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

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

Open to Public Inspection

_		endar year 2019 or tax year beginning		, 2019,	and ending			, 20
Na	me of	foundation				A	Employer identific	
_		<u>AND MRS KIRK SWINGLE FOUNDAT</u>						2901783
Νι	ımber	and street (or PO box number if mail is not delivered to	street address)		Room/suite	В	Telephone numbe	r (see instructions)
					.I			
		5 S RAINBOW BLVD STE 300					88	8-730-4933
Cı	ty or to	own, state or province, country, and ZIP or foreign posta	l code					lo
						C	If exemption applicate pending, check here.	
-		VEGAS, NV 89118				_		
G	Che	ck all that apply Initial return	Initial return o	of a former p	ublic charity	УΙр	1 Foreign organization	ons, check here >
		Final return	Amended ret	urn		-	2 Foreign organization	
_		Address change	Name change				85% test, check he computation	
H	_Che	ck type of organization: X Section 501(c)(3) exempt private fo	oundation	ŊŲ	F	If private foundation :	status was terminated
1	<u>s</u>	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		ion (~	under section 507(b)	
I	Fair	market value of all assets at JAccou	unting method: X Ca	ash 🛄 Acc	rual	F	If the foundation is in	a 60-month termination
	end	of year (from Part II, col. (c), line U Ot	ther (specify)			_	under section 507(b)	(1)(B), check here . >
	<u> 16)</u>	► \$ 2,490,056. (Part I, c	column (d), must be on ca	ish basis)				
:	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Natura		(-)	A dat = d = at	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inve incom	I	(C)	Adjusted net income	purposes
_		column (a) (see instructions))	books					(cash basis only)
_	1	Contributions, gifts, yearls, etc., received (attach schedule) .						1
	2	Check X if the foundation is not required to attach Sch B						·
	3	Interest on savings and temporary cash investments-						
	4	Dividends and interest from securities	62,042.	6	2,042.			STMT 1
	5a	Gross rents						
	ь	Net rental income or (loss)						
Ð	6a	Not gain or (loss) from sale of assets not on line 10	35,206.					<u> </u>
Revenue	b	Gross sales price for all 1, 089, 311.						
Š	7	Capital gain net income (from Part IV, line 2) .		3	5,206.			
Œ	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold .						
	С	Gross profit or (loss) (attach schedule)						1
	11	Other income (attach schedule)						
_	12	Total. Add lines 1 through 11	97,248.	9	7,248.			
	13	Compensation of officers, directors, trustees, etc	34,079.	2	5,560.			8,520.
ês	14	Other employee salaries and wages			NONE	_	NONE	
ens	15	Pension plans, employee benefits			NONE		NONE	
ğ	16a	Legal fees (attach schedule)						
Ш O	14 15 16a b c 17 18 19 20 21	Accounting fees (attach schedule) STMT. 2.	942.		NONE		NONE	942.
ξĭ	С	Other professional fees (attach schedule)				_		
trai	17	Interest						
iist	18	Taxes (attach schedule) (see instructions. 3.	2,918.		1,318.			
<u>=</u>	19	Depreciation (attach schedule) and depletion .						1
ğ	20	Occupancy						
þ	21	Travel, conferences, and meetings			NONE		NONE	
an	22	Printing and publications			NONE		NONE	
bu	23 24 25	Other expenses (attach schedule) STMT. 4.	10.					<u> </u>
ati	24	Total operating and administrative expenses.			}			
er		Add lines 13 through 23	37,949.	2	<u>6,878.</u>		NONE	9,472.
ŏ	25	Contributions, gifts, grants paid	112,152.					112,152.
_	26	Total expenses and disbursements Add lines 24 and 25	150,101.	2	6,878.		NONE	121,624.
	27	Subtract line 26 from line 12		1	•		·	
	1	Excess of revenue over expenses and disbursements	<u>-52,853.</u>					<u> </u>
	Ь	Net investment income (if negative, enter -0-)		7	0,370.			<u> </u>
	C	Adjusted net income (if negative, enter -0-).						,

JSA For Paperwork Reduction Act Notice, see instructions
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Form 990-PF (2019)

Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of ye	ear
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	76,268.	90,795	90,795
	Accounts receivable			,
	Less allowance for doubtful accounts ▶			
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)		-	<u>-</u>
	Less allowance for doubtful accounts ▶NONE			
2 8	Inventories for sale or use			
8 9 10a	Prepaid expenses and deferred charges			
10a	Investments - U S and state government obligations (attach schedule).			·
Ь	Investments - corporate stock (attach schedule)			
l l	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis			
1	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
		1,955,236.	1,889,621.	2,399,261
14	Land, buildings, and equipment basis			
1	Less accumulated depreciation (attach schedule)	•		
15	Other assets (describe >)			
	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	2,031,504.	1,980,416.	2,490,056
17	Accounts payable and accrued expenses			
18	Grants payable			
	Deferred revenue			
19 20 21 22	Loans from officers, directors, trustees, and other disqualified persons.			
21	Mortgages and other notes payable (attach schedule)			
ے 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)		NONE	
y .	Foundations that follow FASB ASC 958, check here			
<u>일</u>	and complete lines 24, 25, 29, and 30.			\
24	Net assets without donor restrictions			,
25	Net assets with donor restrictions			
24 25 26 27 28 29 30	Foundations that do not follow FASB ASC 958, check here			
킨	and complete lines 26 through 30			
5 26	Capital stock, trust principal, or current funds	2,031,504.	<u> </u>	
27	Paid-in or capital surplus, or land, bldg, and equipment fund			
28	Retained earnings, accumulated income, endowment, or other funds			
₹ 29	Total net assets or fund balances (see instructions)	2,031,504.	1,980,416.	
<u>5</u> 30	Total liabilities and net assets/fund balances (see			-
<u> </u>	instructions)	2,031,504.	1,980,416.	<u> </u>
Part III	Analysis of Changes in Net Assets or Fund Balar	nces		
1 Tota	ol net assets or fund balances at beginning of year - Part I	l, column (a), line 29 (m	ust agree with	
end-	of-year figure reported on prior year's return)			2,031,504.
	er amount from Part I, line 27a			-52,853.
3 Othe	er increases not included in line 2 (itemize) SEE STAT	EMENT 7	3	2,005.
4 Add	lines 1, 2, and 3		4	1,980,656.
5 Dec	reases not included in line 2 (itemize) MUTUAL FUND TIMING	ADJ	5	240.
6 Tota	Il net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 29 6	1,980,416.

	s and Losses for Tax on Inv		(b) How		
	scribe the kind(s) of property sold (for or prick warehouse, or common stock, 200		acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED	SECURITIES		<u>January</u>		
<u>b</u>					
<u>c</u>			ļ	-	
_ <u>d</u>			<u> </u>	 	
е	(f) Depreciation allowed	(g) Cost or other basis	 _	(h) Gain or (lo	
(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) mini	
a 1,089,311.		1,054,105.			35,206.
		 	} −		
		 			
e	 		 		
	howing gain in column (h) and owned	by the foundation on 12/31/69	(0)	Gains (Col (h) ga	un minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
a					35,206.
<u>b</u>	ļ				
<u>c</u>		 	 		
<u>d</u>		 	 		
2 Capital gain net income	or (net capital loss)	pain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		35,206.
	ain or (loss) as defined in sections Part I, line 8, column (c). See in	1222(5) and (6) [.] structions If (loss), enter -0- in)			
_			1 1		
Part I, line 8	private foundations subject to the	Juced Tax on Net Investment I e section 4940(a) tax on net invest		me.)	
Part I, line 8 Part V Qualification L For optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for	Under Section 4940(e) for Recommendations subject to the leave this part blank. the section 4942 tax on the distributions.	duced Tax on Net Investment is section 4940(a) tax on net investion the butable amount of any year in the bu	ncome ment inco]Yes ∑ No
Part I, line 8 Part V Qualification L For optional use by domestic f section 4940(d)(2) applies, Vas the foundation liable for "Yes," the foundation doesn	Jnder Section 4940(e) for Recommendations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e)	duced Tax on Net Investment is e section 4940(a) tax on net investigation and the section 4940(a) tax on net investigation and the section 4940(a) tax on net investigation and the section an	ncome ment inco	d?]Yes ∑ No
Part I, line 8 Part V Qualification L For optional use by domestic section 4940(d)(2) applies, Vas the foundation liable for "Yes," the foundation doesn 1 Enter the appropriate an (a) Base period years	Jnder Section 4940(e) for Recommendations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e)	duced Tax on Net Investment is section 4940(a) tax on net investion the butable amount of any year in the bu	ncome ment inco	d? tries. (d) Distribution ra	tio
Part I, line 8	Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Emount in each column for each year.	butable amount of any year in the boo not complete this part ar; see the instructions before making	ncome ment inco	d?	tio col (c))
Part I, line 8	Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Expound in each column for each year (b) Adjusted qualifying distributions 123,405. 104,908.	butable amount of any year in the boo not complete this part ar; see the instructions before making the value of noncharitable-use assets to be section 4940(a) tax on net investigation and the boot net complete this part ar; see the instructions before making the value of noncharitable-use assets to be section 4940(a) tax on net investigation and the boot network that the	ncome ment inco	d? tries. (d) Distribution ra	0.050415 0.042751
Part I, line 8	Jnder Section 4940(e) for Recommendations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Exposure to the leave this part blank. (b) Adjusted qualifying distributions 123,405. 104,908. 84,449.	butable amount of any year in the boo not complete this part ar; see the instructions before making the value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634.	ncome ment inco	d? tries. (d) Distribution ra	0.050415 0.042751 0.036835
Part I, line 8	Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank. the section 4942 tax on the distribit qualify under section 4940(e) Expression 4940(e) E	butable amount of any year in the boo not complete this part ar; see the instructions before making the value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634. 2,400,872.	ncome ment inco	d? tries. (d) Distribution ra	0.050415 0.042751 0.036835 0.040669
Part I, line 8	Jnder Section 4940(e) for Recommendations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Exposure to the leave this part blank. (b) Adjusted qualifying distributions 123,405. 104,908. 84,449.	butable amount of any year in the boo not complete this part ar; see the instructions before making the value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634.	ncome ment inco	d? tries. (d) Distribution ra	0.050415 0.042751 0.036835 0.040669
Part I, line 8	Jnder Section 4940(e) for Receptive private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Expression 4940(e) Exp	butable amount of any year in the boo not complete this part ar; see the instructions before making (c) Net value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634. 2,400,872. 2,587,204.	ncome ment inco	d? tries. (d) Distribution ra (col (b) divided by	0.050415 0.042751 0.036835 0.040669 0.075081
Part I, line 8	Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Exposure for each year (b) Adjusted qualifying distributions 123,405. 104,908. 84,449. 97,640. 194,251.	butable amount of any year in the boo not complete this part ar; see the instructions before making the value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634. 2,400,872. 2,587,204.	ncome ment inco ase perio	tries. (d) Distribution ra (col (b) divided by	0.050415 0.042751 0.036835 0.040669 0.075081 0.245751
Part I, line 8	Jnder Section 4940(e) for Receptive private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Expression 4940(e) Exp	butable amount of any year in the bo not complete this part ar; see the instructions before making the value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634. 2,400,872. 2,587,204. de the total on line 2 by 5.0, or by	ncome ment inco pase perio	tries. (d) Distribution ra (col (b) divided by	0.050415 0.042751 0.036835 0.040669 0.075081 0.245751 0.049150
Part I, line 8	Jnder Section 4940(e) for Receptive private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Expression 4940(e) Exp	butable amount of any year in the boo not complete this part ar; see the instructions before making (c) Net value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634. 2,400,872. 2,587,204. de the total on line 2 by 5.0, or by if less than 5 years	ncome ment inco pase perio ng any en	d? tries. (d) Distribution ra (col (b) divided by	0.050415 0.042751 0.036835 0.040669 0.075081 0.245751 0.049150
Part I, line 8	Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Exposure for the section 4940(e) Exposure for the section 4940(e) Exposure for the 5-year base period - divide foundation has been in existence concharitable-use assets for 2019 for the section 4940(e) for the section 4940(e) Exposure for the section 4940(e) Exposure for the section 4942 tax on the district for the section 4940(e) Exposure for the section 4942 tax on the district for the section 4940(e) Exposure for the section	butable amount of any year in the boo not complete this part ar; see the instructions before making (c) Net value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634. 2,400,872. 2,587,204. de the total on line 2 by 5.0, or by if less than 5 years	ncome ment inco ase perio ng any en	d? tries. (d) Distribution ra (col (b) divided by	0.050415 0.042751 0.036835 0.040669 0.075081 0.245751 0.049150 360,981. 116,042.
Part I, line 8	Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank. the section 4942 tax on the district qualify under section 4940(e) Exposure for the leave this part blank. (b) Adjusted qualifying distributions 123,405. 104,908. 84,449. 97,640. 194,251. (d) It is for the 5-year base period - divice foundation has been in existence on charitable-use assets for 2019 for the line of Part I, line 27b)	butable amount of any year in the bo not complete this part ar; see the instructions before making the value of noncharitable-use assets 2,447,800. 2,453,922. 2,292,634. 2,400,872. 2,587,204. de the total on line 2 by 5.0, or by if less than 5 years	ncome ment inco rase perio rase perio 2 3 4	tries. (d) Distribution ra (col (b) divided by	tio col (c)) 0.050415

Form 9	990-PF (2019) 94 - 2901783		F	Page 4
Part	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	uction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			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			704.
	here X 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)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	_	1	<u>NON</u> E
3	Add lines 1 and 2			704.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			704.
6	Credits/Payments			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1,584.			1
b	Exempt foreign organizations - tax withheld at source			i
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			,
d	Backup withholding erroneously withheld	_		_
7	Total credits and payments Add lines 6a through 6d		<u>1,5</u>	<u>584.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			880.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 704. Refunded ▶ 11]	<u> 176.</u>
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No
	participate or intervene in any political campaign?	1a_	├	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			\ v
	Instructions for the definition	1b	\vdash	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	10		X
	Did the foundation file Form 1120-POL for this year?		 	^
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\bigsec* \bigsec* \bigs			}
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed]]
-	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to 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 governing instrument, articles			ļ
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		χ̈́
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	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		X
	If "Yes," attach the statement required by General Instruction T			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ļ ,
	By language in the governing instrument, or	İ		j
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			<u> </u>
	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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	7		
	CA			
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 General Instruction G? If "No," attach explanation	8b_	<u> </u>	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		_	_ 1
	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	<u> </u>	<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			

Form **990-PF** (2019)

Part	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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		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 ► 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		▶	$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	_	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		ĺ	i
	the foreign country			<u> </u>
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)			ļ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?] ,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			,
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			;
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			١.
				1
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1b		X
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		_ <u>^ </u>
	Organizations relying on a current notice regarding disaster assistance, check here			
·	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? Yes X No			
	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			1
	all years listed, answer "No" and attach statement - see instructions }	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			
	>			;
За	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			į
	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		j	l I
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			1
	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> X</u>
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?	4 <u>b</u>		<u> X</u>

Part	VII-B Statements Regarding Activities	s for Which Form	4720 May Be Rec	uired (continued)				
5a	During the year, did the foundation pay or incur any	amount to				Yes	No	
	(1) Carry on propaganda, or otherwise attempt to in	fluence legislation (section	on 4945(e))?	. Yes X No	o [
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
	(4) Provide a grant to an organization other than	n a charitable, etc., or	ganization described	ın				
	section 4945(d)(4)(A)? See instructions			Yes X No	o			
	(5) Provide for any purpose other than religious						 	
	purposes, or for the prevention of cruelty to child	ren or animals?		. Yes X No	o			
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to	qualify under the e	exceptions described in	n <u>, </u>		. ــ ا	
	Regulations section 53 4945 or in a current notice re	egarding disaster assistar	nce? See instructions.		5b			
	Organizations relying on a current notice regarding of	lisaster assistance, check	here					
C	If the answer is "Yes" to question 5a(4), does	the foundation claim e	exemption from the	tax				
	because it maintained expenditure responsibility for	the grant?		. Yes No	o			
	If "Yes," attach the statement required by Regulation	s section 53 4945-5(d)						
6a	Did the foundation, during the year, receive any	funds, directly or indi-	rectly, to pay premiu	ms				
	on a personal benefit contract?	<i>,</i>		Yes X No	D			
b	Did the foundation, during the year, pay premiums, d	irectly or indirectly, on a	personal benefit contra	act ⁷	. 6b		X	
	If "Yes" to 6b, file Form 8870						[;	
7a	At any time during the tax year, was the foundation a				-		,	
b	If "Yes," did the foundation receive any proceeds or h	iave any net income attri	butable to the transact	ion ⁷	. 7b			
8	Is the foundation subject to the section 4960 tax on	payment(s) of more than	n \$1,000,000 in			1	!	
	remuneration or excess parachute payment(s) during						L,	
Part	Information About Officers, Direction and Contractors	ctors, Trustees, Fo	undation Manage	rs, Highly Paid Em	ployees,			
	List all officers, directors, trustees, and foundation	tion managers and t	hoir componention	See instructions				
1	List all officers, directors, trustees, and tourid		nen compensation.	occ manactions.				
1	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to	(e) Expens other all			
WELLS	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es	
WELLS	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans				
WELLS	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es	
WELLS	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es	
WELLS	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es	
WELLS	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es	
WELLS	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es	
WELLS 100 N	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	lowance	-0-	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those (b) Title, and average	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0-	other all	one,	-0-	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred	other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 1 (b) Title, and average hours per week devoted to position TRUSTEE (c) Trustee (b) Title, and average	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit	other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 es (other than those hours per week)	(c) Compensation (lf not paid, enter -0-) 34,079.	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one,	-0- enter	
WELLS 100 N 2 (a)	(a) Name and address FARGO BANK N.A. MAIN ST MAC D4001-117, WINSTON SALEM, NC 271 Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 01 1 (b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-) 34,079. se included on lin (c) Compensation NONE	(d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation NONE	ons). If no (e) Expens other all	one,	-0- enter	

	ve 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
ONE		<u>N</u> ON
		
	- h - f - th	270271
otal nu Part IX	mber of others receiving over \$50,000 for professional services	NON
	e foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of	
	rations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NON	E	
2		
3		
`		
4		
Part IX	-B Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NON		
2		
All oth	er program-related investments. See instructions	
	· -	
	H), 1	
3 <u>NON</u>	<u> </u>	

Par	see instructions.)	ign touna	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	· ·	1a	2,268,958.
	Average monthly fair market value of securities	1b	127,977.
b	Fair market value of all other assets (see instructions)	1c	NONE
٦ 0	Total (add lines 1a, b, and c)	1d	2,396,935.
a e	Reduction claimed for blockage or other factors reported on lines 1a and	14	4,390,933.
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	2,396,935.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	-	2,330,333.
4	instructions)	4	35,954.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,360,981.
6	Minimum investment return. Enter 5% of line 5	6	118,049.
	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		110,045.
ı aı	and certain foreign organizations, check here ▶ and do not complete this part)	iuations	
1	Minimum investment return from Part X, line 6	1	118,049.
	Tax on investment income for 2019 from Part VI, line 5 2a		
Z a b	Income tax for 2019. (This does not include the tax from Part VI.). 2b	1 1	
_	Add lines 2a and 2b	2c	704.
3 C	Distributable amount before adjustments. Subtract line 2c from line 1		117,345.
4	Recoveries of amounts treated as qualifying distributions	4	2,000.
5	Add lines 3 and 4	5	119,345.
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,	 	NOND
•	line 1	7	119,345.
			110,10.
Par	t 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	121,624.
b	Program-related investments - total from Part IX-B	1b	
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.		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	121,624.
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	704.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	120,920.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating v	whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2019)

Рa	rt XIII Undistributed Income (see instru	uctions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
•	· · · · · · · · · · · · · · · · · · ·				119,345.
_	line 7				119,343.
	Undistributed income, if any, as of the end of 2019			108,431.	
	Enter amount for 2018 only		NONE	100,431.	
	7 Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019				!
	From 2014 NONE				•
	From 2015 NONE				•
	From 2016				
C	From 2017 NONE				
e	From 2018 NONE				
f	Total of lines 3a through e	NONE			
4	Qualifying distributions for 2019 from Part XII, line 4 > \$ 121,624.				
а	Applied to 2018, but not more than line 2a			108,431.	
Ŀ	Applied to undistributed income of prior years				
Ī	(Election required - see instructions)		NONE		
	: Treated as distributions out of corpus (Election	,			
·	required - see instructions)	NONE			
d	Applied to 2019 distributable amount				13,193.
	Remaining amount distributed out of corpus	NONE			1
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a))	NONB			<u>NONE</u>
6	Enter the net total of each column as indicated below:	27027			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE 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)		NONE		
	tax has been previously assessed		NONE		
C	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				i
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be				106,152.
	distributed in 2020				100,152.
7	Amounts treated as distributions out of corpus				1
	to satisfy requirements imposed by section				,
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONE			0
	required - soo instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	NONE			,
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	NONE NONE			
10	Analysis of line 9				
	Excess from 2015 NONE	e — 40 — 1	1.1	'	·
	Excess from 2016 NONE			}	!
	Excess from 2017 NONE				i
	Excess from 2018 NONE			-	
	Excess from 2019 NONE				ŗ

E 000 PE /2010\			0.4	2001702	Page 10
Part XIV Private Ope	rating Foundations	(see instructions	and Part VII-A, ques	-2901783	NOT APPLICABL
1a If the foundation has r foundation, and the ruling	eceived a ruling or d	etermination letter th	at it is a private ope	erating	NOT AFFIICABL
b Check box to indicate w	hether the foundation	is a private operating	foundation described	in section 4942	1(3) or 4942(j)(5)
2a Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2018	(e) Total
I or the minimum investment return from Part X for 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					
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
a "Assets" alternative test - enter {1} Value of all assets {2} Value of assets qualifying under section			-		
4942(j)(3)(B)(i) b "Endowment" alternative testenter 2/3 of minimum invest-				 	
ment return shown in Part X, line 6 for each year listed				<u> </u>	ļ
C "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
(3) Largest amount of sup-					
port from an exempt					
(4) Gross investment income.	(
	tary Information (Carring the year - see		t only if the found	lation had \$5,000 c	or more in assets at
Information Regarding List any managers of the before the close of any	he foundation who h	nave contributed mo			
NONE b List any managers of	the foundation who	own 10% or more	of the stack of a co-	noration for an agricult	v large portion of the
ownership of a partners NONE					y large portion of the
2 Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsl	nip, etc., Programs:		
Check here ► X if the unsolicited requests for complete items 2a, b, c	ne foundation only i or funds If the founda	makes contributions ation makes gifts, gi	to preselected cha	ritable organizations uals or organizations u	and does not accept nder other conditions,
a The name, address, and	l telephone number o	r email address of th	e person to whom app	olications should be ad	dressed.

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual	Foundation		, A
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
SENTS OF THE UNIVERSITY OF CALIFORNIA				
1 FRANKLIN ST Oakland CA 94607	NONE	PC	GENERAL OPERATING	30,000
RRICAN NATIONAL RED CROSS HOME FIRE CAMPAI	l .			
3 MARKET ST San Francisco CA 94103	NONE	PC	GENERAL OPERATING	26,500
CHTHOUSE FOR THE BLIND AND VISUALLY IM))			
VISUALLY IMPAIRED SAN FRANCISCO CA 9410	NONE	PC	GENERAL OPERATING	25,000
MUNITY MATTERS	NONE	D 0	CEMEDAL ODERATIVO	C 500
). BOX 14816 SANTA ROSA CA 95402	NONE	PC	GENERAL OPERATING	6,500
RATHE CALIFORNIA SACRAMENTO 2 12TH ST Sacramento CA 95814	NONE	PC	GENERAL OPERATING	22,152
	NONE	JFC .	GENERAL OFERALING	22,132
MP KESEM NATIONAL 586 WEST PICO BOULEVARD #196 LOS ANGELES	C NONE	PC	GENERAL OPERATING	2,000
				, 2,000
		1		
Total	<u></u>		▶ 3a	112,152
b Approved for future payment				
		į		
				•
		į		
				•

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by	y 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			<u> </u>			
b	 					
c			<u> </u>			
d			<u></u>			
e			1			
f	L					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments.	L					
4 Dividends and interest from securities			14	62,042.		
5 Net rental income or (loss) from real estate		1 1 10 1 1	1			
a Debt-financed property				, , , , , , , , , , , , , , , , , , ,		
b Not debt-financed property			<u> </u>			
6 Net rental income or (loss) from personal property	L				<u> </u>	
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	35,206.		
9 Net income or (loss) from special events · · ·						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a	<u></u>					
b						
c	Ĺ				<u>.</u>	
d			<u> </u>			
e						
12 Subtotal Add columns (b), (d), and (e)			<u> </u>	97,248.		
Part XVI-B Relationship of Activities Line No. Explain below how each activit	y for which	h income is reported i	n column (e	e) of Part XVI-A contribu		
▼ accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g funds for such purposes	s) (See instructions)	
		NOT APPLICABL	E			
		<u> </u>				
		-			Form 990-PF (2019)	

21

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Part XVII

		Organizations			_					
1 D	ıd the	organization directl	y or indirectly	engage in any of the	e following	with an	y other organization describe	d	Yes	No
in	sect	ion 501(c) (other	than section	501(c)(3) organiza	tions) or	in sectio	on 527, relating to politic	al		
		ations?			.,		3 11 7			
	_		r foundation to	a noncharitable exer	nnt organiz	ration of				
								10(1)	1	_ X
	•									$\frac{\Lambda}{X}$
-	-						• • • • • • • • • • • • • • • • • • • •	· · 1a(2)		
	-	ransactions								٠,,
							• • • • • • • • • • • • • • • • • • • •		$\overline{}$	X
										<u>X</u>
(3	3) Ren	tal of facilities, equip	oment, or other	assets				. <u>1b(3)</u>		_X_
(4	4) Reir	mbursement arrange	ements					1b(4)		_ X _
(5	5) Loa	ns or loan guarantee	s					1 <u>b(5)</u>	L	_ X _
(6	i) Perl	formance of services	or membershi	ip or fundraising solic	atations			. 1b(6)		X
				•						X
	_						Column (b) should always sh		fair n	
							If the foundation received le			
		•					of the goods, other assets, o			
(a) Line		(b) Amount involved		noncharitable exempt organ			cription of transfers, transactions, and			
(a) Line	110	(b) Amount moored	(c) Name of	monenantable exempt organ	ilization	(u) Desc	cription of transfers, transactions, and	silaring arra	ingerne	
	-+									
	-+									
				<u> </u>						
	$\neg \vdash$									
										
	-+									
			 -							
	— ├									
			•		· ·		e tax-exempt organizations	_		
				ction 501(c)(3)) or in	section 52	77		[Y	es 🔼	∐ No
b If	"Yes,	complete the follov	ving schedule.							
		(a) Name of organization	<u> </u>	(b) Type of or	ganization		(c) Description of rela	ionship		
						$\neg \neg$				
	Under	penalties of perjury, a decla	re that I have exam	ined this return, including ac	companying sch	edules and	statements, and to the best of my know	ledge and l	pelief, it	is true,
	co/151	and complete pecta and of	Depas WP than	taxpayer) is based on all inform	ation of which p	reparer has a	ny knowledge			
Sign				05/02/20		TRUST	May the	IRS discus		
Here		Vells Fargo Ban	k, N.A					preparer		
	Sign	ature of officer or trustee		Date		Title	See instru	ctions X	Yes	N∘
	<u> </u>							D.T		
Paid		Print/Type preparer's na		Preparer's signature	IA.		Date Check X			
		JOSEPH J. CA		1 AC	164	===	05/02/2020 self-employed)3
Prepa				OUSECOOPERS LL	P		Firm's EIN ▶ 1	<u>3-4008</u>	324	
Use C	Only	Firm's address ▶ 60	O GRANT ST	TREET				 _		
	-		TTSBURGH,	PΑ	152	19	Phone no 412	<u>-355-6</u>	000	
						•		Form 99		(2019)

STATEMENT

94-2901783

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

NET INVESTMENT INCOME	4,040. 8,501. 15,524. 2,481. 15,766. 14,694. 1,035. 62,042.
REVENUE AND EXPENSES PER EOOKS	4,040. 8,501. 15,524. 2,481. 15,766. 14,694. 1,035.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS OTHER INTEREST US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS

STATEMENT

FEES	H 11 II II II II
VTING	
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I - I	
PART	
990PF,	
FORM	H H H U H

CHARITABLE PURPOSES		942.
ADJUSTED NET INCOME	•	NONE
NET INVESTMENT INCOME		NONE
REVENUE AND EXPENSES PER BOOKS	942.	942.
	(NON-ALLOC	TOTALS
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	

FORM 990PF, PART I - TAXES

STATEMENT

10:15:26
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H940

	NET	INVESTMENT	INCOME	1	186.			427.	705.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,318.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1	186.	16.	1,584.	427.	705.		2,918.	
			DESCRIPTION		FOREIGN TAXES	FEDERAL TAX PAYMENT - PRIOR YE	FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON QUALIFIED FOR	FOREIGN TAXES ON NONQUALIFIED		TOTALS	

r0 II	REVENUE AND EXPENSES PER BOOKS	10.	10.
FORM 990PF, PART I - OTHER EXPENSES	DESCRIPTION	FILING FEE/STATE TAX	TOTALS

10.

CHARITABLE PURPOSES

MR AND MRS KIRK SWINGLE FOUNDATION

90PF, PART II - OTHER INVESTMENTS ====================================	/TSO2			
	FMV C OR F	BEGINNING BCOK VALUE	ENDING BOOK VALUE	ENDING FMV
H	บบ	123,112. 51,148.	88,658.	93,528.
MATERIALS SPDR ENERGY SELECT S	ບບ	1,53 6,57		
INVESCO OPTIMUM YIEL	טנ	7,18		
⊢	יס ני	40,63	64,55	69,73
VANGUARD EUROPE PACI	U	6,62	5,84	7,03
~	บ	3,24	2,01	20,82
FINANCIAL SELEC	ט נ	2,49	49,866.	93,079.
INDOSTRIAL SPUR TORAL ALTERNATI	.) t	1,06 8,43	α,4⊥	l,∪4
ROWE PR REAL ESTAT	יט	2,61	0,65	9,97
DJ WILSHIRE INT	ບ	5,41	4,19	2,57
CONSUMER STAPLES SEC	ט	5,66	17	35
RES CORE MSCI EM	_ت	6,48	1,00	3,10
NSSELL 200	_ت	0,39	9,57	03,87
ISHARES S&P MIDCAP 4	U	20,66	9,56	0,31
NEW MRKTS	ن ن	3,65		
CPMORGAIN HIGH YIELD H DOWE DOICE INCH EI	ى ر	т, У		
EALTH CARE 9	ט כ	2, 4	2.67	2.87
GLOB	יט	9,39	71,277.	70,050
VANGUARD BD INDEX FD	ט	9,76	3,63	4,34
ERGER BERMAN	บ	1,28		
"CA, YOL, 8N, 3E, S4	O	10.	10.	1.
SERV SELE	Ö	42,501.		
CK GL L/S	ت ت	1,1		
&P MIDCA	ပ	3,83	33,502.	88,815.

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STATEMENT

MR AND MRS KIRK SWINGLE FOUNDATION

ENDING BOOK VALUE	23,219. 29,080. 68,823. 38,259. 380,027. 261,813. 45,283.
BEGINNING BOOK VALUE	37,744.
COST/ FMV C OR F	; บบบบบบบ
FORM 990PF, PART II - OTHER INVESTMENTS ====================================	81369Y407 AMEX CONSUMER DISCR 922042858 VANGUARD EMERGING MA 74256W626 PRINCIPAL HIGH YIELD 922908629 VANGUARD MIDCAP VIPE 464287226 ISHARES BARCLAYS AGG 464287150 ISHARES TRS & P 1500 31641Q755 FIDELITY NEW MRKTS I

71,239. 50,251. 69,696. 40,625. 384,081. 290,033. 46,898.

ENDING FMV

2,399,261.

1,955,236.

TOTALS

1,889,621.

Q

STATEMENT

FORM 990PF,	PART III -	OTHER	INCREASES	IN NET	WORTH (OR FUND BALANCES
========	=========	======	=======	======	======	=======================================

DESCRIPTION AMOUNT

COST BASIS ADJUSTMENT
GRANT RECOVERY

TOTAL

AMOUNT

5.
2,000.

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