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

Department of the Treasury Internal Revenue Service

JSA For Paperwork Reduction Act Notice, see instructions
9E1410 1 000 HMI 079 V17U 04/02/2020 08:25:09

► Go to www irs gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

Form **990-PF** (2019)

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	_		lendar year 2019 or tax year beginning			, 2019,	and ending				
			f foundation					A En	nployer identifi		
DENNIS FOUNDATION Number and street (or P O box number if mail is not delivered to s									54-6061431 B Telephone number (see instructions)		
				to stre	et address)		Room/suite	B Te			
0		632	5 S RAINBOW BLVD STE 300						88	8-730-4933	
2020	_		own, state or province, country, and ZIP or foreign post	al code	e						
7									exemption applicated		
\vdash			VEGAS, NV 89118				_	_			
MAY	G	Che	eck all that apply: Initial return		Initial return	•	ublic charity	D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach			
Ì			Final return		Amended ret						
ىيرۋ	_		Address change		Name change		,		computation .		
₩ <u>₩</u>	H	Che	eck type of organization X Section 501	(c)(3)	7		$\cap \cup$	E If a	rivate foundation	status was terminated	
ENVELOPE Stmark Date	1		Section 4947(a)(1) nonexempt charitable trust		Other taxable pri)(1)(A), check here . ►	
ME	ı				ng method. <u>X</u> Ca	ash [Acc	rual	F Ift	he foundation is ii	a 60-month termination	
			·		(specify)			_ un-	der section 507(b)(1)(B), check here . >	
18				_	nn (d), must be on ca	ish basis)				(1) 5	
4		art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net inve			usted net come	(d) Disbursements for charitable purposes (cash basis only)	
~\ ² \	, –	1	Contributions, gifts, grants, etc., received (attach schedule) .								
U-1/	1	2	Check ► X If the foundation is not required to attach Sch B								
1/4	Λ	3	Interest on savings and temporary cash investments-							1	
/ V	•	4	Dividends and interest from securities		40,430.	4	0,365.			STMT 1	
		5a	Gross rents								
_		ь	Net rental income or (loss)	<u> </u>		r 1 - x - 11:	- Horpa ⁴ 1 - 19 1 po 1	13.19	RECE	IVED	
0 7 2020	ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<u> </u>	33,961.			- -		၂မွ	
5.7	ē		assets on Inie 6a 271,134	╀			2 061	- [2]	MAY 2		
2	Revenue	7	Capital gain net income (from Part IV, line 2) .	<u> </u>		3	3,961.	88	IVIA I D	0 2020 G	
		8	Net short-term capital gain					 	000		
SEP		ŀ	Income modifications	-				L	OGDE	N, UT	
DE RIGHT OF REAL PROPERTY OF THE PROPERTY OF T		ь	Less Cost of goods sold .	ļ						I	
빌		С	Gross profit or (loss) (attach schedule)								
		11	Other income (attach schedule)		· · · · · · · · · · · · · · · · · ·					<u>'</u>	
&	<u>.</u> 5-	12	Total. Add lines 1 through 11	-	74,391.		4,326.				
23 7	ທູ	13	Compensation of officers, directors, trustees, etc		24,350.	1	8,263.			6,088	
B 30	ses	14	Other employee salaries and wages	<u> </u>			NONE		NONE		
<u> </u>	en	15	Pension plans, employee benefits	<u> </u>			NONE		NONE		
Ö₹	Expens	16a	Legal fees (attach schedule)		1 055		110111		MONT	1 055	
Received in atching Ogden			Accounting fees (attach schedule) STMT 2		1,057.		NONE		NONE	1,057	
•	Ę	C	Other professional fees (attach scheding, 3.		1,623.					1,623	
	ĭŗ	17	Interest		7 207		CCA				
₩I	Ë	18	Taxes (attach schedule) (see instructions. 4.		7,397.		664.	-			
[Administrative	19	Depreciation (attach schedule) and depletion.	-						. !	
	Ą	20	Occupancy	-			NONE		NONE		
	and	21	Travel, conferences, and meetings	-			NONE		NONE		
	e e	22	Printing and publications	-			MOINE		INOINE		
	ij	23 24 25	Other expenses (attach schedule)	-						· · ·	
	ra	24	Total operating and administrative expenses.		34,427.	1	8,927.		NONE	8,768	
)pe	25	Add lines 13 through 23		61,000		0, 021.		INOINE	61,000	
	J	26	Contributions, gifts, grants paid Total expenses and disbursements Add lines 24 and 25	\vdash	95,427	1	8,927.		NONE	69,768	
	-	27	Subtract line 26 from line 12	 	73,421	<u></u>	0,241.	· · · · · · · · · · · · · · · · · · ·	TAOTAE	09,100	
		l	Excess of revenue over expenses and disbursements		-21,036.					! !	
		l	Net investment income (if negative, enter -0-)		21,000.	5	5,399.			1	
		l	Adjusted net income (if negative, enter -0-).	<u> </u>			-,,-				

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Page	4

P	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		242.	242
	2	Savings and temporary cash investments	108,412.	<u>92,900.</u>	92,900
	3		en al que e		- Commission
		Less: allowance for doubtful accounts ▶			<u></u>
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶NONE			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		,	
ĕ	10a	Investments - U S and state government obligations (attach schedule).			
i	b	Investments - corporate stock (attach schedule)	5		
1		Investments - corporate bonds (attach schedule)	_		
i	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			242
	13	Investments - other (attach schedule) STMT .5	1,373,417.	<u>1,367,703.</u>	1,578,398
	14	equipment basis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less accumulated depreciation (attach schedule)			
ĺ	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item I)	1,481,829.	1,460,845.	1,671,782
	17	Accounts payable and accrued expenses			1
	18	Grants payable			1
abilities	19	Deferred revenue			1
≝	20	Loans from officers, directors, trustees, and other disqualified persons			1
ᇛ	21	Mortgages and other notes payable (attach schedule)			1
	22	Other liabilities (describe >)			<u> </u>
4	23	Total liabilities (add lines 17 through 22)		NONE	
S		Foundations that follow FASB ASC 958, check here			
nces		and complete lines 24, 25, 29, and 30.			
믕	24	Net assets without donor restrictions			
2	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			
팈		Foundations that do not follow FASB ASC 958, check here			}
띤		and complete lines 26 through 30	1 401 000	1 460 045	
ᅙ	26	Capital stock, trust principal, or current funds	1,481,829.	1,460,845.	1
ets	27	Paid-in or capital surplus, or land, bldg, and equipment fund			<u> </u>
SS	28	Retained earnings, accumulated income, endowment, or other funds	1 401 000	1 460 045	1
t A	29	Total net assets or fund balances (see instructions)	1,481,829.	1,460,845.	<u></u>
ş	24 25 26 27 28 29 30	Total liabilities and net assets/fund balances (see	1 401 000	1 460 045	
		Instructions)	1,481,829.	1,460,845.	1
	art III	Analysis of Changes in Net Assets or Fund Balar Il net assets or fund balances at beginning of year - Part I		nust agree with	
•		of-year figure reported on prior year's return)		-	1,481,829.
2		er amount from Part I, line 27a			-21,036.
		er amount from Part I, line 27a		3	125.
					1,460,918.
4	Doo	lines 1, 2, and 3		5	73.
		il net assets or fund balances at end of year (line 4 minus li			1,460,845.
0	1012	in her assers of fund balances at end of year time 4 minus in	ne oj - i art ii, columin (D	<u>,, mic 23 0 </u>	Eorm 990-PF (2019)

	1990-FF (2019)					Page 3
Pai	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
		scribe the kind(s) of property sold (for e	•	(b) How	(c) Date acquired	(d) Date sold
	2-story bi	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation		(mo , day, yr)
<u>1</u> a	PUBLICLY TRADED	SECURITIES				
b	1					
c						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a	271,154.		237,193.			33,961.
b					_	
C						
d						
<u>e</u>					-	
		nowing gain in column (h) and owned b	by the foundation on 12/31/69		- (0 (1)	-
			(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 co	l (h))
a						33,961.
b						
<u>c</u>						
d						
<u>e</u>						
2	Capital gain net income	or (net capital loss) { If (lo	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		33,961.
3	If gain, also enter in P	ain or (loss) as defined in sections fart. I, line 8, column (c). See ins	tructions $$ If (loss), enter -0- in $$			
				3		
	ction 4940(d)(2) applies,		outable amount of any year in the b		 .	Yes X No
		the section 4942 tax on the distrib 't qualify under section 4940(e). Do	• •	ase perio	۵′	∫Yes <u>X</u> No
1			r; see the instructions before makir	2001.00	trion	
<u> </u>	(a)	·		ig any en	(d)	
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	tio col (c))
	2018	89,989.	1,649,634.			0.054551
	2017	104,189.	1,644,628.			0.063351
	2016	94,070.	1,600,053.			0.058792
	2015	81,951.	1,705,689.			0.048046
	2014	84,146.	1,776,434.			0.047368
2	Total of line 1, column (d)		2		0.272108
3		o for the 5-year base period - divid				0.12.12.00
,	_	foundation has been in existence i	•	3		0.054422
4	Enter the net value of no	oncharitable-use assets for 2019 fr	om Part X, line 5	4	1,	606,724.
5	Multiply line 4 by line 3.			5		87,441.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		554.
7	Add lines 5 and 6			7		87,995.
8		tions from Part XII, line 4	ın Part VI, line 1b, and complete	8that part	using a 1% tav	69,768.
	Part VI instructions.	, I I I I I I I I I I I I I I I I I I I	are try into 10, and complete	puit	u 1/0 tax	.4.0. 000 1110

Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
Exempt operating foundations described in section 4940(d)(2), check here and enter N/A on line 1			7			
Date of ruling or determination letter (attach copy of letter if necessary - see instructions)						
Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,1	.80.			
here and enter 1% of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of						
		N	ONE			
· · · · · · · · · · · · · · · · · · ·			_			
Add most did 2			IONE			
Cashing 71 (months) tax (as months as a fact of the fa						
The based on modernian modern of a series of the series of			1			
170177			1			
170177						
			-			
	~	4,4	.80			
		•				
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,3	00.			
Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 1,108. Refunded ▶ 11		2,1	92.			
t 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	No			
participate or intervene in any political campaign?	1a		X			
Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the						
instructions for the definition	1b		X			
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						
	1c		<u>X</u>			
			1			
			,			
•			·v			
	2		<u> X</u>			
·						
	,		Х			
•	 		$\frac{X}{X}$			
	\vdash					
			X			
conflict with the state law remain in the governing instrument?	6	Х				
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				
Enter the states to which the foundation reports or with which it is registered. See instructions			 :			
	8b	x	•			
	9		X			
Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	(1		X			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check All other domestic foundations enter 2% of line 27b	Domestic foundations that meet the section 4940(e) requirements in Part V, check rer ► and enter 1% of Part I, line 27. b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, coll (b). Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments income Subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments or subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments or subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments or subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments or subtract line 4 from line 3 if zero or less, enter -0. Tax based on investments in the total of lines 5 and 8, enter the amount overpal Tax based on investments in the total of lines 5 and 8, enter the amount overpal Tax based in the amount of line 10 to be Credited to 2020 estimated tax. Tax based in the subtract regarding Activities During the tax year, did the foun	Domestic foundations that meet the section 4940(e) requirements in Part V, check 1			

Par	t 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		Σ
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		χ
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ SEE STATEMENT 8 Telephone no ▶		_	
	Located at ▶ ZIP+4 ▶			
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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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?			
	(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? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(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) Yes X No			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	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			
	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	26		
	all years listed, answer "No" and attach statement - see instructions)	2b	_	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	Del the foundation held many them a 20% departs on reduced to the property of			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
D	of f "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			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3ь		-
4	foundation had excess business holdings in 2019)	4a		Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		-11
O	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		rm 99	0-PF	

Part	VII-B Statements Regarding Activities	for Which Form 4	<u> 1720 May Be Req</u>	uired (continued)			
5a	During the year, did the foundation pay or incur any am	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public el	ection (see section	4955), or to carry or	n,			1
	directly or indirectly, any voter registration drive?						:
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						į
	(4) Provide a grant to an organization other than a						'
	section 4945(d)(4)(A)? See instructions				lo		,
	(5) Provide for any purpose other than religious, of						'
	purposes, or for the prevention of cruelty to children				lo		
b							1
	Regulations section 53 4945 or in a current notice rega	rding disaster assistar	nce? See instructions.		. 5b	`	
	Organizations relying on a current notice regarding disa	ster assistance, check	here		$\cdot \sqcap \vdash$		1
С	If the answer is "Yes" to question 5a(4), does the						:
	because it maintained expenditure responsibility for the				lo		
	If "Yes," attach the statement required by Regulations so	ection 53 4945-5(d)					i
6a	Did the foundation, during the year, receive any fu	nds, directly or indir	ectly, to pay premiui	ms			
	on a personal benefit contract?			Yes X N	0		
ь	Did the foundation, during the year, pay premiums, dire			act ⁷	. 6ь		X
	If "Yes" to 6b, file Form 8870						ſ
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	. Yes X N	o	ll,	_ :
b	If "Yes," did the foundation receive any proceeds or have	e any net income attri	butable to the transact	ion ⁷	. 7b	!	
8	Is the foundation subject to the section 4960 tax on par-	ment(s) of more than	\$1,000,000 in				
	remuneration or excess parachute payment(s) during th	e year ⁷		. Yes X N	0		
Part	Information About Officers, Directo	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em	ployees,		
1	and Contractors List all officers, directors, trustees, and foundation	on managers and t	heir compensation.	See instructions.			
	(a) Name and address	(b) Title, and average		(d) Contributions to	(e) Expens		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se accour owances	
WELLS	FARGO BANK N A	hours per week	(If not paid,	employee benefit plans			
WELLS 100 N	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101	hours per week devoted to position TRUSTEE 1	(If not paid,	employee benefit plans		owances	
WELLS 100 N WAYNE	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances	-
WELLS 100 N WAYNE 1021	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219	hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances -	-
WELLS 100 N WAYNE 1021 I JAMES	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS	hours per week devoted to position TRUSTEE 1 TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances -	-0-
WELLS 100 N WAYNE 1021 I JAMES	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219	hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances -	-0-
WELLS 100 N WAYNE 1021 I JAMES	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE	(If not paid, enter -0-) 24,350.	employee benefit plans and deferred compensation - () -		owances -	-0-
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-) 24,350. -0-	employee benefit plans and deferred compensation - 0 - - 0 -	Other all	owances -	- 0 - - 0 -
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE 1	(If not paid, enter -0-) 24,350. -0-	employee benefit plans and deferred compensation - 0 - - 0 -	Other all	owances -	- 0 - - 0 -
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE."	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those)	(If not paid, enter -0-) 24,350. -0-	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to	other all	owances	-0- -0- -0-
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0-	e 1 - see instructi (d) Contributions to employee benefit plans	ons). If notes	owances	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE."	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those)	(If not paid, enter -0-) 24,350. -0- -0- se included on line	e 1 - see instructi (d) Contributions to employee benefit	ons). If notes	owances one, e	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- se included on line	e 1 - see instructi (d) Contributions to employee benefit plans	ons). If no	owances one, e	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -nter
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WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those than those hours per week hours per week hours per week devoted to position the second to the	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances	-0- -0- -nter
WELLS 100 N WAYNE 1021 JAMES PO BO	FARGO BANK N A MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101 OPLINGER EAST CARY STREET, RICHMOND, VA 23219 W DENNIS X 78, LIVELY, PA 22507 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those devoted to position)	(If not paid, enter -0-) 24,350. -0- -0- (c) Compensation NONE	e mployee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owances	-0- -0- -nter

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE NONE NONE Total number of others receiving over \$50,000 for professional services. NONE Part IXA Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1NONE 2 2 3 4 4 Part IXB Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1NONE Amount Amount Total. Add lines 1 through 3	Form 990-PF (2019)	Page 7
(a) Name and address of each person paid more than \$50,000 NONE NONE Total number of others receiving over \$50,000 for professional services NONE Total number of others receiving over \$50,000 for professional services NONE Park IXA Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevent statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE Park IX-8 Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE All other program-related investments. See instructions 3 NONE	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
NONE Total number of others receiving over \$50,000 for professional services. NONE Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 NONE 2 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 NONE	3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."
Total number of others receiving over \$50,000 for professional services. NONE Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 NONE	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. NONE Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 NONE	NONE	NONE
Part IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments See instructions 3 NONE		
Part IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments See instructions 3 NONE		
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Part IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments See instructions 3 NONE		
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE 2		NONE
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 NONE		
2		Expenses
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount All other program-related investments See instructions 3 NONE	1 NONE	
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount All other program-related investments See instructions 3 NONE		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE	2	
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE	<u> </u>	
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE 2 All other program-related investments See instructions 3 NONE	Don't IV P. Cummany of Program Polated Investments (see instructions)	
1 NONE 2 All other program-related investments See instructions 3 NONE		Amount
3 NONE		
3 NONE	· · · · · · · · · · · · · · · · · · ·	
3 NONE	2	
3 NONE		
	· ·	
Total Add lines 1 through 3	3 NUNE	
	Total Add lines 1 through 2	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,523,224.
b		1b	107,968.
С	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	1,631,192.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,631,192.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		1/001/101/
	instructions)	4	24,468.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,606,724.
6	Minimum investment return. Enter 5% of line 5	6	80,336.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here ▶ and do not complete this part.)	dations	53,7553
1	Minimum investment return from Part X, line 6	1	80,336.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 1,108.		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	1,108.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	79,228.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	79,228.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	79,228.
	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		69,768.
b	Program-related investments - total from Part IX-B	<u>1b</u>	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		110117
a	Suitability test (prior IRS approval required)	3a	NONE
b 1	Cash distribution test (attach the required schedule)	3b	NONE
4 5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	69,768.
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	NT / N
6	Enter 1% of Part I, line 27b. See instructions	5	N/A
O	Adjusted qualifying distributions. Subtract line 5 from line 4	6	69,768.
	qualifies for the section 4940(e) reduction of tax in those years.	culating	whether the foundation

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Part XIII Undistributed Income (see instruc	ctions)			
1 Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
line 7				79,228.
2 Undistributed income, if any, as of the end of 2019				15,220.
a Enter amount for 2018 only			27,703.	
b Total for prior years 20,20,20		NONE	27,703.	
3 Excess distributions carryover, if any, to 2019		110112		
a From 2014 NONE				
b From 2015 NONE				
c From 2016 NONE				
d From 2017 NONE				
e From 2018 NONE	ľ			
f Total of lines 3a through e	NONB			· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2019 from Part XII,	210212			·
line 4 > \$ 69,768				
a Applied to 2018, but not more than line 2a			27,703.	
b Applied to undistributed income of prior years		270275		
(Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election required - see instructions)	NONE			
d Applied to 2019 distributable amount				42,065.
e Remaining amount distributed out of corpus.	NONI			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				***
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b Prior years' undistributed income Subtract line 4b from line 2b		NONE		
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		NONE		J
d Subtract line 6c from line 6b Taxable				
amount - see instructions		NONE		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				•
instructions				
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1 This amount must be			1	
distributed in 2020				37,163.
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	17017			
required - see instructions)	NONE			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	NONB			
9 Excess distributions carryover to 2020.				,
Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9				
a Excess from 2015 NONE				
b Excess from 2016 NONE				
c Excess from 2017 NONE				!
d Excess from 2018 NONE				1
e Excess from 2019 NONF	1			000 PE (0010)

SEE ATTACHED STATEMENT FOR LINE 2

JSA
9E1490 1 000

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

SEE ATTACHED STATEMENT FOR LINE 2

c Any submission deadlines.

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Pa	rt XV Supplementary Information (continued)			
_3	Grants and Contributions Paid Durin	ng the Year or App	roved for	Future Payment	
	Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to	status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
a	Paid during the year				
	CDD COMPONENTS 14				C1 000
	SEE STATEMENT 14				61,000.
			1		
				,	
				,	
_	Total				61,000.
_	Approved for future payment	<u> </u>		▶ 3a	01,000.
	Approved for future payment				
				1	
		li			
			L		
	Total			▶ 3b	

Part XVI-A Analysis of Income-Produ	ucing Act	ivities	_	_	Tage 12
Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					(occ man denons /
b				-	
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -			ļ.,		
4 Dividends and interest from securities			14	40,430.	
5 Net rental income or (loss) from real estate:			n	' •	<u> </u>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			18	33,961.	-
8 Gain or (loss) from sales of assets other than inventory			10	33,361.	
9 Net income or (loss) from special events · · ·			 		
10 Gross profit or (loss) from sales of inventory		<u> </u>			
11 Other revenue a					
d					
e					
12 Subtotal Add columns (b), (d), and (e)			1	74,391.	
13 Total Add line 12, columns (b), (d), and (e)					74,391.
(See worksheet in line 13 instructions to verify calci	ulations)				
Part XVI-B Relationship of Activities	s to the A	ccomplishment of Ex	xempt Pur	poses	
Explain below how each activit accomplishment of the foundation					
		NOT APPLICABL	E		
		<u>.</u>			
					···-

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Part	XVII	Information Re Organizations	egarding Trans	fers to and	Transaction	s and	Relationships	With	Nonchar	itable	e Exc	emp
	ın sec	e organization direct tion 501(c) (other zations?	•			-					Yes	No
	-	ers from the reporting	g foundation to a	noncharitable	exempt organi	zation c	of					
		sh								1a(1)		<u>X</u>
		ner assets								1a(2)		X
		transactions:										v
		les of assets to a non rchases of assets fror										X
		ntal of facilities, equip								-		X
		imbursement arrange										X
		ans or loan guarantee										Х
	(6) Per	formance of services	s or membership	or fundraising	solicitations .					1b(6)		Х
		g of facilities, equipm	-									X
		answer to any of th										
		of the goods, other										
		in any transaction or	T						***************************************			
(a) Li	ne no	(b) Amount involved	(c) Name of no	ncharitable exempt	organization	(d) De	escription of transfers,	transacti	ons, and shar	ing arra	ngeme	nts
	+								· · · · · ·			
		•••					<u>.</u> .					
	_											
				<u> </u>								
					-	-						
-												
						-						
					-							
	describ	foundation directly oped in section 501(c) complete the follow	(other than secti				·•	rganıza	tions [Y6	es 📝	 ☑ No
		(a) Name of organization	n	(b) Type	of organization		(c) [Description	n of relations	hip		
												
					· · · · · · · · ·				.			
	Under	penalties of perjury, decla	re that I have examine	d this return, includi payer) is based on all i	ng accompanying sc information of which p	hedules an preparer has	d statements, and to the sany knowledge	e best of	my knowledg	e and b	elref, it	ıs true
Sign	' ▶√	Wells Fargo Ban		04/02		TRUS			May the IRS with the pre			return
Here	Sigr	nature of officer or trustee	<u> </u>	Date	<u>, 2020</u> •	Title			See instructions	parer s S X	_	No
		Print/Type preparer's nai	me	Preparer's signa	ature		Date	Chec	k X if P	TIN		
Paid		JOSEPH J. CA		1	lle	<u> </u>	04/02/20		^ L 22] ''	2012	5160)3

15219

412-355-6000 Form **990-PF** (2019)

Firm's EIN > 13-4008324

Phone no

Preparer

Use Only

Firm's name

Firm's address

▶ PRICEWATERHOUS COOPERS LLP

▶600 GRANT STREET

PITTSBURGH,

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	2,847. 6,034. 7,523. 3,979. 18,295. 1,674.	40,365.
REVENUE AND EXPENSES PER BOOKS	2,847. 6,034. 65. 7,523. 3,979. 18,295. 1,674.	40,430.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS	TOTAL

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PART	
990PF,	
FORM	

CHARITABLE PURPOSES	1,057. 1,057. ===========
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,057. 1,057. ===========
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

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REVENUE	AND	EXPENSES	PER BOOKS	
			DESCRIPTION	

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1,623.

TOTALS

FORM 990PF, PART I - TAXES

HMI079 V17U 04/02/2020 08:25:09

NET INVESTMENT INCOME	515.	149.	
REVENUE AND EXPENSES PER BOOKS	2,325.	4,408. 149.	7,397.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE	FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON NONQUALIFIED	TOTALS

ESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
47803M168 JOHN HANCOCK II-CURR 256206103 DODGE & COX INT'L ST	ט ט	4 84	3.22
25083320 AMER CENT) ບ	3,30	0,77
7958B402 T ROWE PR.	טנ	23,852.	23,127.
2193/819 VANGUARD 64287804 ISHARES T	ۍ ر	0, 70	7,00 7,00
39128100 JP MORGAN		9,04	5,86
79919307 T ROWE	Ü	0,16	7,02
8463X863 SPDR DJ W	U	0,81	8,66
92905764 METROPOLI	U	5,32	2,29
83974604 OPPENHEIMER DEVELOP	บ		
3872T885 ASG GLOBAL ALTER	บ		
5273H353 MFS VALUE FUND-R5	บ	116,594.	150,063.
21937827 VANGUARD BD INDE	บ	9,32	9,42
4128R608 NEUBERGER BERMAN L	บ		
79572502 T. ROWE PR S	บ	50	, 02
7954Q403 T ROWE PRICE BLUE	บ	21,252.	9
22908553	บ	34	, 70
11511504	บ		
4314H600 ARTISAN MII	บ	-	59,327.
41440203	บ	2,52	2,47
812C0803 JPMORGAN HJ	บ		
56210105 DODGE & COX INCOM	υ	6,49	8,34
5917K546 STERLING CA	_O	29,684.	27,437.
79547405 T ROWE PRIC	บ	5,63	4,83
22031737 VANGUARD INFI	ט	0,07	00'0
4925K581 ROBECO BP LNC	บ		
9260C703 BLACKROCK GL L/S CR	บ -		
7234N765 TCW EMRG MKTS INCM-	U	21,317.	22,348.

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9

- OTHER INVESTMENTS PART II FORM 990PF,

	÷ 11		
ESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
70 7 4 M C	0000	31,020.	30,613. 21,469.
203H85 792326 203176	ບ ບ ບ	7,	7,39
143W859	ט כ	56,501.	63,329.
106N459) U	00,0	0,64
3838657 OAKWARK	ָט	00'0	1,50
1075438	ひて	00,00 00,00	1,29 5,78
641075	ນ ບ		5,76
3431410	ט	00,	,64
434G103 ISHARES	ט	96′	0,42
1512528	ט	, 79	7,32
32 ISHARES	U	34,45	38,44
	TOTALS	1,367,703.	1,578,398.

ROUNDING

3.

73.

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FORM 990PF,	PART	III	- C	THER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	
=======	=====	====	===	=====		====	====	======	===	=====	======	
DESCRIPTION											AMOUNT	
											- -	
PY RETURN O	F CAP	TTAT.	ADJ	Т								70

TOTAL

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: WELLS FARGO BANK N.A

ADDRESS: 100 N MAIN ST MAC D4001-117

WINSTON SALEM, NC 27101

TELEPHONE NUMBER: (888)730-4933

DENNIS FOUNDATION
FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

WELLS FARGO BANK

ADDRESS:

6325 S RAINBOW BLVD STE 300

LAS VEGAS, NV 89118

RECIPIENT'S PHONE NUMBER: (800) 730-49

FORM, INFORMATION AND MATERIALS:

APPLICATIONS THROUGH THE ONLINE APPLICATION FORM

OR ALTERNATIVE ACCESSIBLE APPLICATION

www.wellsfargo.com/private-foundations/dennis-foundation

SUBMISSION DEADLINES:

SEPTEMBER 15

RESTRICTIONS OR LIMITATIONS ON AWARDS:

there are no geographic limitations; however, the foundation

has a practice of primarily supporting organizations

located in central Virginia, primarily Richmond, Virginia.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: GATEWAY HOMES, INC. ADDRESS: 11901 REEDY BRANCH ROAD CHESTERFIELD, VA 23838 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME: MENTAL HEALTH AMERICA OF VIRGINIA ADDRESS: 2008 BREMO RD STE 101 RICHMOND, VA 23219 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: SAFE HARBOR ADDRESS: 2006 BREMO RD RICHMOND, VA 23226 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

2,000.

______ RECIPIENT NAME: GREATER RICHMOND SCAN STOP CHILD ABUSE NOW, INC. ADDRESS: 103 EAST GRACE STREET Richmond, VA 23219 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: FRIENDS ASSOCIATION FOR CHILDREN ADDRESS: 1004 ST JOHN ST RICHMOND, VA 23220 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: THE LITERACY LAB ADDRESS:

ADDRESS: 1003 K ST NW SUITE 500 Washington, DC 20001 RELATIONSHIP:

NONE
PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC
AMOUNT OF GRANT PAID

2,500.

RECIPIENT NAME:

JEWISH FAMILY SERVICES, INC.

ADDRESS:

6718 PATTERSON AVENUE RICHMOND, VA 23226

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

VIRGINIA HOME FOR BOYS AND GIRLS

ADDRESS:

8716 W BROAD ST

Richmond, VA 23294

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHILDSAVERS-MEMORIAL CHILD GUIDANCE CLIN

ADDRESS:

200 NORTH 22ND STREET

Richmond, VA 23223

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

12

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
ST. JOSEPH'S VILLA
ADDRESS:
8000 BROOK RD
RICHMOND, VA 23227
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT: PC

RECIPIENT NAME:
VIRGINIA HOME
ADDRESS:
8716 WEST BROAD ST
RICHMOND, VA 23904
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

PC
AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:
SAINT FRANCIS HOME
ADDRESS:
65 W CLOPTON ST
Richmond, VA 23225
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

13

RECIPIENT NAME:

OFFENDER AID AND RESTORATION, INC.

ADDRESS:

1400 N UHLE ST # 704 Arlington, VA 22201

RELATIONSHIP:

NONE

PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,500.

RECIPIENT NAME:

READING AND EDUCATION FOR ADULT DEVELOPM

ADDRESS:

4915 RADFORD AVENUE

Richmond, VA 23230

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

Robinson Theater Community Arts Center

ADDRESS:

2903 Q ST

Richmond, VA 23223

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

61,000.

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DENNIS FOUNDATION 54-6061431

FEDERAL FOOTNOTES

PART VIII: INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS, HIGHLY PAID EMPLOYEES, AND CONTRACTORS. THE CORPORATE TRUSTEE'S COMPENSATION REPORTED IN COLUMN (C) IS CALCULATED BASED ON PERIODIC MARKET VALUES AND/OR THE APPLICABLE FEE AGREEMENT. IT IS NOT DETERMINED ON AN HOURLY BASIS AND THE REFERENCE TO ONE HOUR PER WEEK IS AN ESTIMATE ONLY. CORPORATE TRUSTEE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, ADMINISTRATIVE SERVICES SUCH AS FIDUCIARY ACCOUNTING, CUSTODY OF ASSETS, COMPLYING WITH TAX FILING REQUIREMENTS, COMPLYING WITH DISTRIBUTION PROVISIONS, AND COMPLYING WITH FEDERAL AND STATE LAWS APPLICABLE TO PRIVATE FOUNDATIONS, PLUS ASSET MANAGEMENT SERVICES SUCH AS CREATING ASSET ALLOCATION STRATEGIES, INVESTMENTS REPORTING AND REALLOCATING AND REBALANCING OF PORTFOLIOS AS NECESSARY.