del> </del>		3		0.				
		Inder Section 4940(e) for Reconstructions subject to the			<del></del>					
Was		leave this part blank the section 4942 tax on the distrib t't qualify under section 4940(e) D		ase period	13	Yes X No				
1	Enter the appropriate ar	mount in each column for each yea	ar, see the instructions before maki	ng any en	tries					
	(a) Base period years	(b)	(c)		(d) Distribution ra	tio				
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	cof (c))				
	2018	81,925.	1,608,048.			0.050947				
	2017	82,760.	1,583,266.			0.052272				
	2016	71,500.	1,374,833.			0.052006				
	2015	71,060.	1,383,801.			0.051351				
	2014	77,260.	1,341,673.	<del></del>		0.05/585				
_	Takal of long 4 and long /	-17		2		0.264161				
2		d)				0.204101				
3		o for the 5-year base period - divide foundation has been in existence i	-	3	ļ	0.052832				
4	Enter the net value of no	rom Part X, line 5	4	1,	612,718.					
5	Multiply line 4 by line 3.		5 85,203.							
6	Enter 1% of net investm	ent income (1% of Part I, line 27b).		6		12,501.				
7	Add lines 5 and 6			7	97,704.					
8 Enter qualifying distributions from Part XII, line 4						rate See the				

Form **990-PF** (2019)

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		12,	50:
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
·	Part I, line 12, col (b)	-		-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2			
3	Add lines 1 and 2		12,	501
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			(
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		12,	50:
6	Credits/Payments	-		
а	2019 estimated tax payments and 2018 overpayment credited to 2019   6a   1,560.			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d	-	1,	560
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8		<u> </u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		10,	<u> 341</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		<u>-</u>	
11	Enter the amount of line 10 to be Credited to 2020 estimated tax   Refunded   11			_
Pai	rt VII-A Statements Regarding Activities			_
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	N
	participate or intervene in any political campaign?	1a		7
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			Г
_	instructions for the definition	1b		2
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		2
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-	
-	(1) On the foundation > \$(2) On foundation managers > \$	1		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	i :		
Ī	on foundation managers   \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		2
•	If "Yes," attach a detailed description of the activities			Г
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		:
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		7
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Г
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
•	If "Yes," attach the statement required by General Instruction T			Γ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			l
	conflict with the state law remain in the governing instrument?	6	Х	l
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	$\overline{}$
7			_	$\Box$
8a	Enter the states to which the foundation reports or with which it is registered. See instructions CO,			1
				l
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	`~x	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	00		$\overline{}$
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ĺ
		ı		i
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"	_		١,
	complete Part XIV	9		

Pai	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions.	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A			
14	The books are in care of ▶ JOHN R. WILSON Telephone no ▶ 303-526	-178	1	
	Located at ▶1550 BANEBERRY LANE GOLDEN, CO ZIP+4 ▶ 80401			
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			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country	<u></u>		L
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V 1	N.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
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			,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	_		ı
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			.=
	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		-	ŀ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			,
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)		-	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·	The provisions of section 4-342(a)(2) are being applied to any of the years noted in 2a, not the years noted			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			i
•-	at any time during the year?		1	1
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			'
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1		•
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			٠.
	foundation had excess business holdings in 2019 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	_	}	ا دی <sub>ی س</sub> ا
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>
	Fo	m 99	J-PF	(2019)

Form	990-PF (2019)	MOLLIE MITCHE	LL & JOHN WII	SON FOUNDATION	ON	26-1	235504	F	age <b>6</b>
Pa	rt VII-B	Statements Regarding Activities	for Which Form	4720 May Be Red	uired (cont	inued)			
5a	During the y	rear, did the foundation pay or incur any am	ount to					Yes	No
	(1) Carry or	n propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	. Yes	X No			
	(2) Influenc	e the outcome of any specific public el-	ection (see section	1955), or to carry or	n,				
	directly	or indirectly, any voter registration drive?			. Yes	X No			!
	(3) Provide	a grant to an individual for travel, study, or	other similar purposes?	·	. Yes	X No			'
	(4) Provide	a grant to an organization other than a	charitable, etc., org	anization described i	n				Ι.,
	section	4945(d)(4)(A)? See instructions			Yes	X No			
	(5) Provide	for any purpose other than religious, c	haritable, scientific,	iterary, or education	al				
	purpose	s, or for the prevention of cruelty to children	or animals?		. Yes	X No			
þ	If any ansv	ver is "Yes" to 5a(1)-(5), did <b>any</b> of the	transactions fail to	qualify under the e	xceptions des	scribed in	-		
	Regulations	section 53 4945 or in a current notice rega	rding disaster assistan	ce? See instructions.			5b		
	Organization	ns relying on a current notice regarding disa	ister assistance, check	here		▶[			
С	If the answ	er is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax				;
	because it n	naintained expenditure responsibility for the	grant?		Yes	∐ No			'
	If "Yes," atta	ach the statement required by Regulations s	ection 53 4945-5(d)						
6a	Did the fou	indation, during the year, receive any ful	nds, directly or indir	ectly, to pay premiur	ms				
	on a persona	al benefit contract?			. Yes	X No			_ ;
b	Did the four	idation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?		_6b		X
	If "Yes" to 6	b, 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	ve any net income attr	ibutable to the transact	ion?		7b		
8	is the found	ation subject to the section 4960 tax on pa	yment(s) of more tha	n \$1,000,000 in	<u></u>				1
		n or excess parachute payment(s) during the			. Yes	X No			ı
Pai	rt VIII In	formation About Officers, Directond Contractors	rs, Trustees, Fou	indation Manager	s, Highly Pa	aid Empl	oyees,		
1		cers, directors, trustees, and foundat	ion managers and	their compensation	. See instruc	tions.			
	·		(b) Title, and average	(c) Compensation	(d) Contribut	ons to		0.0000	
		(a) Name and address	hours per week	(If not paid.			(e) Expens		
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred con	fit plans	(e) Expens other all		<u></u>
n m O		(a) Name and address	hours per week	enter -0-)	employee bene	efit plans npensation			
ATC	H 7	(a) Name and address	hours per week	(If not paid, enter -0-)	employee bene	fit plans			0.
ATC	н 7	(a) Name and address	hours per week	enter -0-)	employee bene	efit plans npensation			
ATC	Н 7	(a) Name and address	hours per week	enter -0-)	employee bene	efit plans npensation			
ATC	H 7	(a) Name and address	hours per week	enter -0-)	employee bene	efit plans npensation			
ATC	H 7	(a) Name and address	hours per week	enter -0-)	employee bene	efit plans npensation			
ATC	Н 7	(a) Name and address	hours per week	enter -0-)	employee bene	efit plans npensation			
ATC			hours per week devoted to position	enter -0-)	employee bene and deferred con	offit plans	other all	owance	0.
ATC:	Compensat	(a) Name and address ion of five highest-paid employees	hours per week devoted to position	enter -0-)	employee bene and deferred con	offit plans	other all	owance	0.
ATC:			hours per week devoted to position	enter -0-)	employee bene and deferred con	nstructio	other all	one,	0.
2	Compensat		(other than those hours per week devoted to position	enter -0-)	e 1 - see i  (d) Contribut employee bene	nstructio	ns). If no	one, o	0. enter
2	Compensat	ion of five highest-paid employees	hours per week devoted to position  (other than thos	enter -0-)  0.	employee bene and deferred con	nstructio	other all	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter
2	Compensat "NONE."	ion of five highest-paid employees	(other than those hours per week devoted to position	enter -0-)  0.	e 1 - see i  (d) Contribut enployee beneared con	nstructio	ns). If no	one, o	0. enter

_	-
Page	1

3 Five highest-paid independent contractors for professional services. See	instructions, it none, enter NONE	<b>Ξ.</b>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
IONE		
		0
	_	
	_	
	_	
		-
ananan	-	
250,000 (		
otal number of others receiving over \$50,000 for professional services	<u></u>	
Part IX-A Summary of Direct Charitable Activities		Ι
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1 NONE		
NONE	<del></del>	
	<del></del>	
2		
-		
3		
4		
		<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 NONE		
2		
All other program-related investments. See instructions		
3 NONE		
2 HORE		

Form **990-PF** (2019)

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. see instructions)	Foreign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e purposes	etc ,	***************************************
а	Average monthly fair market value of securities	1a	1,445,030.
b			192,247.
c			······································
d			1,637,277.
е			
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d.		1,637,277.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		<del>_</del>
	instructions)		24,559.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, lin		1,612,718.
6	Minimum investment return. Enter 5% of line 5		80,636.
Pai	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.)		· <del></del>
1	Minimum investment return from Part X, line 6	1	80,636.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 12,5	501.	<u>-</u> -
b			
c			12,501.
3	Distributable amount before adjustments Subtract line 2c from line 1	· · · <del>  </del>	68,135.
4	Recoveries of amounts treated as qualifying distributions		<del></del> -
5	Add lines 3 and 4		68,135.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part 3		
	line 1		68,135.
Pai	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
_			112,300.
b			<del></del>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,		
	purposes,	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	and the second s		
b			110 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		112,300.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions		12,501.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		99,799.
	Note: The amount on line 6 will be used in Part V column (b) in subsequent years whe	en calculating wi	hether the foundation

Form **990-PF** (2019)

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

Form 990-PF (2019) Page 9 Undistributed Income (see instructions) Part XIII (b) (c) (d) Corpus Years prior to 2018 2018 2019 1 Distributable amount for 2019 from Part XI, 68,135. Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . **b** Total for prior years 20 17 ,20 16 ,20 15 3 Excess distributions carryover, if any, to 2019 11,368 a From 2014 . . . . .  $3,\overline{184}$ **b** From 2015 . . . . . 4,065 ¢ From 2016 . . . . . 5,020. d From 2017 . . . . . 3,046. e From 2018 . . . . . . 26,683. f Total of lines 3a through e . . . . . . . . . . Qualifying distributions for 2019 from Part XII, 112,300. line 4 ▶ \$ a Applied to 2018, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions), . . . . . c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . . 68,135. d Applied to 2019 distributable amount. . . . . 44,165. e Remaining amount distributed out of corpus. . Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) . . . . . Enter the net total of each column as indicated below: 70,848. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b. . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions . . . . . . . . . . . . e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . . . . Excess distributions carryover from 2014 not 11,368. applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2020. 59,480. Subtract lines 7 and 8 from line 6a . . . . . . . 10 Analysis of line 9 3,184 a Excess from 2015 . . . 4,065. b Excess from 2016 . . .

Form 990-PF (2019)

c Excess from 2017 . . .

d Excess from 2018 . . .

e Excess from 2019 . .

5,020.

3,046.

44,165.

NOT APPLICABLE

ıa	true toundation has	_			- 1			
	foundation, and the ruling					1	· (a)	1 40 40 4 4 5
	Check box to indicate v		is a private operating		n section	4942()	)(3) or	4942(J)(5
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	- <del></del> -		1 (	e) Total
	justed net income from Part  I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2	016		
	return from Part X for each							
	year listed				ļ			
ь	85% of line 2a				1			
c	Qualifying distributions from Part							
	XII, line 4, for each year listed .				<del> </del>			
đ	Amounts included in line 2c not used directly for active conduct							
	of exempt activities							
e	Qualifying distributions made							
	directly for active conduct of							
	exempt activities Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
	"Assets" alternative test - enter							
42					1			
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>				<del> </del>			
	under section				1		}	
h	4942(j)(3)(B)(i)			<del>                                     </del>	<del> </del>		<b></b>	
-	enter 2/3 of minimum invest-				1			
	ment return shown in Part X							
_	line 6 for each year listed				$\overline{}$			<del></del>
C	"Support" alternative test - enter (1) Total support other than							
	gross investment income							
	(interest, dividends, rents, payments on securities				\			
	loans (section 512(a)(5)),				}			
	or royalties)				<del> </del>	$\overline{}$		
	(2) Support from general public and 5 or more				1			
	exempt organizations as provided in section 4942							
	(j)(3)(B)(III)		<u> </u>	ļ	<del> </del>			
	(3) Largest amount of sup- port from an exempt						\	
	organization			<del></del>	<del> </del>			
	(4) Gross investment income.	L		<u> </u>	ــــــــــــــــــــــــــــــــــــــ		L.,.	
Pa		ntary Information (		t only if the found	ation had	\$5,000 o	r more	in assets\a
_		uring the year - see		<del></del>				
	Information Regarding			then 20/ -f the tet			طاء بيط لمرمد	
а	List any managers of before the close of any	the foundation who r	nave contributed mo	ne than 2% of the tot	ar contributi	0118 Tecel	rea by tr	ie ioundatio
		tax year (out only if the	ley have contributed	111010 (11211 \$5,000) (0	00 300110110	01(0)(2))		
	N/A		100/	f the -ttf		II-	. 1	
D	List any managers of ownership of a partner					an equally	r large p	ortion of th
	owneremp or a partite	one of other onity) of	William the foundation					
	N/A							
<u>-</u> -	Information Regarding	Contribution Grant	Gift Loan Scholars	hin etc Programs:				
-		_	•	•				
	Check here ► X if the unsolicited requests for							
	complete items 2a, b, o			ants, etc., to marriade	als of organ	izations u	idei otiit	or conditions
	The name, address, as	·		he person to whom an	olications sho	ould be add	ressed	
а	The name, address, at	na telephone namber	or email address or t	ne person to whom ap	plications she	ould be add	103300	
	The form in which appl	lications should be sub	omitted and informati	on and materials they	should inclu	de		
-								
								· · · · · · · · · · · · · · · · · · ·
C	Any submission deadli	nes		- <del>-</del>				
	Any restrictions or li	mitations on awards	such as by deod	ranhical areas charit	able fields	kinds of	Institutio	ns or other
u	factors	milations on awaids	, Judii as by geogl	opinion nicas, chance	_5.5 110103,			, 01 01110

Page **11** 

Part XV Supplementary Information (continued)  3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient Show any relationship to any foundation show any relationship to any foundation manager or substantial contribution Purpose of grant or contribution  Name and address (home or business) Amount									
3 Grants and Contributions Paid Duri	ing the Year or App	roved for	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									
		1							
		}							
			Į.						
•									
		}							
		ļ							
				,					
Total			▶ 3a	110,000.					
<b>b</b> Approved for future payment									
		ļ							
ļ									
Total			▶ 3b						

er gross amounts unless otherwise indicated	Unrelated	business income	Excluded by se	ction 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemple function income
a	<del></del>		<del></del>		(See instructions
b		<del></del>	<del>  -     -  </del>		<del></del>
с					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	47,440.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property		<u></u>			
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	1,195,264.	
Net income or (loss) from special events					<del></del>
Gross profit or (loss) from sales of inventory					
Other revenue a OTHER INCOME			19	7,445.	
)		-,			
					<u> </u>
			1		
·					
Subtotal Add columns (b), (d), and (e)				1,250,149.	
Subtotal Add columns (b), (d), and (e)					1,250,1
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated the substitutions of Activities.	ulations) s to the Acco	mplishment of E	Exempt Purpos	es	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the color of the c	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate the No.  Explain below how each activities	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate the No.  Explain below how each activities	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated the columns of activities.  Relationship of Activities.  Explain below how each activity.	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated the color of the c	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated the color of the c	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculated the color of the c	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
total Add columns (b), (d), and (e)	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
total Add columns (b), (d), and (e)	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
total Add columns (b), (d), and (e)	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the columns of activities.  Relationship of Activities.  e No. Explain below how each activity.	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated the columns of activities.  Relationship of Activities.  e No. Explain below how each activity.	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate the No.  Explain below how each activities	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculated the columns of activities.  Relationship of Activities.  Explain below how each activity.	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
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Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities  ne No. Explain below how each activity	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculate the No.  Explain below how each activities	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities  ne No. Explain below how each activity	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities  the No. Explain below how each activity	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities  the No. Explain below how each activity	ulations) s to the Acco	mplishment of E	Exempt Purpos  In column (e) of	es f Part XVI-A contribu	ted importantly t

<u>Form 990-PF</u>	(2019)	MOLLIE MITCHEI	LL & JOHN WILSO	N FOUNDATION	26-1235	504	Page 13
Part XVI	Information R Organizations	egarding Transfers t	o and Transactions	s and Relationships	With Nonchar	itable	Exemp
ın se orgar	ection 501(c) (other nizations?	tly or indirectly engage i than section 501(c)(3	3) organizations) or	in section 527, relating		Y	res No
(1) C	ash	ng foundation to a nonch					X
(1) S		incharitable exempt organ					x
(3) R	ental of facilities, equi	om a noncharitable exem ipment, or other assets. ements			[	1b(3)	X
(6) P	erformance of service	es	draising solicitations		[	1b(6)	X X
<b>d</b> If the value	answer to any of the of the goods, other	ne above is "Yes," comp assets, or services giver r sharing arrangement, s	plete the following scl n by the reporting fou	hedule Column (b) shoundation	uld always show on received less t	the fai	ır marke
(a) Line no	(b) Amount involved N/A	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, N/A	transactions, and shari	ng arrang	ements

b If	"Yes," complete the following schedule	·		
	(a) Name of organization	(b) Type of organization		(c) Description of relationship
	Under penalties of penury, I declare that I have exacorrect, and complete Declaration of preparer (other that			to the best of my knowledge and belief, it is true
Sign	Correct, and complete Declaration of preparer (other than	5/20/20	cit preparer has any knowledge	May the IRS discuss this return
	JOHN R WILSON	07/15/2020	PRESIDENT	with the preparer shown below?
Here	Signature of officer or trustee	Date	Title	See instructions X Yes No
	Som K. Wilso	ν, _/		
	Print/Type preparer's name	Reparer's signature	Date 5/1	8 Check If PTIN
Paid	STEVEN J REVENIG	steven se	VC 1077154	<del>2020</del> self-employed   P00342851
Prepa	rer Firm's name BRINKERHOFE	REVENIG & CORRIGAN	P.C/	Firm's EIN > 84-1035533
Use O	nly Firm's address ▶ 1873 S BELI	AIRE ST, STE 1000		
	DENVER, CO	)	80222	Phone no 303-757-8000

described in section 501(c) (other than section 501(c)(3)) or in section 527?...........

Form **990-PF** (2019)

Yes X No

2019 FORM 990-PF MOLLIE MITCHELL & JOHN WILSON FOUNDATION 26-1235504 FORM 990-PF - PART IV

<i>UF</i>	NI IIAL GA	HO AND E	OSSES FOR	INV AIA		Pl		
Kınd of F	Property		Descript	tion		or	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of		Gain	
price less	allowed/	other	l as of	as of	FMV over		or	
penses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	+	(loss)	
		TOTAL CARE	דאד כאדאו הדפתי	OTRIITTONC			2,745.	
		TOTAL CAPIT	TAL GAIN DIST	KIBUIIUNS			2,143.	
		l .	r noncovered			D	VARIOUS	VARIOUS
		PROPERTY TY	YPE: SECURITIE	ES				
,643,462.		450,943.					1,192,519.	
ral GAIN(I	0551						1,195,264.	
AL CAIN(L	055,						2/230/2011	
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REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

TOTALS

ATTACHMENT

DESCRIPTION OTHER INCOME

- OTHER INCOME

PART I

FORM 990PF,

7,445.

7,445.

ATTACHMENT 1

ATTACHMENT 2

26-1235504	INT 2		CHARITABLE PURPOSES	2,290.	2,290.
-	ATTACHMENT 2		ADJUSTED NET INCOME		5.1
FI.			NET INVESTMENT INCOME		
2019 FORM 990-PF		•	REVENUE AND EXPENSES PER BOOKS	2,290.	2,290.
WILSON FOUNDATION		FORM 990PF, PART I - ACCOUNTING FEES			TOTALS
MOLLIE MITCHELL & JOHN WILSON FOUNDATION		FORM 990PF, PART	DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION

1,643.

EXCISE TAX

TOTALS

1,643.

FOR
2019
FOUNDATION
WILSON F
& JOHN
OLLIE MITCHELL
MOLLIE

M 990-PF

26-1235504

ATTACHMENT

- OTHER EXPENSES

PART

FORM 990PF,

REVENUE AND EXPENSES PER BOOKS

 $\frac{1}{10}$ . CHARITABLE PURPOSES

DESCRIPTION LICENSES AND FEES

10.

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TOTALS

10.

ATTACHMENT 5

- CORPORATE STOCK

PART II

FORM 990PF,

DESCRIPTION

VARIOUS CORPORATE STOCKS MUTUAL FUNDS

BOOK VALUE ENDING

ENDING FMV

1,641,733.

1,641,733.

TOTALS

1,555,000.

1,555,000.

ATTACHMENT 5

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ATTACHMENT 6

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

BOOK/TAX DIFFERENCE ON SECURITY SALES

490,491.

TOTAL

490,491.

26-1235504

ATTACHMENT 7	EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0
ATTACH	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ö	O
	COMPENSATION	°.	ó
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/TREASURER/DIRECTOR 2.00	DIRECTOR/VICE PRESIDENT/SEC.
- LIST OF		_	
FORM 990PF, PART VIII	NAME AND ADDRESS	JOHN R WILSON 1550 BANEBERRY LANE GOLDEN, CO 80401	MOLLIE A MITCHELL 1550 BANEBERRY LANE GOLDEN, CO 80401

GRAND TOTALS

26-1235504

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

		ATTACHMENT 8	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	, FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SALVATION ARMY	NONE	GENERAL OPERATIONS OF THE ORGANIZATION	15,000.
P.O. BOX 17067	PC		
DENVER, CO 80217			
STANFORD UNIVERSITY	NONE	GENERAL SUPPORT FOR SCHOOL OF ENGINEERING AND	6,000.
P.O. BOX 20466	PC	SCHOOL OF LAW	
STANFORD, CA 94305			
SCHOLARS UNLIMITED	NONE	EDUCATIONAL PROGRAMS	1,000
3401 QUEBEC, SUITE 5010	PC PC		
DENVER, CO 80207			~,
MOUNTAIN AREA LAND TRUST	NONE	LAND CONSERVATION	5,000.
P.O. BOX 4063	PC		
EVERGREEN, CO 80437			
HASTINGS COLLEGE FOUNDATION	NONE	GENERAL SUPPORT	1,000
11422 MIRACLE HILLS DRIVE, SUITE 550	PC		
OMAHA, NE 68154			
THE NATURE CONSERVANCY - KANSAS CHAPTER	NONE	ENVIRONMENTAL CONSERVATION	1,000.
700 SW JACKSON, SUITE 804	PC		
TOPEKA, KS 66603-3737			

ATTACHMENT 8 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MOUNT EVANS HOSPICE 3081 BERGEN PARK DRIVE EVERGREEN, CO 80439	NONE PC	HOME HEALTH CARE AND HOSPICE SERVICES	1,000.
DENVER RESCUE MISSION P.O. BOX 5206 DENVER, CO 80217	NONE PC	PROGRAMS FOR THE HOMELESS	2,500
BLUE SPRUCE HABITAT FOR HUMANITY P.O. BOX 2366 EVERGREEN, CO 80437	NONE PC	AFFORDABLE HOUSING	1,000.
SEASON TO SHARE P.O. BOX 173365 DENVER, CO 80217-9627	NONE PC	SUPPORT PROGRAMS FOR DISADVANTAGED CHILDREN	1,000.
HUTCHINSON COMMUNITY FOUNDATION 1500 SOUTH PLUM HUTCHINSTON, KS 67501	NONE PC	GENERAL SUPPORT	2,500
KANSAS COSMOSPHERE & SPACE CENTER INC. 1100 NORTH PLUM HUTCHINSON, KS 67501	NONE PC	GENERAL MUSEUM SUPPORT	500.

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MOLLIE MITCHELL & JOHN WILSON FOUNDATION

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

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ATTACHMENT 8 (CONT'D)

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ATTACHMENT 8 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ROCKLAND COMMUNITY CHURCH	NONE	GENERAL SUPPORT	1,000.
17 S. MT. VERNON CC RD.	PC		
GOLDEN, CO 80401			
CLEAR CREEK LAND CONSERVANCY	NONE	MAINTAIN LAND, MONITOR CONSERVATION EASEMENTS AND	1,000.
1961 MT ZION DRIVE	PC	EXTEND LAND PRESERVATION	
GOLDEN, CO 80401			
UNIVERSITY OF COLORADO FOUNDATION	NONE	SUPPORT WOMEN'S SOCCER PROGRAM AND THE COLORADO	43,000.
4740 WALNUT STREET	PC	SHAKESPEARE FESTIVAL	
BOULDER, CO 80301			
HASTINGS PUBLIC SCHOOLS FOUNDATION	NONE	GENERAL SUPPORT	2,500.
1924 WEST A STREET	PC		
HASTING, NE 68901			
ROCKY MOUNTAIN NATIONAL PARK FUND	NONE	GENERAL SUPPORT	.005
PO BOX 3100	PC		
ESTES PARK, CO 80517			
DATMED TAND TRICE	JIVIN	SUPPORT LAND PRESERVATION	1 500
P. O BOX 1281	) :- : :		
COLORADO SPRINGS, CO 80901			

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

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1,000. AMOUNT ATTACHMENT 8 (CONT'D) SUPPORT NEEDS OF LOW-INCOME STUDENTS PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT

NONE

RECIPIENT NAME AND ADDRESS

SALTHAWK COMMUNITY SUPPORT

HUTCHINSON, KS 67501-4008 1602 NORTH MAIN STREET

NONE

BOOTSTRAPS SCHOLARSHIPS & LOANS

EVERGREEN, CO 80437

PO BOX 253

NONE

FORT HAYS STATE UNIVERSITY FOUNDATION

HAYS, KS 67601 P O BOX 1060

SUPPORT WOMEN'S SOCCER PROGRAM

1,000.

5,000.

PROVIDE FUNDS FOR NEEDY STUDENTS

TOTAL CONTRIBUTIONS PAID

110,000.

ATTACHMENT 8