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Form 990-PF

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 07-01-2019, and ending 06-30-2020

Name of foundation
CODY MEDICAL FOUNDATION

A Employer identification number
83-6006491

Number and street (or P.O. box number if mail is not delivered to street address)
1432 SHERIDAN AVE

Room/suite

B Telephone number (see instructions)
(307) 587-9030

City or town, state or province, country, and ZIP or foreign postal code
CODY, WY 82414

C If exemption application is pending, check here

G Check all that apply:

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here.....
2. Foreign organizations meeting the 85% test, check here and attach computation ...

H Check type of organization:

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,594,363

J Accounting method:

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc., received (attach schedule)
2 Check if the foundation is not required to attach Sch. B
3 Interest on savings and temporary cash investments
4 Dividends and interest from securities
5a Gross rents
b Net rental income or (loss)
6a Net gain or (loss) from sale of assets not on line 10
b Gross sales price for all assets on line 6a
7 Capital gain net income (from Part IV, line 2)
8 Net short-term capital gain
9 Income modifications
10a Gross sales less returns and allowances
b Less: Cost of goods sold
c Gross profit or (loss) (attach schedule)
11 Other income (attach schedule)
12 Total. Add lines 1 through 11

62,730
114
33,389
74,065
1,146,049
1,044
1,662
171,960

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc.
14 Other employee salaries and wages
15 Pension plans, employee benefits
16a Legal fees (attach schedule)
b Accounting fees (attach schedule)
c Other professional fees (attach schedule)
17 Interest
18 Taxes (attach schedule) (see instructions)
19 Depreciation (attach schedule) and depletion
20 Occupancy
21 Travel, conferences, and meetings
22 Printing and publications
23 Other expenses (attach schedule)
24 Total operating and administrative expenses. Add lines 13 through 23
25 Contributions, gifts, grants paid
26 Total expenses and disbursements. Add lines 24 and 25

45,000
12,562
1,991
10,033
42
720
21,028
91,376
63,000
154,376

27 Subtract line 26 from line 12:
a Excess of revenue over expenses and disbursements
b Net investment income (if negative, enter -0-)
c Adjusted net income (if negative, enter -0-)

17,584
18,579
4,249

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	32,615	11,510	11,510
	2 Savings and temporary cash investments	145,255	106,704	106,704
	3 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) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,114,915	1,244,754	1,432,542
	c Investments—corporate bonds (attach schedule)	95,324	42,745	43,607
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ <u>3,309</u> Less: accumulated depreciation (attach schedule) ▶ <u>3,309</u>			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,388,109	1,405,713	1,594,363	
Liabilities	17 Accounts payable and accrued expenses	1,049	1,069	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,049	1,069	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	1,387,060	1,404,644	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	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)	1,387,060	1,404,644	
30 Total liabilities and net assets/fund balances (see instructions) .	1,388,109	1,405,713		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,387,060
2 Enter amount from Part I, line 27a	2	17,584
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	1,404,644
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	1,404,644

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,044
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018			
2017			
2016			
2015			
2014			

2 Total of line 1, column (d)	2	
3 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	
8 Enter qualifying distributions from Part XII, line 4	8	

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. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	372
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-)	2	
3	Add lines 1 and 2.	3	372
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	372
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	372
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> WY		
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? <i>If "No," attach explanation.</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>MARTY COE</u> Telephone no. ▶ <u>(307) 587-9030</u>			


Located at ▶ 721 SHERIDAN AVENUE CODY WYZIP+4 ▶ 82414

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16	Yes No


Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b	
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	
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 (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	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. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 Schedule C, Form 4720, to determine if the 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	No
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?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	No
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(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 deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000. 				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 PERSONAL PROTECTIVE EQUIPMENT DONATED TO WEST PARK HOSPITAL	25,000
2 MAGNETIC STIMULATOR	10,000
3 PARK COUNTY LIBRARY - PLANT A TREE	10,000
4 SPECIAL OLYMPICS	5,000

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	1,318,525
b	Average of monthly cash balances.	1b	215,973
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,534,498
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,534,498
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	23,017
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,511,481
6	Minimum investment return. Enter 5% of line 5.	6	75,574

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	75,574
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	372
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	372
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	75,202
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	75,202
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	75,202

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	99,326
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	99,326
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	99,326

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				75,202
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	10,847			
b From 2015.	8,488			
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	19,335			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____ 99,326				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				75,202
e Remaining amount distributed out of corpus	24,124			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	43,459			
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	10,847			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	32,612			
10 Analysis of line 9:				
a Excess from 2015.	8,488			
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.	24,124			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2019	(b) 2018	(c) 2017	(d) 2016	

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				
---	---	--	--	--	--

e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
---	---	--	--	--	--	--

3	Complete 3a, b, or c for the alternative test relied upon:					

[illegible]

(1) Value of all assets					
-----------------------------------	--	--	--	--	--

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
---	--	--	--	--	--

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
---	--	--	--	--	--

c "Support" alternative test—enter:					
-------------------------------------	--	--	--	--	--

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
---	--	--	--	--	--

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii).					
---	--	--	--	--	--

(3) Largest amount of support from an exempt organization				
---	--	--	--	--

(4) Gross investment income					
-----------------------------	--	--	--	--	--

Part XV **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

MARTY COE-EXECUTIVE DIRECTOR
721 SHERIDAN AVENUE
CODY, WY 82414
(307) 587-9030

b The form in which applications should be submitted and information and materials they should include:
NO FORMAL APPLICATION- LETTER ADDRESSED TO FOUNDATION BOARD

c Any submission deadlines:
NONE

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

PARK COUNTY WYOMING-RELATED TO THE MEDICAL FIELD

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	63,000
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	114	
4 Dividends and interest from securities.			14	33,389	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			15	1,385	
8 Gain or (loss) from sales of assets other than inventory					74,065
9 Net income or (loss) from special events:			1		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER REVENUE _____					277
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).				34,888	74,342
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		109,230

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | | | | |
|---|--|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | | No |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- | b If "Yes," complete the following schedule. | | |
|--|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| | | |
| | | |
| | | |
| | | |

1	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
---	--

<p>Sign Here</p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2021-02-23</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr.) ☐ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KEVEN L BUSS		2021-03-02		P00158767
	Firm's name ▶ SBW & ASSOCIATES PC				Firm's EIN ▶ 45-3540192
	Firm's address ▶ PO BOX 637 CODY, WY 824140637				Phone no. (307) 527-6161

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
HENRY HR COE	TRUSTEE 0.50	0	0	0
PO BOX 1088 CODY, WY 82414				
EDWARD WEBSTER	VICE PRESIDE 0.50	0	0	0
1226 11TH STREET CODY, WY 82414				
ANNE HAYES	TRUSTEE 0.50	0	0	0
620 17TH STREET CODY, WY 82414				
MATTHEW HALL	TRUSTEE 0.50	0	0	0
1332 BLEISTEIN CODY, WY 82414				
HENRY HR COE III	PRESIDENT 1.00	0	0	0
1050 PARK AVE CODY, WY 82414				
DR KATHLEEN DIVENCENZO	TRUSTEE 0.50	0	0	0
4201 PAT OHARA MOUNTAIN DR CODY, WY 82414				
STEVE SIMONTON	TRUSTEE 0.50	0	0	0
1222 11TH CODY, WY 82414				
JOE TILDEN	TRUSTEE 0.50	0	0	0
PO BOX 1658 CODY, WY 82414				
MARTY COE	EXECUTIVE SE 15.00	45,000	0	0
155 BELFRY HWY CODY, WY 82414				
KEVEN BUSS	TRUSTEE 0.50	0	0	0
PO BOX 637 CODY, WY 82414				
FRED BRONNENBERG	TRUSTEE 0.50	0	0	0
32 ROAD 3CXS CODY, WY 82414				
PETER KUYPER	TRUSTEE 0.50	0	0	0
PO BOX 430 CODY, WY 82414				
PEGGY ROHRBACH	TRUSTEE 0.50	0	0	0
333 SKYLINE DR CODY, WY 82414				
ROB COE	TRUSTEE 0.50	0	0	0
183 N FORK HWY CODY, WY 82414				
ANGIE JOHNSON	TRUSTEE 0.50	0	0	0
PO BOX 38 MEETEETSE, WY 82433				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PARK COUNTY LIBRARY 1500 HEART MOUNTAIN ST CODY, WY 82414	NO RELATIONSHIP		PLANT A TREE	10,000
GLEN CLINTON CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
KEVIN PAGE CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
Total ▶ 3a				63,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BETHANY ANNE SHOTTSCODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
SPECIAL OLYMPICSCODY CODY, WY 82414	NO RELATIONSHIP		COACHES SALARIES	5,000
AMANDA CAPPSCODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
Total ▶ 3a				63,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
KRISTANZA BRONNENBERGCODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
TAYLOR LEWISCODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
JUSTIN MARCHANTCODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
Total ► 3a				63,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CHELSEA MAGEECODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
ANDREW SMITH BLAYLOCKCODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	1,000
CHARLES BRADEN POLEYCODY CODY, WY 82414	NO RELATIONSHIP		SCHOLARSHIP	3,000
Total ▶ 3a				63,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CODY REGIONAL HEALTH 707 SHERIDAN AVE CODY, WY 82414	NO RELATIONSHIP		BARN DANCE SPONSORSHIP	1,000
CODY REGIONAL HEALTH FOUNDATION CODY CODY, WY 82414	NO RELATIONSHIP		MAGNETIC STIMULATOR	10,000
CODY REGIONAL HEALTH 707 SHERIDAN AVE CODY, WY 82414	NO RELATIONSHIP		PERSONAL PROTECTIVE EQUIPMENT	25,000
Total ▶ 3a				63,000

TY 2019 Accounting Fees Schedule**Name:** CODY MEDICAL FOUNDATION**EIN:** 83-6006491

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,991	1,991	1,991	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: CODY MEDICAL FOUNDATION

EIN: 83-6006491

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2007-01-09	2,280	2,280	S/L	3.0000				
COMPUTER - YCS	2012-01-19	1,029	1,029	S/L	5.0000				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: CODY MEDICAL FOUNDATION

EIN: 83-6006491

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ANNALY CAPIT 7.625%	2018-12	PURCHASE	2019-07		22,175	22,256			-81	
KEMPER CORP	2019-05	PURCHASE	2019-08		7,795	8,878			-1,083	
EDWARDS LIFESCIENCES	2019-03	PURCHASE	2019-08		17,458	14,247			3,211	
UNITED STATES OIL EFT	2019-06	PURCHASE	2019-08		15,921	15,441			480	
LPL FINL HLDGS	2019-03	PURCHASE	2019-08		14,195	15,109			-914	
STERLING BANCORP	2019-06	PURCHASE	2019-08		10,345	11,266			-921	
BROADCOM INC	2019-03	PURCHASE	2019-08		5,303	5,700			-397	
UNION PACIFIC CORP	2017-04	PURCHASE	2019-08		15,215	9,631			5,584	
CISCO SYSTEMS INC	2014-09	PURCHASE	2019-08		13,265	7,139			6,126	
HEICO CORP : HEI	2019-08	PURCHASE	2019-09		14,107	15,906			-1,799	
CABOT OIL & GAS CORP : COG	2019-06	PURCHASE	2019-09		10,883	15,224			-4,341	
CABOT OIL & GAS CORP : COG	2019-07	PURCHASE	2019-09		7,669	8,094			-425	
ISHARES RUSSELL 3000	2019-02	PURCHASE	2019-10		17,203	16,498			705	
SCHWAB US SMALL CAP	2019-04	PURCHASE	2019-10		11,230	11,803			-573	
SCHWAB US SMALL CAP	2019-04	PURCHASE	2019-10		19,583	20,845			-1,262	
SPDR S&P SEMICONDUCTOR	2019-06	PURCHASE	2019-10		16,507	15,015			1,492	
ISHARES 20 PLS YEAR	2019-09	PURCHASE	2019-10		15,637	15,800			-163	
CAPITAL ONE FI	2019-02	PURCHASE	2019-10		16,007	15,082			925	
CAPITAL ONE FI	2018-08	PURCHASE	2019-10		10,212	9,952			260	
ARBOR REALTY TR	2019-01	PURCHASE	2019-11		12,309	9,095			3,214	
WELLS FARGO &	2018-12	PURCHASE	2019-11		25,493	22,430			3,063	
APOLLO COML REAL EST	2019-01	PURCHASE	2019-11		9,095	9,019			76	
KINDER MORGAN INC	2019-06	PURCHASE	2019-12		7,105	7,672			-567	
GREEN ORGANIC DUTCHMAN	2019-08	PURCHASE	2019-12		996	4,147			-3,151	
GREEN ORGANIC DUTCHMAN	2019-09	PURCHASE	2019-12		527	2,012			-1,485	
GREEN ORGANIC DUTCHMAN	2019-10	PURCHASE	2019-12		1,523	1,904			-381	
ALPS ALERIAN MLP	2019-02	PURCHASE	2019-12		10,958	13,617			-2,659	
AMPLIFY SEYMOUR CANNABIS	2019-08	PURCHASE	2019-12		4,732	8,688			-3,956	
ESSENT GROUP LTD	2019-05	PURCHASE	2020-01		15,171	14,324			847	
ETFMG PRIME CYBER SECURITY	2019-03	PURCHASE	2020-01		4,322	4,026			296	

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ETFMG PRIME CYBER SECURITY	2019-03	PURCHASE	2020-01		8,644	8,052			592	
INNOVATIVE INDUSTRIAL	2019-06	PURCHASE	2020-01		5,088	5,539			-451	
SOUTHERN CO	2019-03	PURCHASE	2020-01		7,132	5,813			1,319	
BOEING CO	2019-11	PURCHASE	2020-01		16,475	20,069			-3,594	
CISCO SYSTEMS INC	2014-03	PURCHASE	2020-01		25,000	27,705			-2,705	
CAMTEK	2019-10	PURCHASE	2020-02		8,792	7,906			886	
AMEDISYS INC	2019-10	PURCHASE	2020-02		23,016	15,473			7,543	
PAYLOCITY HLDG CORP	2019-06	PURCHASE	2020-02		22,607	15,034			7,573	
VEEVA SYSTEMS INC	2019-03	PURCHASE	2020-02		21,000	18,345			2,655	
ISHARES 20 PLS YEAR	2020-02	PURCHASE	2020-03		26,610	23,878			2,732	
ISHARES NATIONAL MUNI BOND	2020-02	PURCHASE	2020-03		13,863	15,957			-2,094	
US OIL FD LP ETF	2019-11	PURCHASE	2020-04		14	71			-57	
CARVANA CO	2020-04	PURCHASE	2020-05		11,013	6,954			4,059	
PENN NTNL GAMING	2020-04	PURCHASE	2020-05		13,482	7,509			5,973	
COMCAST CORP	2019-03	PURCHASE	2020-05		5,283	5,753			-470	
ALASKA AIR GROUP INC	2020-05	PURCHASE	2020-06		12,085	7,256			4,829	
LULULEMON ATHLETICA	2019-10	PURCHASE	2020-06		24,887	15,778			9,109	
UNITED STATE OIL FUND	2019-11	PURCHASE	2020-06		4,761	16,098			-11,337	
KEMPER CORP	2019-05	PURCHASE	2019-08		11,695	13,326			-1,631	
EDWARDS LIFESCIENCES	2019-03	PURCHASE	2019-08		17,458	14,247			3,211	
UNITED STATES OIL	2019-06	PURCHASE	2019-08		13,865	13,449			416	
LPL FINL HLDGS	2019-03	PURCHASE	2019-08		7,097	7,555			-458	
LPL FINL HLDGS	2019-03	PURCHASE	2019-08		7,097	7,555			-458	
STERLING BANCORP	2019-06	PURCHASE	2019-08		9,014	9,817			-803	
BROADCOM INC	2019-03	PURCHASE	2019-08		4,744	5,101			-357	
CHEVRON CORP	2000-01	PURCHASE	2019-08		9,803	3,014			6,789	
UNION PACIFIC CORP	2017-04	PURCHASE	2019-08		13,524	8,561			4,963	
CISCO SYSTEMS INC	2014-09	PURCHASE	2019-08		11,369	6,128			5,241	
HEICO CORP : HEI	2019-08	PURCHASE	2019-09		12,343	13,918			-1,575	
CABOT OIL & GAS CORP : COG	2019-06	PURCHASE	2019-09		9,476	13,258			-3,782	

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CABOT OIL & GAS CORP : COG	2019-07	PURCHASE	2019-09		6,719	7,092			-373	
ISHARES RUSSELL 3000	2019-02	PURCHASE	2019-10		17,203	16,497			706	
SCHWAB US SMALL CAP	2019-04	PURCHASE	2019-10		9,792	10,291			-499	
SCHWAB US SMALL CAP	2019-04	PURCHASE	2019-10		14,174	15,088			-914	
SPDR S&P SEMICONDUCTOR	2019-06	PURCHASE	2019-10		14,432	13,129			1,303	
ISHARES 20 PLS YEAR	2019-09	PURCHASE	2019-10		13,700	13,842			-142	
CAPITAL ONE FI 5.2%	2019-02	PURCHASE	2019-10		14,041	13,230			811	
ARBOR REALTY TR	2019-01	PURCHASE	2019-11		140	101			39	
WELLS FARGO &	2018-12	PURCHASE	2019-11		22,439	19,743			2,696	
APOLLO COML REAL EST	2019-01	PURCHASE	2019-11		7,947	7,881			66	
ARBOR REALTY TR	2018-01	PURCHASE	2019-11		15,542	8,594			6,948	
KINDER MORGAN INC	2019-06	PURCHASE	2019-12		6,195	6,690			-495	
GREEN ORGANIC DUTCHMAN	2019-08	PURCHASE	2019-12		879	3,659			-2,780	
GREEN ORGANIC DUTCHMAN	2019-09	PURCHASE	2019-12		469	1,789			-1,320	
GREEN ORGANIC DUTCHMAN	2019-10	PURCHASE	2019-12		1,347	1,684			-337	
ALPS ALERIAN MLP	2019-02	PURCHASE	2019-12		9,617	11,951			-2,334	
AMPLIFY SEYMOUR CANNABIS	2019-08	PURCHASE	2019-12		4,056	7,448			-3,392	
ESSENT GROUP LTD	2019-05	PURCHASE	2020-01		15,171	14,323			848	
ETFMG PRIME CYBER SECURITY	2019-03	PURCHASE	2020-01		12,966	12,077			889	
INNOVATIVE INDUSTRIAL	2019-06	PURCHASE	2020-01		4,462	4,858			-396	
SOUTHERN CO	2019-03	PURCHASE	2020-01		6,248	5,093			1,155	
BOEING CO	2019-11	PURCHASE	2020-01		14,339	17,468			-3,129	
BOSTON BEER CO INC	2018-01	PURCHASE	2020-01		18,604	9,365			9,239	
CISCO SYSTEMS INC	2014-03	PURCHASE	2020-01		25,000	27,705			-2,705	
CAMTEK	2019-10	PURCHASE	2020-02		7,670	6,898			772	
AMEDISYS INC	2019-10	PURCHASE	2020-02		20,014	13,455			6,559	
PAYLOCITY HLDG CORP	2019-06	PURCHASE	2020-02		19,664	13,078			6,586	
VEEVA SYSTEMS INC	2019-03	PURCHASE	2020-02		14,000	12,231			1,769	
ISHARES 20 PLS YEAR	2020-02	PURCHASE	2020-03		23,040	20,675			2,365	
ISHARES NATIONAL MUNI BOND	2020-02	PURCHASE	2020-03		11,954	13,760			-1,806	

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CARVANA CO	2020-04	PURCHASE	2020-05		9,859	6,225			3,634	
PENN NTNL GAMING	2020-04	PURCHASE	2020-05		12,039	6,705			5,334	
COMCAST CORP	2019-03	PURCHASE	2020-05		4,627	5,040			-413	
ALASKA AIR GROUP INC	2020-05	PURCHASE	2020-06		10,598	6,363			4,235	
LULULEMON ATHLETICA	2019-10	PURCHASE	2020-06		21,655	13,729			7,926	
UNITED STATE OIL FUND	2019-11	PURCHASE	2020-06		4,225	14,288			-10,063	

TY 2019 Investments Corporate Bonds Schedule

Name: CODY MEDICAL FOUNDATION

EIN: 83-6006491

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CISCO SYSTEMS INC		
ORACLE CORP	42,745	43,607

TY 2019 Investments Corporate Stock Schedule

Name: CODY MEDICAL FOUNDATION
EIN: 83-6006491

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABIOMED	29,422	39,857
ALPS ALERIAN MLP ETF		
AMAZON	24,605	41,382
AMERICAN ELECTRIC POWER	13,821	17,521
ANNALY CAPITAL		
APOLLO COML REAL EST		
APPLE INC	13,731	40,128
ARBOR REALTY 7.75% PFD	29,291	29,494
ARBOR REALTY TR		
BOSTON BEER CO INC		
BROADCOM		
CABOT OIL & GAS		
CAPITAL ONE FINANCIAL CORP - COF		
CARA THERAPEUTICS	35,102	35,745
CATERPILLAR	12,626	12,524
CEDAR REALTY	41,836	39,732
CHEVRON TEXACO CORP		
CISCO SYSTEMS NC - CSCO		
CME GROUP	28,123	26,494
COMCAST CORP		
CONSTELLATION BRAND	28,667	24,493
COSTCO WHOLESALE	2,622	27,289
EDWARDS LIFESCIENCES	46,790	69,248
ESSENT GROUP LTD		
ESSENTIAL PROPERTIES REA	44,202	34,815
ETFMG PRIME CYBER		
FLIR SYSTEMS	25,395	26,614
FREEPORT MCMORAN INC	12,888	17,853
GILEAD SCIENCES	13,359	12,541
HOME DEPOT	12,392	15,281

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INNOVATIVE INDUSTRIAL		
ISHARES DOW JONES US HEALTHCARE - IH	8,667	21,231
ISHARES RUSSELL 3000		
ISHARES SILVER TRUST	18,164	19,562
ISHARES US PREFERRED	86,564	79,014
JPMORGAN CHASE & CO COM	6,789	14,109
KEMPER CORP		
KINDER MORGAN INC		
KIRKLAND LAKE GOLD	47,839	45,694
LAMAR ADVERTISING	29,723	23,700
LPL FINANCIAL HOLDINGS		
MCDONALDS	41,231	39,477
MICROSOFT CORP	24,721	60,035
NETFLIX	14,093	15,471
NORTHROP GRUMMAN CORP COM	4,248	21,521
NUSTAR ENERG 7.625% PFD	20,959	16,976
OKTA	22,116	23,627
PATRIOT ONE TECH	28,902	13,895
PAYLOCITY INC	14,113	20,716
QUALCOMM	28,564	30,555
REALPAGE	14,697	14,627
SCHWAB US SMALL CAP ETF		
SELECT SECTOR HEALTH	8,447	10,007
SHOCKWAGE	13,873	16,390
SILVERCORP METALS	22,954	28,783
SLACK TEHNOLOGIES	21,146	20,799
SNAP INC	14,868	16,913
SOUTHERN CO		
SPDR S&P REGIONAL BANKING ETF - KRE	44,855	30,750
SPDR S&P SEMICONDUCTOR	44,592	51,693

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STARBUCKS	12,383	12,657
STERLING		
TECHNOLOGY SELECT SECTOR	44,638	53,917
UNION PACIFIC CORP		
UNITED STATES OIL ETF		
VANECK VECTORS GOLD	55,888	82,310
VEEVA	28,946	31,178
VERIZON COMMUNICATIONS	33,266	33,690
WALKER AND DUNLOP	29,366	24,338
WALT DISNEY CO	30,478	34,234
WASTE MANAGEMENT	12,792	13,662
WELLS FARGO CORP		

**TY 2019 Land, Etc.
Schedule****Name:** CODY MEDICAL FOUNDATION**EIN:** 83-6006491

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	3,309	3,309		

TY 2019 Other Expenses Schedule**Name:** CODY MEDICAL FOUNDATION**EIN:** 83-6006491**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUTTHROAT CLASSIC				
CONTRACT LABOR				
ANNUAL DINNER & CONCERT				
GIFTS				
MISCELLANEOUS				
BECK LAKE CHALLENGE				
FEES				
EXPENSES				
ADVERTISING	2,444			
BOARD EXPENSE	2,511			

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FUNDRAISING EXPENSE	11,333			11,333
INSURANCE	3,196			
OFFICE	743			372
TELEPHONE	801			400

TY 2019 Other Income Schedule

Name: CODY MEDICAL FOUNDATION

EIN: 83-6006491

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NET ROYALTIES	1,385	1,385	1,385
OTHER REVENUE	277		277

TY 2019 Other Professional Fees Schedule**Name:** CODY MEDICAL FOUNDATION**EIN:** 83-6006491

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	10,033	10,033	10,033	

TY 2019 Taxes Schedule**Name:** CODY MEDICAL FOUNDATION**EIN:** 83-6006491

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	42			

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491061008141	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2019
Name of the organization CODY MEDICAL FOUNDATION				Employer identification number 83-6006491	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CODY MEDICAL FOUNDATION

Employer identification number
83-6006491

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER KUYPER PO BOX 430 CODY, WY 82414	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization CODY MEDICAL FOUNDATION	Employer identification number 83-6006491
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	

Name of organization CODY MEDICAL FOUNDATION	Employer identification number 83-6006491
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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 information once. See instructions.) ▶ \$ _____**

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
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	