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FÖrm	<sup>990-PF</sup>

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
enter social security numbers on this form as it may be made public.

OMB No 1545-0047
0040
71179
Open to Public Inspection

		of the Treasury renue Service	<b></b>	Go to www.ir	s.gov/For	m990PF for instr	ructions and	the latest info	ormation.	1917	Open to Public	Inspection
For	alen	dar year 2019	or tax year beginning	DEC	5, 2	019	, and e	nding	DEC 3	1, 2019		
Nar	ne of	foundation			-				A Employ	er identification	number	
			Y FOUNDATI		<del> </del>			ſ <u>.</u>	<del>1</del>	6866357	·	
		5 ALPES	oox number if mail is not del	vered to street ac	idress)			Room/suite	B Telepho 925	ne number -708-59	18	
-			ovince, country, and ZI 89511	P or foreign po	stal code			_	C If exempt	ion application is pe	ending, check here	<b>▶</b> X
		all that apply	X Initial retur			nitial return of a f	ormer public o	charity	<b>D 1</b> Fore	gn organizations	, check here	
			Final return Address ch		=	mended return ame change			2 Foreig	n organizations med here and attach col	eting the 85% test, nputation	▶□
H C	_	type of organiz	ation X Section Section	n 501(c)(3) ex		te foundation ble private founda	ation		1 '	e foundation statection 507(b)(1)	tus was terminat	ed
I Fa			l assets at end of year	r			Accr	·ual	1	. ,, ,	(A), check here 60-month termin	ation
(fr		art II, col. (c), i	ine 16) 4,288,781.		ner (specif		us )	<del></del>		ection 507(b)(1)		<b>—</b>
	rt I	Analysis of R	evenue and Expenses punts in columns (b), (c), and the amounts in column (a)	d (d) may not	(a) R	evenue and ses per books	(b) Net in	ivestment ome		djusted net ncome	(d) Disburse for charitable p (cash basis	urposes
	1	<del>`</del>	gifts, grants, etc , recei		4.2	79,294.			N	/A	(CBSI) DBSIS	iny)
	2	Check  Interest on saving	if the foundation is not required to									
		Dividends and	interest from securities			157.		157.			STATEME	NT 1
	5a	Gross rents										
	_	Net rental income			-	39,244.			<del> </del>			
ine		Net gain or (loss) Gross sales price assets on line 6a	from sale of assets not on life for all 764	,624.		39,244.			<del> </del>			<u> </u>
evenue			ncome (from Part IV, line 2)	<del>/</del>			73	9,244.	İ			1
æ	8	Net short-term	capital gain 🛭 🛭								_	
	9	Income modifi Gross sales less and allowances	cations Of				· ••					<u> </u>
	_	Less Cost of goo	ods sold									
	С	Gross profit or	(loss)		_				ļ <u>.</u>		******	
		Other income				10 605		0 401				
_			es 1 through 11		5,0	18,695.	/ 3	9,401. 0.	<u> </u>			0.
6-			officers, directors, trustees	etc		0.		<u> </u>				
SC			e salaries and wages employee benefits	}					<u> </u>		<del></del>	
ses CAN		Legal fees	cinployee belients	ŀ				<del></del>				
JA/7	b	Accounting fee	es	ľ	-			/0/	TE			
Expense	С	Other profession	onal fees					167	70	En.		
		Interest						/%/	V///	VEN		
strative	18	Taxes							107	2020 JC	<u> </u>	
nist		Depreciation a	nd depletion			-		<u> </u>		<020 /C	<b>/</b>	
Ę		Occupancy		-					KEV)	/O/	<u> </u>	
ďĄ			inces, and meetings	}						17 /8/		
ng and		Printing and put Other expenses		}					<del> </del>			
iting		•	g and administrative	ŀ								
perati		•	d lines 13 through 23			0.		0.	L			0.
ö		•	gifts, grants paid	ľ		0.						0.
i			s and disbursements.		-							
		Add lines 24 ai				0.		0.	ļ			0.
	27	Subtract line 2	6 from line 12:		,	nu com			ĺ			į
			over expenses and disbur		5,0	18,695.	72	9,401.				
			t income (if negative, enter-	r			/ 3	J,4U1.	NT.	/A	····	· · · · · · · · · · · · · · · · · · ·
		milligren net li							. 11			

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2019)

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
Ĺ	an	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		764,781.	764,781.
	2	Savings and temporary cash investments			
	3	Accounts receivable	~ •		, , , , , , , , , , , , , , , , , , , ,
		Less; allowance for doubtful accounts			
	4	Pledges receivable ▶	13	, , , , , , , , , , , , , , , , , , , ,	1
		Less: allowance for doubtful accounts			
	5	Grants receivable	_		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and toans receivable			
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges		<u></u>	
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 2	0.	81,600.	3,524,000.
	C	Investments - corporate bonds	_		
	11	tovestments - land, buildings, and equipment basis		<u> </u>	السنسين
	ľ	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			ļ.,
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	ı	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	^	046 201	4 200 701
_	47	Instructions. Also, see page 1, item I)	0.	846,381.	4,288,781.
	l	Accounts payable and accrued expenses Grants payable			
	18 19	Deferred revenue			
ies	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilıtie	21	Mortgages and other notes payable			
Ë		Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow FASB ASC 958, check here			_
s		and complete lines 24, 25, 29, and 30.			= 1
alances	24	Net assets without donor restrictions			
曺	25	Net assets with donor restrictions			
or Fund Ba		Foundations that do not follow FASB ASC 958, check here 🕨 🗶			
<u>.</u> 5		and complete lines 26 through 30.			,
ō	26	Capital stock, trust principal, or current funds	0.	0.	
ets	27	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	0.	846,381.	
et [	29	Total net assets or fund balances	0.	846,381.	, ,
Z				0.4.5 0.04	
_	30	Total liabilities and net assets/fund balances	0.	846,381.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	20		
		t agree with end-of-year figure reported on prior year's return)	25	1	0.
	•	amount from Part I, line 27a		2	5,018,695.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	5,018,695.
		eases not included in line 2 (itemize) <b>UNREALIZED</b> GAII	N ON DONATED S		4,172,314.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	846,381.
					Form <b>990-PF</b> (2019)

	2018		
	2017		
	2016		•
Ξ	2015		·
_	2014		
	Total of line 1, column (d)  Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	
7	Add lines 5 and 6	7	

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See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

8 Enter qualifying distributions from Part XII, line 4

8 I

Form 990-PF (2019) CODD FAMILY FOUNDATION		84-686	<u> 56357 </u>	Page 4
Part VI Excise Tax Based on Investment Income (Section	4940(a), 4940(b), 4940(e), or	<u>4948 - see</u>	instructio	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 lette	r if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check his	ere ▶ 🔲 and enter 1%	1	14,	788.
of Part I, line 27b			-	1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, e		<u> </u>		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	only; others, enter -0-)	2		0.
3 Add lines 1 and 2		3	<u> </u>	788.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	only; others, enter -0-)	4		0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter-	0-	_5	<u> </u>	788.
6 Credits/Payments:				1
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a 0			1
b Exempt foreign organizations - tax withheld at source	6b 0	<b>⊸</b> i i		1
c Tax paid with application for extension of time to file (Form 8868)	6c <u>0</u>	<b>-</b>		
d Backup withholding erroneously withheld	6d O	<b>ᆜ</b> —		
7 Total credits and payments. Add lines 6a through 6d		7		0.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220	) is attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9	<u> </u>	788.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	·	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	Refunded >	<u>  11                                  </u>		
Part VII-A Statements Regarding Activities				-184-
1a During the tax year, did the foundation attempt to influence any national, state, or loc	al legislation or did it participate or interve	ne in	Ye	<del></del>
any political campaign?			_1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political	•	finition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and of	copies of any materials published or			
distributed by the foundation in connection with the activities.				_ -
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur			- I - I.	<u> </u>
(1) On the foundation. > \$ (2) On foundation ma	-	<u>•</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political emanagers. ► \$ 0 •	expenditure tax imposed on foundation			
2 Has the foundation engaged in any activities that have not previously been reported to	o the IRS?		2	X
If "Yes," attach a detailed description of the activities.				; ]
3 Has the foundation made any changes, not previously reported to the IRS, in its gove	erning instrument, articles of incorporation.	. or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	•		3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during t			4a	Х
b If "Yes," has it filed a tax return on Form 990-T for this year?	•	N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	e year?		5	Х
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	sfied either:			
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no ma	indatory directions that conflict with the sta	ite 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		7 X	
8a Enter the states to which the foundation reports or with which it is registered. See ins	structions. NONE		_     '	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	o the Attorney General (or designate)		-	
of each state as required by General Instruction G? If "No," attach explanation	SEE STATE	MENT 3	8b	Х
9 Is the foundation claiming status as a private operating foundation within the meanin	g of section 4942(j)(3) or 4942(j)(5) for ca	lendar		
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes	s," complete Part XIV		9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a		STMT 4	10 X	
			Form <b>990-P</b>	F (2019)

Page 5

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> </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		_X
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 ► THE FOUNDATION Telephone no. ► 925-7		<u>918</u>	
Located at ► 4705 ALPES WAY, RENO, NV ZIP+4 ►8	<u>9511</u>		_
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>-</b>	· 🔲
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	لــــــــــــــــــــــــــــــــــــــ		!
· · · · · · · · · · · · · · · · · · ·	7	Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
1a During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No	l i		
(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?	<sub>.</sub>		
(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?  Yes X No			ĺ
(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)?		٠. ا	
(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.)			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 N/A	1b		
Organizations relying on a current notice regarding disaster assistance, check here			
c 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)):			
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			1
6d and 6e) for tax year(s) beginning before 2019?			1
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			1
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			لـــا
statement - see instructions.)  N/A	2b	-	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			ı
D. U. C. and the standard of t	] ]		1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
<del>-</del> -			
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 foundation had excess business holdings in 2019.)  N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	$\neg \dashv$	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	7.0		, I
had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	orm <b>990</b>	PF	

Part VII-B   Statements Regarding Activities for Whi	ch Form 4720 May Be R	equired (contin	ued)		
5a During the year, did the foundation pay or incur any amount to		<u></u>		Y	es No
(1) Carry on propaganda, or otherwise attempt to influence legislation (s	section 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 49			.		
any voter registration drive?	• •	es X No		1	
(3) Provide a grant to an individual for travel, study, or other similar pur		es X No			
(4) Provide a grant to an organization other than a charitable, etc., organ	nization described in section				
4945(d)(4)(A)? See instructions		Y	es X No		1 1
(5) Provide for any purpose other than religious, charitable, scientific, life	terary, or educational purposes, or f			j	,
the prevention of cruelty to children or animals?		Y	es X No	- 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qual	lify under the exceptions described i			1	
section 53.4945 or in a current notice regarding disaster assistance? See		·	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, c	heck here		▶□ 「		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemp	otion from the tax because it maintai	ined		- 1	
expenditure responsibility for the grant?	I.	1/A 🗀 Y	es 🔲 No	- 1	l l
If "Yes," attach the statement required by Regulations section 53.4945-5(	d).			.	.
6a Did the foundation, during the year, receive any funds, directly or indirect	tly, to pay premiums on				
a personal benefit contract?		Y	es X No	<u>.                                    </u>	_
b Did the foundation, during the year, pay premiums, directly or indirectly,	on a personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited	d tax shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income	attributable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more	than \$1,000,000 in remuneration or		Γ		
excess parachute payment(s) during the year?		Y	es X No		
Part VIII Information About Officers, Directors, Tr	ustees, Foundation Mar	nagers, Highly	-		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers a	and their compensation.				
(-) Nome and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
RONALD E. CODD	TRUSTEE				
4705 ALPES WAY					
RENO, NV 89511	0.25	0.	0.		0.
SUSAN T. CODD	TRUSTEE				
4705 ALPES WAY					
RENO, NV 89511	0.25	0.	0.		0.
ALEXIS M. CODD	TRUSTEE				
4705 ALPES WAY					
RENO, NV 89511	0.25	0.	0.		0.
RYAN P. CODD	TRUSTEE				
4705 ALPES WAY			!	ļ	
RENO, NV 89511	0.25	0.	0.		0.
2 Compensation of five highest-paid employees (other than thos		enter "NONE."	T / N -		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	acco	Expense unt, other wances
NONE					
		<u></u>			
				<u> </u>	
	<u> </u>	<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000					0
			Form	990-P	F (2019)

Form 990-PF (2019) CODD FAMILY FOUNDATION	84-686	6357 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation I Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NON	VE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Part IX-A Summary of Direct Charitable Activities		<u>▶</u> ] 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1 N/A		
2		
3		
4		
Doct IV B   Common of December   Deleted Investments		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		<del></del>
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	ŀ	Form <b>990-PF</b> (2019)

ĮĮP.	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	764,781. 3,524,000.
b	Average of monthly cash balances	1b	3,524,000.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,288,781.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,288,781.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	64,332.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,224,449.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	15,626.
ĮP,	art:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations, check here  and do not complete this part.)		<del> </del>
1	Minimum investment return from Part X, line 6	1	15,626.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	14,788.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	838.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	838.
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	838.
ĮP,	art·XIII 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	1a	0.
b	Program-related investments - total from Part IX-B	1 <u>b</u>	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for t	he section

Form **990-PF** (2019)

Talt Ani	e instructions,			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1 Distributable amount for 2019 from Part XI, line 7				838.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:	·			
, ,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$				
a Applied to 2018, but not more than line 2a			_0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount			-	0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		"''		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		1
d Subtract line 6c from line 6b. Taxable				i
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must			: :	
be distributed in 2020		<u>-</u> .		838.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	ı			
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	0.			
9 Excess distributions carryover to 2020	0.			
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016 c Excess from 2017				
d Excess from 2017				
e Excess from 2019				:
5 EN0000 II OHI EO 10				

923581 12-17-19

Form **990-PF** (2019)

Grants and Contributions Paid During the Recipient	If recipient is an individual			··· <del>·</del>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	o, odobania com buc.			
NONE				
	_			<del></del>
•				
•	,			
	;			
<b>*</b>				
Total  Approved for future payment	[		► 3a	
NONE				
	[			
Total			<b>▶</b> 3b	
		<del></del>	Fr	rm <b>990-PF</b> (20

er gross amounts unless otherwise indicated.	Unrelated b	ousiness income	Excluded b	y section 512, 513, or 514	(e)
or gross amounts unless other wise moleated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exemp
Program service revenue:	code	Amount	code	Amount	function income
1					
<u> </u>					
·					
1					
Fees and contracts from government agencies			$\bot$		
Membership dues and assessments			$\bot$		
nterest on savings and temporary cash					
nvestments		<u> </u>	$\bot$		
Dividends and interest from securities			14	157.	
Vet rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					_
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
han inventory			18	739,244.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					•
Other revenue:					
ı					
	l b				
1	I I				
Subtotal. Add columns (b), (d), and (e)		0 .		739,401.	
Total. Add line 12, columns (b), (d), and (e)	<del></del>			13	
e worksheet in line 13 instructions to verify calculation	ons.)				•
Relationship of Activit			<u> </u>	•	
Explain below how each activity for whin the foundation's exempt purposes (other					lishment of
	-				
			-		·

923621 12-17-19

Form 990			FAMILY FO				84-68		Pa	ige 13
Part )	KVII			nsfers to a	nd Transactions a	nd Relationsh	nips With Noncha	ritable		
·		Exempt Organ						<del>- 7</del>	Yes	No
		•			ig with any other organizations?		tion 501(c)		163	140
•		rom the reporting found:	•		g to political organizations?					
	Cash	nom the reporting lounds	ation to a noncharita	anie exempt or	yanızanını or,			1a(1)		X
	Other	accetc						1a(2)		X
٠,,		sactions:						10(2)		
-		of assets to a noncharita	ble exempt organiza	ation				1b(1)		X
		ases of assets from a no						1b(2)		Х
(3)	Renta	of facilities, equipment,	or other assets					1b(3)		Х
(4)	Reimb	oursement arrangements						1b(4)		Х
(5)	Loans	or loan guarantees						1b(5)		X
(6)	Perfor	mance of services or me	mbership or fundra	using solicitatio	ns			1b(6)		X
	-	facilities, equipment, ma	•	•	• •			1c		X
					dule. Column (b) should a				ets,	
		s given by the reporting to ) the value of the goods,			ed less than fair market vali	Je in any transaction	n or snaring arrangement,	Snow in		
(a) Line no	<del></del>	(b) Amount involved	•		e exempt organization	(d) Description	on of transfers, transactions, an	d sharino arr	annemer	
(4) 2	+	(b) ranount involved	(6) (14	N/A	o oxompt or gamzation	(4) 5000	ar de de la lace de lace de la e de la lace de lace	a sharing am	ungomoi	
	1									
	1									
							····			
	<u> </u>	<u>.                                    </u>								
	-									
			<del>                                     </del>			<del> </del>	<del></del>			
	-					+				
						<del>                                     </del>				
	╁					<del></del>				
-	1					+				
ın s	ection	dation directly or indirec 501(c) (other than sectio mplete the following sch	n 501(c)(3)) or in se		or more tax-exempt organ	izations described	·	Yes	X	] No
		(a) Name of org	janization		(b) Type of organization		(c) Description of relatio	nship		
		N/A								
<del></del>		<u>-</u>								
	Under	nenalties of nerriry. I declare t	that I have examined thi	s return uncluding	accompanying schedules and s	tatements, and to the b	est of my knowledge -			
Sign Here					taxpayer) is based on all information		has any knowledge	May the IRS of the turn with the shown below X Yes	e prepare ? See ins	er
	Sign	ature of officer or trustee			Date	Title				
		Print/Type preparer's na	ıme	Preparer's s	ignature	Date	Check if PTII	V		
D				18/	Modell	6-17-2020	self- employed			
Paid		ERIC MODRE		(rw		1 6-1/-2020		01236		
Prepa	arer	Firm's name ► CRE	ATIVE PLA	MNING '	TAX, LLC		Firm's EIN ► 47 – :	10199	42	

Form **990-PF** (2019)

Phone no. 913-338-2727

**Use Only** 

Firm's address ▶ 5454 W 110TH STREET

OVERLAND PARK, KS 66211

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

CODD FAMILY FOUNDATION

Employer identification number

C	84-6866357	
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributo	• • • • • • • • • • • • • • • • • • • •
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount of the complete Parts I and II	, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educity to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from s exclusively for religious, charitable, etc., purposes, but no such contributions totaled in the total contributions that were received during the year for an exclusively religion properties any of the parts unless the <b>General Rule</b> applies to this organization because in the etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box us, charitable, etc ,
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)	
LHA For Paperwork Reduct	bon Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedul	e B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

CODD	FAMTI.V	FOINDATI	$\cap$ N

CODD	FAMILY FOUNDATION		-6866357
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RONALD AND SUSAN CODD  4705 ALPES WAY  RENO, NV 89511	- \$\frac{4,279,294.}{-	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   _ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Complete Part II for noncash contributions )

Name of organization

Employer identification number

## CODD FAMILY FOUNDATION

84-6866357

	FAMILY FOUNDATION	84-6866357				
art II	Noncash Property (see instructions) Use duplicate copies of Part I	Il if additional space is needed				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
_1	10,000 SHARES OF VEEVA SYSTEMS, INC. COMMON STOCK	_				
		s1,451,650.	12/05/19			
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
1	10,200 SHARES OF SERVICENOW COMMON STOCK	_				
			12/19/19			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		_				
		   \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		_				
		\$				
(a) No. from Part I	(b)  Description of noncash property given .	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		_				
I						

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) **Employer identification number** Name of organization 84-6866357 CODD FAMILY FOUNDATION Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) > \$\_ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S'	S STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
FIDELITY ACCOUNT #8100	157.	0.	157.	157.		
TO PART I, LINE 4	157.	0.	157.	157.		

FORM 990-PF CORPORATE STOCK		STATEMENT 2
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS	81,600.	3,524,000.
TOTAL TO FORM 990-PF, PART II, LINE 10B	81,600.	3,524,000.

FORM 990-PF	EXPLANATION	CONCERNING	PART	VII-A,	LINE	8B 	STATEMENT	
EXPLANATION								
NOT REQURIED.								
FORM 990-PF	LIST	OF SUBSTANT			UTORS		STATEMENT	4

NAME OF CONTRIBUTOR

RONALD E. AND SUSAN T. CODD

4705 ALPES WAY RENO, NV 89511

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 5

NAME OF MANAGER

RONALD E. CODD SUSAN T. CODD