Return of Private Foundation

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019 or tax year beginning	, 20	019, and	ending		, 20			
Nan	ne of fou	ındatıon			A Employe	er identification numb	ег			
	TH	HE DIVERSITY FOUNDATION I street (or P.O. box number if mail is not delivered to street address)			84-	1552402				
Nun	ber and	street (or P O. box number if mail is not delivered to street address)	Ro	om/suite	B Telephor	ne number (see instruct	tions)			
	66	84 OLYMPUS DR , state or province, country, and ZIP or foreign postal code	į		303	746-893	j ,			
City	or town	, state or province, country, and ZIP or foreign postal code				tion application is pend	/			
	E	VERGREEN CO 80439			,		,			
G	Check	call that apply: Initial return Initial return	of a former pub	ic charity	D 1. Foreigi	n organizations, check	here ▶ 🗍			
		☐ Final return ☐ Amended i	return		2 Foreign	n organizations meetin	a the 85% test			
		Address change	nge	حا ا		here and attach comp	· —			
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundatio	(*)+	E if private	foundation status was	terminated under			
	Section	on 4947(a)(1) nonexempt charitable trust Other tax	able private fou	indation	section 5	07(b)(1)(A), check here	▶∐			
J		narket value of all assets at J Accounting method	: 🛛 Cash 🗌	Accrual	F If the foundation is in a 60-month termination					
					under section 507(b)(1)(R) check here					
_		6) ► \$ 57254 (Part I, column (d), must be	e on cash basis.)		<u> </u>					
Р	art I	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per books	(D) Net	investment icome	(c) Adjusted net income	(d) Disbursements for chantable purposes			
	,	the amounts in column (a) (see instructions).)	20010				(cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	<u> </u>							
	2	Check ► ☐ if the foundation is not required to attach Sch B								
١.	3	Interest on savings and temporary cash investments								
/	4	Dividends and interest from securities	2527							
X	5a	Gross rents		_	·		ļ			
) [Ь	Net rental income or (loss)								
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					 			
	_b	Gross sales price for all assets on line 6a			· · · · · · · · · · · · · · · · · · ·					
è	7	Capital gain net income (from Part IV, line 2)		 	242					
٠.	8	Net short-term capital gain								
	10a	Income modifications					 			
	b	Less: Cost of goods sold		- 			 			
	C	Gross profit or (loss) (attach schedule)		+			:			
	11	Other income (attach schedule)	<u> </u>							
	12	Total. Add lines 1 through 11	2527	+;	242		 			
	13	Compensation of officers, directors, trustees, etc.	· · · · · · · · · · · · · · · · · · ·	 -						
oenses	14	Other employee salaries and wages								
ë	15	Pension plans, employee benefits								
_	16a	Legal fees (attach schedule)								
公 二	b	Accounting fees (attach schedule)								
粱	С	Other professional fees (attach schedule)		يحم ا	,					
芝	17	Interest	<u> </u>		REC	EIVED				
<u> 9,11</u>	18	Taxes (attach schedule) (see instructions)	212				 			
Ē	19	Depreciation (attach schedule) and depletion		126	FFR	2.7 2020	 			
逐	20	Occupancy					<u> </u>			
<u> </u>	21	Travel, conferences, and meetings	<u> </u>	- -		Maria Maria	 			
ν#	22	Printing and publications			UGU	TILVIE	 			
ug4	23	Other expenses (attach schedule)	<u> </u>				 			
	24	Total operating and administrative expenses. Add lines 13 through 23	212	`		,				
Operating and aministrative Sex	25	Contributions, gifts, grants paid	2500							
ō	26 26	Total expenses and disbursements. Add lines 24 and 25	2712	-			 			
	27	Subtract line 26 from line 12:		- 			 			
	a	Excess of revenue over expenses and disbursements	-1.8,5			_ •	1			
	b	Net investment income (if negative, enter -0-) .	· · · · · · · · · · · · · · · · · · ·	 	٥					
	ı	Adjusted net income (if negative, enter -0-)								

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	lumn Beginning of year End of year							
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Valu	ue	(c) Fair-Market Value				
	1	Cash – non-interest-bearing	27	206		206				
	2	Savings and temporary cash investments	1003	1016	_	1016				
	3	Accounts receivable ▶								
		Less: allowance for doubtful accounts ▶								
	4	Pledges receivable ▶	'	46	. 1 •	_ x				
		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)	,	0.0		•				
		Less: allowance for doubtful accounts ▶								
S	8	Inventories for sale or use								
Assets	9	Prepaid expenses and deferred charges				.				
As	10a	Investments—U.S. and state government obligations (attach schedule)	29639.							
,	ь	Investments—corporate stock (attach schedule)								
	С	Investments—corporate bonds (attach schedule)	25871	5578	0	56031				
	11	Investments – land, buildings, and equipment: basis ▶								
		Less: accumulated depreciation (attach schedule) ▶								
	12	Investments – mortgage loans								
	13	Investments—other (attach schedule)								
	14	Land, buildings, and equipment: basis ▶								
		Less accumulated depreciation (attach schedule) ▶				- 				
	15	Other assets (describe ▶)								
	16	Total assets (to be completed by all filers—see the	/			~~~~~				
		ınstructions. Also, see page 1, item l)	56540	5700	2	57253				
	17	Accounts payable and accrued expenses								
S	18	Grants payable								
tie	19	Deferred revenue				, , , , , ,				
Ε	20	Loans from officers, directors, trustees, and other disqualified persons		_ /t	1					
Liabilities	21	Mortgages and other notes payable (attach schedule)								
_	22	Other liabilities (describe ▶)								
_	23	Total liabilities (add lines 17 through 22)	0							
alances		Foundations that follow FASB ASC 958, check here				• • •				
Ĕ		and complete lines 24, 25, 29, and 30.				ļ				
	24	Net assets without donor restrictions		·····						
	25	Net assets with donor restrictions	•			<u> </u>				
Ĕ		Foundations that do not follow FASB ASC 958, check here ▶ □ and complete lines 26 through 30.				•				
Ē,	26	Capital stock, trust principal, or current funds				, , , ,				
ō	27	Paid-in or capital surplus, or land, bldg., and equipment fund								
ets	28	Retained earnings, accumulated income, endowment, or other funds	56540	5 100	i	, ,				
SS	29	Total net assets or fund balances (see instructions)	56540	5700						
Net Assets or Fund	30	Total liabilities and net assets/fund balances (see								
ž		instructions)	56540	57002						
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances								
		Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with								
	end-of-year figure reported on prior year's return)									
2		Enter amount from Part I, line 27a								
3		Other increases not included in line 2 (itemize) ► TRADING, UNREALITED GAIN 3 - 647								
4		lines 1, 2, and 3			4	57002				
5	Deci	reases not included in line 2 (itemize) ▶			5	0				
6	Tota	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lii	ne 29	6	57002.				

Form **990-PF** (2019)

Part	V Capital Gains and	Losses for Tax on Investme	nt Income			
		(s) of property sold (for example, real estat ;; or common stock, 200 shs. MLC Co)	te,	(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo , day, yr	
1a	168.634 sh P	ONAY		ρ	10/10/1	7 1/17/19
b	1997. 337 5h F	NMIX		Ρ	4/12/1	9 4/29/19
c	·					
<u>d</u>						
<u>e</u>				L		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		h) Gain or (loss) plus (f) minus (g))
a	2000		209	76		-92
b	29 900		3003	50		- 150
С						· -
d						
е						
	Complete only for assets show	ing gain in column (h) and owned by	the foundation	on 12/31/69.		is (Col. (h) gain minus
	(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col (j), if any			out not less than -0-) or sses (from col (h))		
a				 -		
<u>b</u>						
<u>c</u>						
<u>d</u> _						<u> </u>
<u>е</u>					· · · · · · · · · · · · · · · · · · ·	
2	Capital gain net income or (ner caonariossi 7	so enter in Pa nter -0- ın Paı	>	2 -	-242
3	If gain, also enter in Part I,	or (loss) as defined in sections 12 line 8, column (c). See instructi	ons. If (loss)			-150
Do.A					3	
Part		r Section 4940(e) for Reduce				
(For o	otional use by domestic priva	ate foundations subject to the sec	ction 4940(a)	tax on net invest	ment income.	.)
If sect	on 4940(d)(2) applies, leave	this part blank.				
Was tl	ne foundation liable for the se	oction 4942 tax on the distributat			oase period?	☐ Yes ☑ No
		alify under section 4940(e). Do no				
1		nt in each column for each year;	see the instru	uctions before ma	aking any ent	
	(a) Base period years	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use a:	esets .	(d) Distribution ratio
Cale	ndar year (or tax year beginning in)			863	(60	of (b) divided by col (c))
	2018 2017	2712		288	 	.049
	2017	2194				-046
	2015	2000		291		. 054
	2014	2000		5470		.056
	2014	1683		6844	- 	.046
2	Total of line 1, column (d)				. 2	. 251
2						
3		or the 5-year base period—divident andation has been in existence if			1 - 1	.050
4	Enter the net value of nonch	naritable-use assets for 2019 from	n Part X, line	5	. 4	55224
5	Multiply line 4 by line 3 .				. 5	2761
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	0
7	Add lines 5 and 6				7	2761
8	Enter qualifying distribution				. 8	2712
	If line 8 is equal to or greated Part VI instructions.	er than line 7, check the box in P	art VI, line 1b	, and complete t	that part using	g a 1% tax rate. See the

Part	WE Excise Tax Based on Investment Income (Section 4940(a); 4940(b), 4940(e), or₁4948—see	instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.)	^		1
	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		ວິ	
	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 Part I, line 12, col. (b)	ļ]
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		ට	
3	Add lines 1 and 2		5	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			1
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			1
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		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		<u>o</u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ļ	0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-		
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities		W	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	
L.	participate or intervene in any political campaign?	1a		<i>x</i>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		*
	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.		4]
С	Did the foundation file Form 1120-POL for this year?	10	-	ľχ
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	}		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ► \$			<u>.</u> .
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		, , ,
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		*
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	*
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:]	
•	By language in the governing instrument, or		l	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			,
	conflict with the state law remain in the governing instrument?	6	X	
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		×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
ı	CO LO RADO			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9	1	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part	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		<u>x</u>
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► Guide Stac. Com			
14	The books are in care of ► JAMES SHECTON Telephone no. ► 303	746	- 80	139
45	Located at ► 6684 OLYMPUS DR EVERGREEN CO ZIP+4 ► 804 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	<u> </u>		<u> </u>
15	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
16	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			ĵ
Part	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? Yes No			į
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1
	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?		i -]
	(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			1
	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			'
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	1b		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			,
С	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			, m
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1
_. a	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?			
	6d and 6e) for tax year(s) beginning before 2019?			
_	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
Ø	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b	-	×
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		,	-
·	▶ 20 ,20 ,20 ,20			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			'
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			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	- <u></u> -		
	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?	<u>4a</u>		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?			(!
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Xi_

I al	Statements Regarding Activities	3 101 11	THOIL OTHE	7/20	may be i	cquiic	14 (00				
5a	During the year, did the foundation pay or incur	any amo	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt t	to influe	nce legislation	on (sect	ion 4945(e))? .	☐ Yes	Ď No			
	(2) Influence the outcome of any specific public		-	•	,		_			′	
	directly or indirectly, any voter registration dr	_				-	☐Yes	X No			
							☐ Yes				
	(3) Provide a grant to an individual for travel, stu	-						⊠ No	'		
	(4) Provide a grant to an organization other than							_			
	section 4945(d)(4)(A)? See instructions						Yes Yes	ĭ No			
	(5) Provide for any purpose other than religious	, charita	able, scientif	ic, litera	ry, or educ	cational					
	purposes, or for the prevention of cruelty to	children	or animals?				☐Yes	[X] No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne trans	actions fail t	o qualif	v under th	e excer	tions des	 scribed			
-	in Regulations section 53.4945 or in a current no								5b		~ •
		_	_						 30		
_	Organizations relying on a current notice regardi	-			-						
С	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?										
	because it maintained expenditure responsibility	for the	grant? .		•		Yes Yes	☐ No			
	If "Yes," attach the statement required by Regula	ations s	ection 53.49	45-5(d)	-						
6a	Did the foundation, during the year, receive any	funds,	directly or in	directly,	to pay pre	emiums					
	on a personal benefit contract?						☐ Yes	P No	1 :		
ь	Did the foundation, during the year, pay premiun								6b		× '
		ns, une	city of indire	City, Oir	a persona	Denem	Contract	• •	- 00		
-	If "Yes" to 6b, file Form 8870.					41 0		⊡ 7			
	At any time during the tax year, was the foundation										
b	If "Yes," did the foundation receive any proceed							า? .	7b		
8	Is the foundation subject to the section 4960 ta										
	remuneration or excess parachute payment(s) de	uring th	e year?				☐ Yes	№ No			
Par	VIII Information About Officers, Direc	tors. T	rustees. F	ounda	tion Man	agers.	Highly F	Paid E	mploy	ees.	
	and Contractors	•	•			•	•			•	
1	List all officers, directors, trustees, and found	lation n	nanagers ar	nd their	compens	ation. S	See instru	ections			
			e, and average		npensation	· -	Contributions				
	(a) Name and address	hour	rs per week	(If n	ot paid,	emplo	yee benefit	plans	(e) Expe	nse aco allowan	ces
	4	1	ed to position	en	ter -0-)	and der	erred compe	nsation	-		
م	1 ARGAMET SHELTON	Pre	SIDENT		0		0			0	
•											
	SCATTLE WA	ε	2.2								
	SCATTLE WA LAMES SHELTON	1									
	IAMES SHELTON	1	1/TREAS		0		0		ن	,	
	EVERGREEN CO	SEU	1/TREAS						ئ		
	LAMES SHELTON EVERGREEN CO CATHERUNE SHELTON	SEU					0				
	CATHER SHETTON EVERGREEN CO EVERGREEN CO	SEU	1/TREAS		0				ئ		·
	LAMES SHELTON EVERGREEN CO CATHERINE SHELTON EVERGREEN CO CARRELINE SHELTON	DIN	1/TREAS		0				ئ		
	LAMES SHELTON EVERGREEN CO EVERGREEN CO EVERGREEN CO CARLONINE SHELTON SERTILE WA	DIR	HTROAS 1.0 LECTOR NECTURE		0 0		0		0 0)	
	FUERGREEN CO CATHETUNE SHELTON CUERGREEN CO CATHETUNE SHELTON SENTILE WA Compensation of five highest-paid employee	DIR	HTROAS 1.0 LECTOR NECTURE	se inclu	0 0	ne 1—:	0	uctions	0 0)	enter
	LAMES SHELTON EVERGREEN CO EVERGREEN CO EVERGREEN CO CARLONINE SHELTON SERTILE WA	DIR	HTROAS HO LECTOR NECTURE	se inclu	0 0	ne 1—:	0	uctions	0 0)	enter
	FUERGREEN CO CATHETUNE SHELTON CUERGREEN CO CATHETUNE SHELTON SENTILE WA Compensation of five highest-paid employee	DIR	HITCHS HOURE THE TORE THE THE THE		0 0	ne 1—:	© See instru	utions to	o c s). If ne	one, (
2	FUERGREEN CO CATHETUNE SHELTON CUERGREEN CO CATHETUNE SHELTON SENTILE WA Compensation of five highest-paid employee	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	0 0		O See instr	itions to	Cos). If no	one, (count,
2	FUERGREEN CO EVERGREEN CO EVERGREEN CO EVERGREEN CO CARLERLINE SHELTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTOR er than those	average week	O O O uded on li		(d) Contribu	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li		(d) Contribute of the contribution of the cont	itions to benefit deferred	Cos). If no	one, (count,
2	FUERGREEN CO EVERGREEN CO EVERGREEN CO EVERGREEN CO CARLERLINE SHELTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li		(d) Contribute of the contribution of the cont	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li		(d) Contribute of the contribution of the cont	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li		(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li		(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li		(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li	nsation	(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li	nsation	(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li	nsation	(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li	nsation	(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li	nsation	(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,
2	EVERGREEN CO CATHER SHETTON EVERGREEN CO EVERGREEN CO CATHER SHETTON SENTILE WA Compensation of five highest-paid employed "NONE."	DIR DIR es (other	FLTURE (b) Title, and a hours per visite in the control of the co	average week	O O O uded on li	nsation	(d) Contribute of the state of	itions to benefit deferred	Cos). If no	one, (count,

	nformation About Officers; Directors, Trustees, Foundat and Contractors (continued)	ion Managers, Highly Paid En	ployees,
	hest-paid independent contractors for professional services. See	instructions. If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE	,	
		, , ,	
	>,		
T-1-1	6 - 4		
	of others receiving over \$50,000 for professional services		<u> </u>
	Summary of Direct Charitable Activities tion's four largest direct charitable activities during the tax year Include relevant stand other beneficianes served, conferences convened, research papers produced, etc.		* Expenses
1	PONE		
		· · · · · · · · · · · · · · · · · · ·	
2			
3			,
4	- ' !		·
	' ' '	<u> </u>	
Part IX-B	Summary of Program-Related Investments (see instructi		
Describe the tw	o largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1	PONE ,	·	
2			
	4	······································	
All other program	m-related investments. See instructions		
3			, ,
Total. Add line:	s 1 through 3		
			Form 990-PF (2019

Part	 Minimum Investment Return (All domestic foundations must complete this part. Foreise instructions.) 	gn fo	undations, i
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	51963
b	Average of monthly cash balances	1b	4102
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	56065
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	٥
3	Subtract line 2 from line 1d	3	56 065
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	841
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	55224
6	Minimum investment return. Enter 5% of line 5	6	. 2761
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► □ and do not complete this part.)	ounda	ations
1	Mınımum investment return from Part X, line 6	1	2761
2a	Tax on investment income for 2019 from Part VI, line 5		
ь	Income tax for 2019. (This does not include the tax from Part VI.) 2b	.	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2761
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	2761
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2761
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2712
b	Program-related investments—total from Part IX-B	1b	O
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		_
а	Suitability test (prior IRS approval required)	3a	6
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4 ·	2712
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	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2712
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whe	ther the foundation

art?	XIII Undistributed Income (see instruction	ons) 🕟	•	•	•
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7			•	2761
2 a	Undistributed income, if any, as of the end of 2019: Enter amount for 2018 only			Ö	
b	Total for prior years: 20 , 20 , 20		0		
3	Excess distributions carryover, if any, to 2019:		 		
a	From 2014		1		
b	From 2015 86	1			1
C	From 2016				I
d	From 2017				
е	From 2018				
f	Total of lines 3a through e	240			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$			o	j
а	Applied to 2018, but not more than line 2a .				<u> </u>
b	Applied to undistributed income of prior years (Election required—see instructions)		0	·	-
С	Treated as distributions out of corpus (Election required—see instructions)	Ð			
d	Applied to 2019 distributable amount		<u> </u>		2712
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	49			49
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	197			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		<u> </u>
С	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:		O	,	, ,
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0		,
e	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions		, vi	0	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				. 0
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)	0	,	., ,	
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			•
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	197			
10	Analysis of line 9:				ļ
а	Excess from 2015		ļ		
b	Excess from 2016	1			
c	Excess from 2017 O	1			,
d	Excess from 2018 25]			
е	Excess from 2019	1			

Part	XIV Private Operating Founda	ations (see instru	ctions and Par	t VII-A, question 9)	
1a	If the foundation has received a rulin foundation, and the ruling is effective for	=				
b	Check box to indicate whether the fou		•	L.	ction	(3) or 4942(j)(5)
2a`	Enter the lesser of the adjusted net	Tax year	· ·	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c .					
3	Complete 3a, b, or c for the alternative test relied upon:			,		
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loss (section 512(a)(5)) or roughtsol					
	512(a)(5)), or royalties) (2) Support from general public	<u> </u>				
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if	the foundation ha	ad \$5,000 or m	ore in assets at
	any time during the year-	-see instruction	s. <u>)</u>			
1	Information Regarding Foundation	-				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	•	ntributed more i	man \$5,000). (See se	ection 507 (a)(2).)	
b	No N と List any managers of the foundation		more of the ste	ack of a corporation	for an equally la	rge portion of the
D	ownership of a partnership or other e			•		inge portion of the
	NONE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.		
2	Information Regarding Contribution	n. Grant. Gift. Loa	n. Scholarship.	etc Programs:		·
	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the complete items 2a, b, c, and d. See it	only makes controlonion only makes (butions to pres	selected charitable of	_	
а	The name, address, and telephone no		lress of the ners	on to whom applicat	tions should be a	ddressed:
-	·		•			
	MARGARET SH	terrow 91	17 25th	NENE SE	ATTLE WI	4 98115
b	The form in which applications should	d be submitted and	I information and	d materials they shou	uld include:	
	NONE					
С	Any submission deadlines:				,	
	NONE					
d	Any restrictions or limitations on av	wards, such as by	geographical :	areas, charitable fie	lds, kinds of ins	titutions, or other
	factors:					
	~ UNC					

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or . status of Amount contribution Name and address (home or business) recipient Paid during the year \$ 1000 ORCA NECROPSY Y ORCANET FREEZAND, WA \$1500 NASTaP UTE YOUTH ... 4 BAILEY, co EDUCATION) 2500 За **b** Approved for future payment NONE Total 3b

Pa	rt XV	/I-A Analysis of Income-Producing A	ctivities			•	
Ente	er gro	ss amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by sect	(e) -	
1	Prog	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	i(d) Amount	Related or exemp function income (See instructions)
	а						7.
	b						
	С						
	ď						
	е						
	f						
	g	Fees and contracts from government agencies					
2	Men	mbership dues and assessments					
3		rest on savings and temporary cash investments					
4		dends and interest from securities	· ·		4	2527	
5		rental income or (loss) from real estate:	21 / 4 4		- '	6, 1.0	1 , -
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	_	er revenue: a					
	b _						
	C	-					
	d _						
40	e Cub	Andre Andrews (b) (d) and (a)		·	<u>.</u>	2527	
		total. Add columns (b), (d), and (e)			<u> </u>	L	2527
		ksheet in line 13 instructions to verify calculation				. 13	<u> </u>
		I-B Relationship of Activities to the A		ent of Exemp	t Purposes		
	e No.		 		<u>-</u>	I-A contributed i	mportantly to the
	\blacksquare	Explain below how each activity for which accomplishment of the foundation's exempt put	rposes (other tha	n by providing fur	ds for such purp	oses). (See instru	ctions.)
						·	
							i
							·
					<u>-</u> .		
			·				
			<u>.</u>				
							
							<u> </u>
		 					
		D-					4

Form 990-PF (2019)

		Organizati	ons							_				
1	ın se	he organization of the control of th											Yes	No
а	-	sfers from the re	norting foundate	on to a nonch	aritable eve	mnt ora	anization	of:						İ
a		ash		on to a nonch	iai itable exe	mpt org	ainzanon	OI.				1a(1)		X
	• •	ther assets .				• •	• • •					1a(2)		
_										• •	• •	14(2)		7
b		r transactions:										41. (4)	*******	man mental
		ales of assets to									• •	1b(1)		17
		urchases of asse			-					• •	• •	1b(2)		X
		ental of facilities										1b(3)		X
		eimbursement a	-								• •	1b(4)		4
		oans or loan gua										1b(5)	ļ	<u> </u>
		erformance of se		•								1b(6)		X
		ng of facilities, e		-								_1c	<u> </u>	X
ď		answer to any												
		of the goods, o												
	value	in any transacti	on or sharing ar	rangement, sh	now in colum	nn (d) th								
(a) Line	no (b) Amount involved	(c) Name of	noncharitable exe	empt organization	on	(d) Descri	ption of transfe	rs, trans	sactions	s, and sl	naring arr	angem	ents
							·							
							<u>-</u>							
			 				· <u></u>							
												· 		
	desci	e foundation direction for the section for the	501(c) (other tha	n section 501								□ Ye	es []	No No
		(a) Name of organ	nization		(b) Type of orga	anization			(c) Des	cnption	of relati	onship		
					•									
														-
		r penalties of perjury, I								est of n	y knowl	edge and	belief, rl	is true,
Sign	Corre	ct, and complete Decl	laration of preparer (oth	her than taxpayer)	is based on all inf	tormation o	t which prepare	arer has any kno	wiedge	Γ	May the	IRS discu	iss this	return
łere		James 18	Shelto-	ļ	2/23/20	50	24/	TROAS		- 1	with the	preparer s	shown b	elow?
	Sign	ature of officer or tru	stee		Date	Title				— L	oee instr	uctions	∟ Yes	⊔иo
Paid Prepa	rer	Print/Type preparer	's name	Preparer'	's signature			Date		Check self-en	if iployed	PTIN		
Jse (Firm's name ▶							Firm's	EIN ►				
,3 C (, iiiy	Eirm's address		·					Phone					

SCHEDULE

Part II Line 10a - \$30,000 US Treasury Note, Matured 4/11/2019

Part II Line 10c - 2433.945 sh WATFX and 2023.762 sh PONAX