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2020

OMB No. 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| | | ndar year 2020, or tax year beginning 01-01-20 | 20 , aı | nd ending 12-31- | | | | | | |
|---------------------------------------|-----------|---|-----------------------|---------------------------|--|---|--|--|--|--|
| | | Indation ANICA FOUNDATION | | | entification numbe | r | | | | |
| | | A NELSON VANCAMP | I.S. / 11 | 52-1906206 | | | | | | |
| | | I street (or P.O. box number if mail is not delivered to street address) VADSWORTH BLVD SUITE 440 | Room/suite | B Telephone nu | B Telephone number (see instructions) | | | | | |
| City | or town | , state or province, country, and ZIP or foreign postal code | | (720) 284-3333 | 3 | | | | | |
| | | , CO 80235 | | C If exemption | application is pendin | g, check here | | | | |
| G Cł | neck al | I that apply: Initial return Initial return of a | former public charity | D 1. Foreign or | ganizations, check he | ere | | | | |
| | | ☐ Final return ☐ Amended return | | | ganizations meeting | | | | | |
| | | \square Address change \square Name change | | | k here and attach co | · — | | | | |
| _ | , | pe of organization: Section 501(c)(3) exempt private f | | | undation status was t n 507(b)(1)(A), chec | | | | | |
| | | n 4947(a)(1) nonexempt charitable trust U Other taxable | | | | | | | | |
| of ' | year (f | xet value of all assets at end from Part II, col. (c), ▶\$ 7,081,564 J Accounting method: □ Other (specify) (Part I, column (d) must | ✓ Cash | | ation is in a 60-montl n 507(b)(1)(B), chec | | | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | | (d) Disbursements | | | | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes | | | | |
| | | Contributions, gifts, grants, etc., received (attach | books | | | (cash basis only) | | | | |
| | 1 | schedule) | 0 | | | | | | | |
| | 2 | Check \blacktriangleright $lacksquare$ if the foundation is not required to attach | | | | | | | | |
| Revenue | 3 | Sch. B Interest on savings and temporary cash investments | 1,159 | 1,159 | | | | | | |
| | 4 | Dividends and interest from securities | 153,636 | · | | | | | | |
| | 5a | Gross rents | • | , | | | | | | |
| | ь | Net rental income or (loss) | | | | | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 49,066 | | | | | | | |
| | b | Gross sales price for all assets on line 6a 2,333,478 | | | | | | | | |
| ž | 7 | Capital gain net income (from Part IV, line 2) | | 49,066 | | | | | | |
| | 8 | Net short-term capital gain | | | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | | | |
| | ь | Less: Cost of goods sold | | | | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | | | | |
| | 11 | Other income (attach schedule) | 1,999 | 36 | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 205,860 | 203,897 | | | | | | |
| | 13 | Compensation of officers, directors, trustees, etc. | 115,231 | | | 115,231 | | | | |
| | 14 | Other employee salaries and wages | 8,380 | | | 8,380 | | | | |
| ses | 15 16a | Legal fees (attach schedule) | | | | 8,380 | | | | |
| <u></u> | ь | Accounting fees (attach schedule) | 2,780 | 0 | 0 | 2,780 | | | | |
| Ë | c | Other professional fees (attach schedule) | <u>-</u> | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | |
| tive tive | 17 | Interest | | | | | | | | |
| X ra | 18 | Taxes (attach schedule) (see instructions) | 13,225 | 1,481 | | 6,540 | | | | |
| ≣ | 19 | Depreciation (attach schedule) and depletion | | | | | | | | |
| <u>=</u> | 20 | Occupancy | 2,991 | | | 2,99: | | | | |
| ב ב | 21 | Travel, conferences, and meetings | 292 | | | 292 | | | | |
| ਰ | 22 | Printing and publications | 9 31,485 | 30,681 | | 793 | | | | |
| Operating and Administrative Expenses | 24 | Total operating and administrative expenses. | 31,103 | 55,361 | | ,,, | | | | |
| Ser. | | Add lines 13 through 23 | 174,384 | 32,162 | 0 | 137,007 | | | | |
| j j | 25 | Contributions, gifts, grants paid | 259,500 | | | 259,500 | | | | |
| _ | 26 | Total expenses and disbursements. Add lines 24 and 25 | 433,884 | 32,162 | 0 | 396,507 | | | | |
| | 27 | Subtract line 26 from line 12: | | | | | | | | |
| | a | Excess of revenue over expenses and disbursements | -228,024 | | | | | | | |
| | b | Net investment income (if negative, enter -0-) | · | 171,735 | | | | | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | | | | | |
| or | Paper | work Reduction Act Notice, see instructions. | | Cat. No. 11289) | √ For | m 990-PF (2020 | | | | |

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Net Assets or

26 27

28

29

30

Part III

2

3

Capital stock, trust principal, or current funds .

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

| | 2 | Savings and temporary cash investments | | 686,449 | | 683,120 | 683,120 |
|---------------|-----|---|------------|-----------|------------|-----------|-----------|
| | 3 | Accounts receivable ► | | | | | |
| | | Less: allowance for doubtful accounts ▶ | | 0 | | 6,172 | 6,172 |
| | 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 ▶ | | | | | |
| S | 8 | Inventories for sale or use | | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | | |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | | | | | |
| | b | Investments—corporate stock (attach schedule) | | 5,936,102 | ₩ | 5,708,385 | 6,381,340 |
| | С | Investments—corporate bonds (attach schedule) | | | | | |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | | | |
| | 12 | Investments—mortgage loans | | | | | |
| | 13 | Investments—other (attach schedule) | | 7,319 | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | | | |
| | 15 | Other assets (describe >) | % J | 3,407 | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | | | |
| | | instructions. Also, see page 1, item I) | | 6,653,865 | | 6,408,609 | 7,081,564 |
| | 17 | Accounts payable and accrued expenses | | | | | |
| | 18 | Grants payable | | | | | |
| es | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| iab | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| _ | 22 | Other liabilities (describe) | چ ا | 7,751 | % 3 | 2,400 | |
| | 23 | Total liabilities(add lines 17 through 22) | | 7,751 | | 2,400 | |
| nces | | Foundations that follow FASB ASC 958, check here ▶ □ and complete lines 24, 25, 29 and 30. | | | | | |
| <u>ala</u> | 24 | Net assets without donor restrictions | | | | | |
| ä | 25 | Net assets with donor restrictions | | | | | |
| Fund Balances | | Foundations that do not follow FASB ASC 958, check here ▶ and complete lines 26 through 30. | | | | | |

6,646,114

6,646,114

6,653,865

6,406,209

6,406,209

6,408,609

6,646,114

-228,024

6,418,090

6,406,209 Form **990-PF** (2020)

11,881

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2

3

4

5

6

Page **3**

| | ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | | |
|------------------------------------|---|--|--|---|--|--|
| 1a See Additional Data Tabl | e | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | | |
| a See Additional Data Tabl | e | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | | | | | | |
| Complete only for assets | s showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | | I) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col. (i) . (j), if any | col. (k), but not | h) gain minus less than -0-) or om col.(h)) | |
| a See Additional Data Tabl | e | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| • | gain or (loss) as defined in sections ort I, line 8, column (c) (see instructi | | Part I, line 7 | 3 | 49,066 | |
| Part V Qualification | Under Section 4940(e) for Re | educed Tax on Net | Investment In | come | | |
| SECTION 4940(e) REPEA | LED ON DECEMBER 20, 2019 | - DO NOT COMPL | ETE | | | |
| 1 Reserved | | | | | | |
| (a) Reserved | (b) Reserved | (c) Reserved | | (d) Reserved | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Reserved | | | 2 | | | |
| 3 Reserved | | | 3 | | | |
| | | | ب- ا | | - | |
| | | | 5 | 1 | | |
| | | | | <u> </u> | | |
| | | | 6 | <u>L</u> | | |
| 7 Reserved | | | · · · · <u>7</u> | <u> </u> | | |
| 8 Reserved , | | | 8 | <u> </u> | | |

Page **6**

| 5a | During the year did the foundation p | ау о | r incur any amount to: | | | | | | | Yes | No |
|------|--|--------|---------------------------------------|----------------------------|----------------|---------------------------|------------|-------|---------------|-------------------|-------|
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry | | | | | | | | | | |
| | | | | ** | | | | | | | |
| | on, directly or indirectly, any vol | | - | | | Yes | ✓ | No | | | |
| | (3) Provide a grant to an individual | | | • | | ☐ Yes | | No | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. | | | | | | | | | | |
| | in section 4945(d)(4)(A)? See instructions | | | | | | | | | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | | | | | | | | | | |
| h | educational purposes, or for the prevention of cruelty to children or animals? Yes V No | | | | | | | | | | |
| D | 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 | | | | | | | | | | |
| С | If the answer is "Yes" to question 5a | | | | | | Ш | | | | |
| _ | tax because it maintained expenditu | | | • | | П., | | | | | |
| | If "Yes," attach the statement requir | | | | | ∐ Yes | Ш | No | | | |
| 5a | Did the foundation, during the year, | | - | * * | ıms on | | | | | | |
| | a personal benefit contract? | | | | | П., | . # | | | | |
| b | Did the foundation, during the year, | | | lirectly, on a personal be | nefit contract | ∵ Yes | . ✓ | No | 6b | | No |
| | If "Yes" to 6b, file Form 8870. | | | ,, , | | | | | | | |
| 7a | At any time during the tax year, was | s the | foundation a party to a p | rohibited tax shelter trar | saction? | □ vos | ✓ | Na | | | |
| b | If "Yes", did the foundation receive a | any p | roceeds or have any net | income attributable to th | e transactior | 1? | | NO | 7b | | |
| 3 | Is the foundation subject to the sect | ion 4 | 960 tax on payment(s) o | f more than \$1,000,000 | in remunerat | tion or | | | | | |
| | excess parachute payment during th | ie ye | ar? | | | ☐ Yes | ✓ | No | | | |
| | Information About C | offic | ers, Directors, Trust | ees, Foundation Ma | nagers, H | | | | yees, | | |
| Pal | and Contractors | | | | | | | - | • | | |
| 1 | List all officers, directors, trustee | es, fo | oundation managers an | d their compensation. | See instru | ctions | | | | | |
| | | (| b) Title, and average | (c) Compensation (If | | tributions | | (e) | Expen | se acc | ount. |
| | (a) Name and address | | hours per week devoted to position | not paid, enter -0-) | employee be | enefit plan compensat | | | | lowanc | |
| ee A | Additional Data Table | | devoted to position | | uciciica | - Cimpensar | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 2 | Compensation of five highest-pai | d en | nployees (other than th | nose included on line 1 | .—see instrı | uctions). | If no | ne, e | nter " | NONE. | " |
| | | | (b) Title, and average | | | tributions | | | _ | | |
| (a) | Name and address of each employee more than \$50,000 | paid | hours per week | (c) Compensation | | /ee benefii nd deferre | | | | se acco owance | |
| | more than \$55,555 | | devoted to position | | | ensation | _ | 0. | inci un | omanic | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ota | I number of other employees paid over | er \$5 | 0,000 | | | . ▶ | | | | | |
| | | | | | | | | For | m 99 0 | D-PF (| 2020) |

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|--|--|------------------|
| Part VIII Information About Officers, Directors, Trusto and Contractors (continued) | ees, Foundation Managers, Highly Paid | Employees, |
| 3 Five highest-paid independent contractors for professional s | ervices (see instructions). If none, enter "NO | ONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | | |
| | | |
| | | |
| | | |
| Tabel and the second state of the second state | | |
| Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities | <u> </u> | |
| List the foundation's four largest direct charitable activities during the tax year. Include | | Expenses |
| organizations and other beneficiaries served, conferences convened, research papers 1 | produced, etc. | |
| • | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| <u> </u> | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (| and instructions) | |
| Part IX-B Summary of Program-Related Investments (Describe the two largest program-related investments made by the foundation du | <u> </u> | Amount |
| 1 NONE | | 7 till Carle |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | - |
| Total. Add lines 1 through 3 | | > |
| | | |

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

Page 8

326,190

2,387

323,803

323.803

323.803

396,507

396,507

396.507

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2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

99,347 523.790

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2a

2b

| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
|---|--|---|-----------|
| 3 | Subtract line 2 from line 1d | 3 | 6,623,137 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 99,347 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 6,523,790 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 326,190 |

organizations check here

and do not complete this part.)

Tax on investment income for 2020 from Part VI, line 5.

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Distributable amount before adjustments. Subtract line 2c from line 1.

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

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Part X

Part XI

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

2020

Page 9

323,803

323,803

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|-----------------|---|--|--|--|--|--|--|--|--|
| Part XIII | Undistributed Income (see instructions) | | | | | | | | |

(a)

Corpus

437.626

72.704

510,330

25.854

484,476

25.854 103,963

93.356

112.473 101,980

103.963 93,356

112.473

101,980

72,704

(b)

Years prior to 2019

(c)

2019

- 1 Distributable amount for 2020 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020:
- a Enter amount for 2019 only. **b** Total for prior years: 2018, 2017, 2016 Excess distributions carryover, if any, to 2020:
- a From 2015. **b** From 2016.
- c From 2017. . .

a Applied to 2019, 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 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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 2015 not

indicated below:

d From 2018. e From 2019. f Total of lines 3a through e. 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$

| | Part XIV Private Operating Found | ations (see instru | uctions and Part V | 'II-A, question 9) | | |
|--------------|--|---------------------------|------------------------|--------------------------|---------------------|------------|
| 1a | If the foundation has received a ruling or det foundation, and the ruling is effective for 20 | | | | | |
| b | Check box to indicate whether the organizati | on is a private opera | ating foundation des | cribed in section \Box | 4942(j)(3) or | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum investment return from Part X for each | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | (e) lotai |
| | year listed | | | | | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| а | "Assets" alternative test—enter: | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test— enter 2/3 | | | | | |
| | of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test—enter: (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments | | | | | |
| | on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Do | Supplementary Information | (Complete this | part only if the | foundation had s | 5,000 or more i | n |
| LC | assets at any time during the | | ructions.) | | | |
| 1 a | Information Regarding Foundation Mana List any managers of the foundation who hav before the close of any tax year (but only if | e contributed more | | | | ı |
| | See Additional Data Table | , | | , , | | |
| b | List any managers of the foundation who own ownership of a partnership or other entity) of | | | | arge portion of the | |
| | NA | | | | | |
| 2 | Information Regarding Contribution, Gra | ant, Gift, Loan, Scl | nolarship, etc., Pro | ograms: | | |
| | Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda- other conditions, complete items 2a, b, c, ar | tion makes gifts, gra | nts, etc. to individu | | | |
| | The name, address, and telephone number of | or e-mail address of | the person to whom | applications should | be addressed: | |
| | LINDA ANDERSON | | , | • • | | |
| | PO BOX 338 | | | | | |
| | DENISON, TX 750210338 | | | | | |
| - | (505) 718-9228 | | | | | |
| | The form in which applications should be sub PROPOSAL SUMMARY AND LETTER OF INTER | | cion and materials th | ney snould include: | | |
| C | Any submission deadlines: | | | | | |
| | NONE | | | | | |
| d | Any restrictions or limitations on awards, suc factors: | ch as by geographic | al areas, charitable f | fields, kinds of institu | utions, or other | |
| | EDUCATION ARTS AND CHITURE IMMIGRA | NTS RIGHTS AND S | ERVICES FOR THE H | IOMELESS | | |

| Form 990-PF (2020) | | - | | Page 11 | | | | | |
|--|--|-------------|---------------------|----------------|--|--|--|--|--|
| Part XV Supplementary Informa | ation (continued) | | | | | | | | |
| Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | | |
| Recipient | ient If recipient is an individual, show any relationship to status of | | Purpose of grant or | Amount | | | | | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | Amount | | | | | |
| a <i>Paid during the year</i> See Additional Data Table | | | | | | | | | |
| Total | | | ▶ 3a | 259,500 | | | | | |
| b Approved for future payment | | | | | | | | | |
| | + | | | | | | | | |
| | | 1 | | | | | | | |
| | , | 1 | | | | | | | |
| | | 1 | | | | | | | |
| | | | | | | | | | |
| Total | | | ▶ 3b | | | | | | |

Form **990-PF** (2020)

| Enter gross | s amounts unless otherwise indicated. | Unrelated bu | ısiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---------------------------------------|---|--|----------------------|-----------------------------------|--------------------|--|
| 1 Progran | n service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions.) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | and contracts from government agencies | | | | | |
| | ership dues and assessments | | | | | |
| 3 Interes | st on savings and temporary cash nents | | | 14 | 1,159 | |
| | nds and interest from securities | | | 14 | 153,636 | |
| | ntal income or (loss) from real estate: -financed property | | | | | |
| b Not o | lebt-financed property | | | | | |
| | ntal income or (loss) from personal property investment income. | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invento | · | | | 18 | 49,066 | |
| | come or (loss) from special events: profit or (loss) from sales of inventory | | | | | |
| 11 Other | | | | | | |
| | TONE STRATEGIC INVESTORS | | | 18 | -4,520 | |
| | VIVIDEND DISTRIBUTIONS | | | 18 | 6,519 | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| e 12 Subtot | al. Add columns (b), (d), and (e). | | | 12 | 205,860 | |
| e 12 Subtot 13 Total. | al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu | ulations.) | | | 205,860 | 205,860 |
| e 12 Subtot 13 Total. (See w | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |
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| e | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to tl Explain below how each activity for which the accomplishment of the foundation's e | ulations.) he Accomplish income is reporte | ment of Exem | pt Purposes f Part XVI-A contribu | ted importantly to | |

| Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations | |
|--------------|--|---|
| Did the same | -in-time discrete and in-the control in the control of the fellowing with the control of the con | Т |

| L | art XVI. | Exempt Organi | zations | | | | | | | | | | |
|-----|-------------------------|--|-----------------------|-----------------------------------|---------------------------------------|-----------------|--------------|-------------------------|----------------------------|-------------------|----------------|----------|----------|
| 1 | Did the o (c) (other | rganization directly or in than section 501(c)(3) | directly engage | ge in any of t) or in section | the following wit on 527, relating | h any to pol | other org | ganizatio anization: | n described in secti s? | ion 501 | | Yes | No |
| а | Transfers | from the reporting foun | dation to a no | oncharitable | exempt organiz | ation | of: | | | | | | |
| | (1) Cash | 1 | | | | | | | | . [| 1a(1) | | No |
| | (2) Othe | er assets | | | | | | | | ≟ | 1a(2) | | No |
| b | | nsactions: | | | | | | | | | | | |
| | | s of assets to a nonchar | • | - | | | | | | | 1b(1) | | No |
| | | hases of assets from a r | | | | | | | | - | 1b(2) | | No |
| | | tal of facilities, equipmen | | | | | | | | | 1b(3) | | No |
| | | nbursement arrangemen | | | | | | | | | 1b(4) 1b(5) | | No No |
| | | ns or loan guarantees. Irmance of services or m | | | | | | | | | 1b(6) | | No |
| c | ` ' | of facilities, equipment, n | • | _ | | | | | | · | 1c | | No |
| | - | swer to any of the above | | · · | | | | | | market va | | | |
| | of the go | ods, other assets, or ser ansaction or sharing arra | vices given by | the reportir | ng foundation. I | f the f | oundation | n receive | d less than fair mai | rket value | | | |
| | · . | | | | | | | | | | | | |
| (a) | Line No. | (b) Amount involved | (c) Name of r | noncharitable e | exempt organization | n | (d) Desc | ription of | transfers, transactions | s, and shari | ng arrar | gement | S |
| | | | | | | + | | | | | | | |
| | | | | | | + | | | | | | | |
| | + | | | | | + | | | | | | | |
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| | | | | | | _ | | | | | | | |
| 72 | Is the fou | ındation directly or indire | l actly affiliated | with or rela | ated to one or r | nore i | tav-evemr | ot organi | zations | | | | |
| 20 | | l in section 501(c) (other | • | * | • | | | - | | ′ac 🗸 | No | | |
| h | | complete the following s | | 301(0)(3)) | or in section 52. | • | | | | 63 🖭 | 140 | | |
| _ | 11 163, 1 | (a) Name of organization | | | (b) Type of orga | nizatio | n | | (c) Description | n of relation | ship | | |
| | | | | | | | | | | | · | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Unc | der penalties of perjury, | I declare that | I have exam | nined this return | ı. incl | uding acco | ompanyi | ng schedules and s | tatements | s, and t | o the h | nest |
| | of r | ny knowledge and belief | , it is true, co | | | | | | | | | | |
| c: | | ch preparer has any kno | wledge. | | ı | | | | | | | | |
| | gn ere L | ***** | | | 2021-09-15 | | *: | **** | | May the return | e IRS dis | cuss thi | is |
| | = | | | | | | —) – | | | with the below | e prepar | er show | 'n |
| | ' | Signature of officer or t | rustee | | Date | | , Ti | itle | | | str.) 🔽 | Yes □ | No |
| | | Print/Type preparer's | name | Preparer's S | ianature | | Date | | | PTIN | | | |
| | | , , , | | | - | | | | Check if self- | | 00342 | 851 | |
| | | STEVEN J REVENIO | 3 | | | | | | employed ▶ 🔲 | · | 00342 | 551 | |
| _ | aid | | | | | | | | | | | | |
| | epare | THE DIVE | KERHOFF RE | VENIG & COI | RRIGAN PC | | | | | Firm's EII | N ▶ | | |
| US | se Only | | 373 S BELLAIR | E ST STE 10 |)NO | | | | | | | | |
| | | | | | | | | | | Phone no | (303) | 757-8 | വവ |
| | | DE | ENVER, CO 8 | 0222 | | | | | | . Hone no | . (303) | , 5, 0 | .550 |
| | | 1 | | | | | | | | | | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation MERRILL LYNCH #2378 - ST COVERED 2020-01-01 2020-12-31 MERRILL LYNCH #2378 - LT COVERED 2019-01-01 2020-12-31 MERRILL LYNCH #2399 - ST COVERED 2020-01-01 2020-12-31 MERRILL LYNCH #2399 - LT COVERED 2019-01-01 2020-12-31 2020-12-31 MERRILL LYNCH #2400 - ST COVERED 2020-01-01 MERRILL LYNCH #2400 - LT COVERED 2019-01-01 2020-12-31 MERRILL LYNCH #2437 - ST COVERED 2020-01-01 2020-12-31 MERRILL LYNCH #2437 - LT COVERED 2019-01-01 2020-12-31 DISPOSITION OF CAPSTONE STRATEGIC INVESTORS I, LP 2019-01-01 2020-12-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (h) (e) plus (f) minus (g) (f) (g) plus expense of sale 134,117 130,831 3,286 1,054,691 987,885 66,806 98,922 118,554 -19,348 371,721 355,630 21,524 176,512 198,213 -21,529 127,998 118,697 9,393 209,676 249,187 -39,511 159,839 146,850 12,989 2.410 2,410 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 3,286 66,806 -19,632 16,091 -21,701 9,301 -39,511 12,989 2,410

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation MCKENNA L BERLANTI DIRECTOR 1.0 3900 S WADSWORTH BLVD SUITE 440 440 LAKEWOOD, CO 80235 MATTHEW D BERLANTI DIRECTOR 1.0 3900 S WADSWORTH BLVD SUITE 440 440 LAKEWOOD, CO 80235 JOHN PHILL JR DIRECTOR 1.0 3900 S WADSWORTH BLVD SUITE 440 440 LAKEWOOD, CO 80235 KAREN L BERLANTI PRESIDENT 1.0 3900 S WADSWORTH BLVD SUITE 440 440 LAKEWOOD, CO 80235 87,231 LINDA ANDERSON EXECUTIVE DIRECTOR/SECRETARY 3900 S WADSWORTH BLVD SUITE 440 40.0 440 LAKEWOOD, CO 80235 KARINA VANCAMP **TREASURER** 1.0 3900 S WADSWORTH BLVD SUITE 440 440 LAKEWOOD, CO 80235 PATRICIA MCADOW DIRECTOR 28,000 10.0 3900 S WADSWORTH BLVD SUITE 440

440

LAKEWOOD, CO 80235

Form 990PF Part XV Line 1a - 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).

MCKENNA L BERLANTI

MATTHEW D BERLANTI

KAREN BERLANTI

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALBUQUERQUE HEALTHCARE FOR THE NONE PC GENERAL OPERATING SUPPORT 6,000 HOMELESS PO BOX 25445

| ALBUQUERQUE, NM 8/125 | | | | |
|--|------|----|---------------------------|--------|
| GROW SANTA FE COMMUNITY COLLEGE 6401 RICHARDS AVE SANTA FE, NM 87508 | NONE | PC | GENERAL OPERATING SUPPORT | 50,000 |
| MENTAL HEALTH ASSOC OF NEW MEXICO PO BOX 513 LAS VEGAS NM 87701 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |

Total .

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ACE SCHOLARSHIPS NONE PC GENERAL OPERATING SUPPORT 9,250 1201 E COLFAX AVE SUITE 302

| DENVER, CO 80218 | | | | |
|---|------|----|----------------------------|--------|
| ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE SAN DIEGO, CA 92103 | NONE | PC | GENERAL OPERATING SUPPORT. | 15,000 |
| FAMILY PROMISE OF NORTHERN NEW | NONE | PC | GENERAL OPERATING SUPPORT. | 2,000 |

| SAN DIEGO, CA 92103 | | | | |
|--|------|----|----------------------------|-------|
| FAMILY PROMISE OF NORTHERN NEW CASTLE COUNTY INC 2104 ST JAMES CHURCH RD WILMINGTON, DE 19808 | NONE | PC | GENERAL OPERATING SUPPORT. | 2,000 |
| | | | | |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year INTERFAITH SHELTER NETWORK NONE PC GENERAL OPERATING SUPPORT. 10,000 3530 CAMINO DEL RIO NORTH SUITE 30

| SAN DIEGO, CA 92108 | | | | |
|--|------|-----|----------------------------|-------|
| SAN DIEGO SOUTHERN BAPTIST ASSOCIATION 4608 GARDENA AVE SAN DIEGO, CA 92110 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| SANTA FE COMMUNITY SERVICES | NONE | PC. | GENERAL OPERATING SUPPORT. | 8,000 |

| 4608 GARDENA AVE SAN DIEGO, CA 92110 | | | | |
|---|------|----|----------------------------|------|
| SANTA FE COMMUNITY SERVICES 440 CERRILLOS RD 4 | NONE | PC | GENERAL OPERATING SUPPORT. | 8,00 |

| SAN DIEGO, CA 92110 | | | | |
|--|------|----|----------------------------|-----|
| SANTA FE COMMUNITY SERVICES 440 CERRILLOS RD 4 SANTA FE NM 87501 | NONE | PC | GENERAL OPERATING SUPPORT. | 8,0 |

Total .

| 440 CERRILLOS RD 4 | | | | |
|--------------------|------|----|----------------------------|------|
| SANTA FE, NM 8/501 | NONE | PC | GENERAL OPERATING SUPPORT. | 8,00 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|---|------|----|----------------------------|--------|
| ST ELIZABETH SHELTER 804 ALARID STREET SANTA FE, NM 87505 | NONE | PC | GENERAL OPERATING SUPPORT. | 25,000 |

| SANTA FE, NM 87505 | | | | |
|--|------|----|---------------------------|-------|
| ALTRUSA INTERNATIONAL FOUNDATION OF HOT SPRINGS 40 ESCUADRON LANE HOT SPRINGS VILLAGE, AK 71909 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |

| ALTRUSA INTERNATIONAL FOUNDATION OF HOT SPRINGS 40 ESCUADRON LANE HOT SPRINGS VILLAGE, AK 71909 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
|--|------|----|---------------------------|-------|
| BOYS AND GIRLS CLUBPO BOX 23 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |

259,500

| | 40 ESCUADRON LANE HOT SPRINGS VILLAGE, AK 71909 | | | | |
|---|--|------|----|---------------------------|-------|
| , | BOYS AND GIRLS CLUBPO BOX 23 DENISON, TX 75021 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |
| 1 | | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| 1 | | | | |
|--|------|----|---------------------------|--------|
| MOUNT SAINT VINCENT HOME 4159 LOWELL BLVD DENVER, CO 80211 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| SANGRE DE CRISTO VOLUNTEERS FOR | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |

| DENVER, CO 60211 | | | | |
|---|------|----|---------------------------|--------|
| SANGRE DE CRISTO VOLUNTEERS FOR COMMUNITY PO BOX 19705 COLORADO CITY, CO 81019 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |
| SPECIAL DELIVERY SAN DIEGO 4023 GOLDFINCH STREET | NONE | PC | GENERAL OPERATING SUPPORT | 16,000 |

| | X 19705 RADO CITY, CO 81019 | | | | |
|--|--------------------------------|------|----|---------------------------|--------|
| SPECIAL DELIVERY SAN DIEGO NONE PC GENERAL OPERATING SUPPORT 1 4023 GOLDFINCH STREET SAN DIEGO, CA 92103 | GOLDFINCH STREET | NONE | PC | GENERAL OPERATING SUPPORT | 16,000 |

259,500

| SPECIAL DELIVERY SAN DIEGO 4023 GOLDFINCH STREET SAN DIEGO, CA 92103 | NONE | PC | GENERAL OPERATING SUPPORT | 16,0 |
|--|------|----|---------------------------|------|
| | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| SAVE A LIFE FOUNDATION PMB 79 2514 JAMACHA RD SUITE 502 EL CAJON, CA 92109 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
|--|------|----|---------------------------|-------|
| GRAND CENTRAL STATIONPO BOX 3173 SHERMAN, TX 75091 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |

| SHERMAN, TX 75091 | | | | |
|--|------|----|---------------------------|---------|
| POTTER'S CLAY MINISTRIES INC 110 CRESCENT AVENUE HOT SPRINGS, AR 71901 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total | | | ▶ 3a | 259,500 |

Recipient
Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Amount

Purpose of grant or contribution

Purpose of grant or contribution

recipient

Purpose of grant or contribution

recipient

Purpose of grant or contribution

a Paid during the year

| SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 PMB 60 OCEANSIDE, CA 92057 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
|--|------|----|---------------------------|-------|
| SOMERSET COUNTY MEALS ON WHEELS 235 WEST CHURCH STREET | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |

| SOMERSET COUNTY MEALS ON WHEELS 235 WEST CHURCH STREET SOMERSET, PA 15501 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
|--|------|----|---------------------------|-------|
| SOMERSET COUNTY MOBILE FOOD BANK 1686 COXES CREEK ROAD SOMERSET, PA 15501 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |

3a

259,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year | | | | |
|--|------|----|---------------------------|-------|
| STARTING OVER MINISTRIES INC 4 LIGADURA LANE HOT SPRINGS VILLAGE, AR 71909 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |

| HOT SPRINGS VILLAGE, AR 71909 | | | | |
|--|------|----|---------------------------|-------|
| VIA HEART PROJECT 1725 CLAY ST SUITE 100 SAN FRANCISCO, CA 94109 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
| CLOTHES TO KIDS OF DENVER INC | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |

| 1725 CLAY ST SUITE 100 SAN FRANCISCO, CA 94109 | | | | , |
|--|------|----|---------------------------|-------|
| CLOTHES TO KIDS OF DENVER INC PO BOX 100874 DENVER, CO 80222 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |

| Total | | | ▶ 3a | 259,500 |
|--|------|----|---------------------------|---------|
| CLOTHES TO KIDS OF DENVER INC PO BOX 100874 DENVER, CO 80222 | NONE | PC | GENERAL OPERATING SUPPORT | 2,5 |
| SAN FRANCISCO, CA 94109 | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year | | | | |
|--|------|----|---------------------------|-------|
| FRIENDS OF SAN PASQUAL ACADEMY PO BOX 8202 RANCHO SANTA FE, CA 92067 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |

| RANCHO SANTA FE, CA 92067 | | | | |
|--|------|----|---------------------------|-------|
| METRO CARING1180 E 18TH AVE DENVER, CO 80218 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |
| ST MARTIN'S HOSPITALITY CENTER - HOPE WORKS PO BOX 27258 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |

| Total | | | ▶ 3a | 259 500 |
|---|------|----|---------------------------|---------|
| ST MARTIN'S HOSPITALITY CENTER - HOPE WORKS PO BOX 27258 ALBUQUERQUE, NM 87125 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
| METRO CARING1180 E 18TH AVE DENVER, CO 80218 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |

| DENVER, CO 80218 | | | | |
|---|------|----|---------------------------|---------|
| ST MARTIN'S HOSPITALITY CENTER - HOPE WORKS PO BOX 27258 ALBUQUERQUE, NM 87125 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
| Total | | | ▶ 3a | 259,500 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| STOREFRONT SAN DIEGO YOUTH SERVICES 3255 WING STREET SAN DIEGO, CA 92110 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
|---|------|----|---------------------------|-------|
| THIRD AVENUE CHARITABLE | NONE | PC | GENERAL OPERATING SUPPORT | 6,000 |

| THIRD AVENUE CHARITABLE ORGANIZATION 1420 THIRD AVENUE SAN DIEGO, CA 92101 | NONE | PC | GENERAL OPERATING SUPPORT | 6,000 |
|---|------|----|---------------------------|-------|
| SAN DIEGO RESCUE MISSION | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |

| 1420 THIRD AVENUE SAN DIEGO, CA 92101 | | | | |
|---|------|----|---------------------------|-------|
| SAN DIEGO RESCUE MISSION PO BOX 80427 SAN DIEGO, CA 92138 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |

За

259,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|----|---------------------------|-------|
| GRAYSON COUNTY SHELTER 331 W MORTON STREET DENISON, TX 75020 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |

| DENISON, IX 75020 | | | | |
|---|------|-----|---------------------------|-------|
| BULLDOG PANTRY2311 E SHAW AVE FRESNO, CA 93710 | NONE | PC | GENERAL OPERATING SUPPORT | 1,500 |
| 1ACKSON HOUSEZOS MALVERNI AVE | NONE | DC. | CENERAL OBERATING SUBBORT | 4 000 |

| JACKSON HOUSE705 MALVERN AVE HOT SPRINGS, AZ 71901 PC GENERAL OPERATING SUPPORT | 4,000 |
|---|-------|

Total . .

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JAFCO4200 N UNIVERSITY DR NONE PC GENERAL OPERATING SUPPORT 2,000 SUNRISE, FL 33351 00

| , | | | | |
|---|------|----|---------------------------|-------|
| ST JUDE501 ST JUDE PLACE MEMPHIS, TN 38105 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| LOAVES AND FISHESPO BOX 5485 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |

259,500

PAGOSA SPRINGS, CO 81147

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount contribution

Purpose of grant or contribution
recipient

Purpose of grant or contribution

NJC FOUNDATION 100 COLLEGE AVE

LAKEWOOD, CO 80235

Total . .

NONE

| STERLING, CO 80751 | | | | |
|---|------|----|---------------------------|-------|
| WESTMINSTER POLICE DEPARTMENT 9110 YALES ST WESTMINSTER, CO 80030 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
| THE WINGS FOUNDATION 3900 S WADSWORTH BLVD SUITE 430 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |

PC

GENERAL OPERATING SUPPORT

■ 3a

250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MEALS ON WHEELS OF TEXOMA NONE PC GENERAL OPERATING SUPPORT 3,500 4114 AIRPORT DR

| DENISON, TX 75020 | | | | |
|---|------|-----|---------------------------|-------|
| MARINE CORPS ADVISORS ASSOCIATION INC 10300 Spicewood Parkway AUSTIN, TX 78750 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| LITTLE CICTERS OF THE BOOK AT VILLA | NONE | DC. | CENERAL OPERATING CURRORT | 1 000 |

| 10300 Spicewood Parkway AUSTIN,TX 78750 | | | | |
|---|------|----|---------------------------|-------|
| LITTLE SISTERS OF THE POOR AT VILLA GUADALUPE 1900 MARK AVENUE GALLUP NM 87301 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |

За

259,500

| AUSTIN, TX 78750 | | | | |
|--|------|----|---------------------------|------|
| LITTLE SISTERS OF THE POOR AT VILLA GUADALUPE 1900 MARK AVENUE GALLUP, NM 87301 | NONE | PC | GENERAL OPERATING SUPPORT | 4,00 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| - · | | | | |
|---|------|----|---------------------------|-------|
| WAPLES UNITED METHODIST CHURCH HOMELESS MINISTRY 830 W MAIN ST DENISON, TX 75020 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| 1DRE200 VESEY STREET 28TH FLOOR | NONE | PC | GENERAL OPERATING SUPPORT | 1 000 |

| DENISON,TX 75020 | | | | |
|--|------|----|---------------------------|-------|
| JDRF200 VESEY STREET 28TH FLOOR NEW YORK, NY 10281 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| BREAST CANCER RESEARCH FOUNDATION 28 W 44TH ST SUITE 609 NEW YORK, NY 10036 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |

| NEW YORK, NY 10281 | NONE | 2 | GENERAL OPERATING SUPPORT | 1,000 |
|--|------|----|---------------------------|-------|
| BREAST CANCER RESEARCH FOUNDATION 28 W 44TH ST SUITE 609 NEW YORK, NY 10036 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| | | | | |

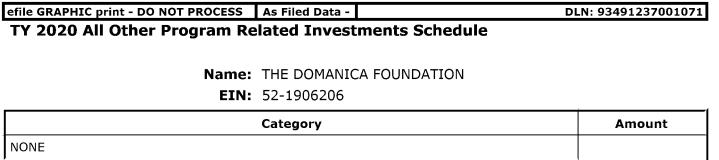
Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient

Name and address (home or business)

| · · | or substantial contributor | | | |
|--|----------------------------|----|---------------------------|-------|
| a Paid during the year | | | | |
| COMMUNITY FOUNDATION FOR THE ALLEGHENIES | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |

| efile GRAPHIC print - DO NOT PROCES | S As Filed D | ata - | | DLN: 93491237001071 |
|-------------------------------------|--------------|--------------------------|------------------------|---|
| TY 2020 Accounting Fees S | chedule | | | |
| | ne: THE DOM | 1ANICA FOUNDATIO 206 | ON | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| ACCOUNTING FEES | 2,780 | | | 2,780 |



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491237001071 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2020 Depreciation Schedule Name: THE DOMANICA FOUNDATION

EIN: 52-1906206

| effie GRAPHIC print - DO NOT PROCESS AS Filed Data - | DLN: 93491237001071 |
|--|---------------------|
| TY 2020 Investments Corporate Stock Schedule | |
| · | |
| Name: THE DOMANICA FOUNDATION | |
| FTN: 52-1906206 | |

DIM: 02/01227001071

ofile CDADUTC print DO NOT DDOCESS. As Filed Date

| LIN. 32 1300200 | | |
|--|---------------------------|----------------------------------|
| Investments Corporation Stock Schedule | | |
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| MERRILL LYNCH STOCK & MUT FUND | 5,708,385 | 6,381,340 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491 | 237001071 | | | | |
|--------------------------------------|--------------------------------------|------------|-----------------------|--|--|--|--|
| TY 2020 Investments - Other Schedule | | | | | | | |
| | THE DOMANICA FOUNDATIC 52-1906206 | N | | | | | |
| Investments Other Schedule 2 | | | | | | | |
| Category/ Item | Listed at Cost of FMV | | Year Fair et Value | | | | |

AT COST

CAPSTONE STATEGIC INVESTORS

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Name: THE DOMANICA FOUNDATION

EIN: 52-1906206

| Other Assets Schedule | | | |
|--------------------------|-----------------------------------|-----------------------------|------------------------------------|
| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
| PREPAID HEALTH INSURANCE | 3,407 | | |

DLN: 93491237001071

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491237001071 |
|--------------------------------------|-------------------------|---------------------|
| TY 2020 Other Decreases Scho | edule | |
| Name: | THE DOMANICA FOUNDATION | |
| EIN: | 52-1906206 | |
| De | escription | Amount |
| BOOK/TAX DIFFERENCES | | 11,881 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | l: 93491237001071 |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| TY 2020 Other Expenses Schedule | | | | |
| | | | | |
| Name: | THE DOMANICA | FOUNDATION | | |
| EIN: | 52-1906206 | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| BANK FEES | 245 | 245 | | |
| OTHER EXPENSES | 54 | | | 43 |
| | | | | |

30,436

750

30,436

750

INVESTMENT EXPENSES

MEALS

Name: THE DOMANICA FOUNDATION

EIN: 52-1906206

NONDIVIDEND DISTRIBUTIONS

| Other Income Schedule | | | |
|------------------------------|-----------------------------------|--------------------------|---------------------|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
| CAPSTONE STRATEGIC INVESTORS | -4,520 | 36 | |

6,519

DLN: 93491237001071

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | D | LN: 93491237001071 |
|--------------------------------------|-----------------|------------|-----------------------------------|-----------------------------|
| TY 2020 Other Liabilities Schedule | | | | |
| | | | | |
| Name: | THE DOMANIC | A FOUNDATI | ON | |
| EIN: | 52-1906206 | | | |
| Description | n | | Beginning of Year - Book Value | End of Year - Book Value |
| DUE TO QUINCE ASSOCIATES | | | 7,751 | 2,400 |

| efile GRAPHIC print - DO NOT PROCE | SS As Filed Data | <u>-T</u> | DL' | N: 93491237001071 |
|------------------------------------|------------------|--------------------------|------------------------|---|
| TY 2020 Taxes Schedule | | | | |
| | | | | |
| Nar | me: THE DOMAN | NICA FOUNDATION | | |
| E | IN: 52-1906206 | ڕ | | |
| Taxes Schedule | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| PAYROLL TAXES | 6,540 | | | 6,540 |
| FOREIGN TAX | 1,481 | 1,481 | | |
| FEDERAL INCOME TAX | 5,204 | | 1 | |