

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
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation THE ANJULICIA FOUNDATION		A Employer identification number 26-1234177	
Number and street (or P O box number if mail is not delivered to street address) 963 SW SIMPSON NO 110		Room/suite	
		B Telephone number (see instructions) (541) 728-0830	
City or town, state or province, country, and ZIP or foreign postal code BEND, OR 97702			
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 11,708,965		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(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)	4,803,981			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	32,258	32,258		
	4 Dividends and interest from securities	138,705	138,705		
	5a Gross rents	21,457	21,457		
	b Net rental income or (loss) 19,644				
	6a Net gain or (loss) from sale of assets not on line 10	206,911			
	b Gross sales price for all assets on line 6a 827,337				
	7 Capital gain net income (from Part IV, line 2)		206,911		
	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)	-45,689	-49,089			
12 Total. Add lines 1 through 11	5,157,623	350,242			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,685	0		0
	c Other professional fees (attach schedule)	51,574	51,574		0
	17 Interest	3,698	1,181		0
	18 Taxes (attach schedule) (see instructions)	15,895	7,710		0
	19 Depreciation (attach schedule) and depletion	1,813	1,813		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	2,800	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	80,465	62,278		0
	25 Contributions, gifts, grants paid	371,013			371,013
26 Total expenses and disbursements. Add lines 24 and 25	451,478	62,278		371,013	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	4,706,145				
b Net investment income (if negative, enter -0-)		287,964			
c Adjusted net income (if negative, enter -0-)					

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	1,349,237	3,189,027	3,189,027
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ <u>1,670</u>			
	Less allowance for doubtful accounts ▶ _____	1,669	1,670	1,670
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ <u>84,280</u>			
	Less allowance for doubtful accounts ▶ <u>0</u>	95,281	84,280	84,280
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	3,800	2,352	2,352
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	3,658,703	3,801,500	3,637,071
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ <u>352,000</u>			
Less accumulated depreciation (attach schedule) ▶ <u>1,200</u>		350,800	350,187	
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	2,408,019	4,444,123	4,444,123	
14 Land, buildings, and equipment basis ▶ _____				
Less accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)	200	255	255	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	7,516,909	11,874,007	11,708,965	
Liabilities	17 Accounts payable and accrued expenses		11	
	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)	0	11	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	7,516,909	11,873,996		
30 Total net assets or fund balances (see instructions)	7,516,909	11,873,996		
31 Total liabilities and net assets/fund balances (see instructions) .	7,516,909	11,874,007		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	7,516,909
2 Enter amount from Part I, line 27a	2	4,706,145
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	12,223,054
5 Decreases not included in line 2 (itemize) ▶ _____	5	349,058
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	11,873,996

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)
1 a FIDELITY #8645	P		
b FIDELITY #8645	P		
c FROM K-1S - SHORT-TERM CAPITAL GAIN	P		
d FROM K-1S - LONG-TERM CAPITAL GAIN	P		
e CAPITAL GAINS DIVIDENDS	P		

(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 176,929		183,026	-6,097
b 592,968		577,169	15,799
c			55,716
d			84,053
e 57,440			57,440

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			-6,097
b			15,799
c			55,716
d			84,053
e			57,440

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	206,911
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))
2017	218,399	6,453,126	0.033844
2016	313,119	3,938,548	0.079501
2015	208,773	2,092,986	0.099749
2014	197,644	1,198,433	0.164919
2013	139,788	486,710	0.287210

2 Total of line 1, column (d)	2	0.665223
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	0.133045
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	8,887,981
5 Multiply line 4 by line 3	5	1,182,501
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,880
7 Add lines 5 and 6	7	1,185,381
8 Enter qualifying distributions from Part XII, line 4	8	371,013

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)

Table with 11 rows for excise tax calculation. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 203.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'Did the foundation attempt to influence any national, state, or local legislation?' and 'Did the foundation have at least \$5,000 in assets?'. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 963 SW SIMPSON NO 110 BEND OR ZIP+4 97702

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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 type="checkbox"/>	Yes	<input checked="" 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.	<input type="checkbox"/>			
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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
6a Did the foundation, during the year, receive any funds, directly or 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?	<input type="checkbox"/>			
If "Yes" to 6b, file Form 8870				
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?	<input type="checkbox"/>			
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
HAYDEN WATSON 963 SW SIMPSON SUITE 110 BEND, OR 97702	DIRECTOR 0 50	0	0	0
KRISTIN WATSON 963 SW SIMPSON SUITE 110 BEND, OR 97702	DIRECTOR 0 50	0	0	0

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. ▶ 0

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.		0

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	
2	
3	
4	

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	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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	3,759,912
b	Average of monthly cash balances.	1b	1,333,279
c	Fair market value of all other assets (see instructions).	1c	3,930,140
d	Total (add lines 1a, b, and c).	1d	9,023,331
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	9,023,331
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	135,350
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,887,981
6	Minimum investment return. Enter 5% of line 5.	6	444,399

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	444,399
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	5,759
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	2,712
c	Add lines 2a and 2b.	2c	8,471
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	435,928
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	435,928
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	435,928

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	371,013
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	371,013
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	371,013

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				435,928
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.			297,492	
e From 2017.			218,399	
f Total of lines 3a through e.	515,891			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>371,013</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				371,013
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	64,915			64,915
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	450,976			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	450,976			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.			232,577	
d Excess from 2017.			218,399	
e Excess from 2018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative 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(j)(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))
See Additional Data Table

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
TONI SPARKS
963 SW SIMPSON SUITE 110
BEND, OR 97702
(541) 728-0830

b The form in which applications should be submitted and information and materials they should include
GRANT APPLICATION AVAILABLE FROM THE FOUNDATION

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
NONE

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				
b <i>Approved for future payment</i>				
Total ▶ 3b				

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
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.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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
Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.

Sign Here
Signature of officer or trustee: *****
Date: 2019-11-13
Title: *****
May the IRS discuss this return with the preparer shown below (see instr)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: RAINELLE MCLAUGHLIN
Preparer's Signature:
Date:
Check if self-employed:
PTIN: P00477237
Firm's name: ROBERT A UNDERHILL PC
Firm's EIN: 75-3053479
Firm's address: 601 UNION STREET SUITE 3300 SEATTLE, WA 98101
Phone no: (206) 357-3033

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).

HAYDEN WATSTON

KRISTIN WATSON

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>				
ALS ASSOCIATION GOLDEN WEST CHAPTER PO BOX 565 AGOURA HILLS, CA 91376	N/A	501(C)(3)	GENERAL FUND	500
ALZHEIMER'S ASSOCIATION 1650 NW NAITO PARKWAY PORTLAND, OR 97209	N/A	501(C)(3)	GENERAL FUND	500
BEND SENIOR HIGH SCHOOL 230 NE 6TH STREET BEND, OR 97701	N/A	501(C)(3)	GENERAL FUND	3,000
Total ▶ 3a				371,013

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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>				
BETHLEHEM INNPO BOX 8540 BEND, OR 97708	N/A	501(C)(3)	GENERAL FUND	110,000
BIG BROTHERS BIG SISTERS OF CO 2125 NE DAGGETT LN BEND, OR 97701	N/A	501(C)(3)	GENERAL FUND	2,500
BOYS AND GIRLS CLUB OF CENTRAL OREGON INC 500 NW WALL STREET BEND, OR 97701	N/A	501(C)(3)	GENERAL FUND	10,000
Total ▶ 3a				371,013

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Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF ST HELENACALISTOGA 1420 TAINTER STREET ST HELENA, CA 94574	N/A	501(C)(3)	GENERAL FUND	32,100
CAPITOLA JUNIOR GUARDS PARENTS CLUB PO BOX 203 CAPITOLA, CA 95010	N/A	501(C)(3)	GENERAL FUND	5,000
CHILDREN'S CANCER ASSOCIATION 1200 NW NAITO PARKWAY STE 140 PORTLAND, OR 97209	N/A	501(C)(3)	GENERAL FUND	10,000
Total ▶ 3a				371,013

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE STE 355 MINNEAPOLIS, MN 55439	N/A	501(C)(3)	GENERAL FUND	1,000
FIRST STORY 7301 OHMS LANE STE 355 BEND, OR 97701	N/A	501(C)(3)	GENERAL FUND	9,913
FREEDOM FOUNDATION PO BOX 552 OLYMPIA, WA 98507	N/A	501(C)(3)	GENERAL FUND	15,000
Total ▶ 3a				371,013

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Name and address (home or business)				
a <i>Paid during the year</i>				
HABITAT FOR HUMANITY-LA PINE PO BOX 3364 SUNRIVER, OR 97707	N/A	501(C)(3)	GENERAL FUND	2,500
HORIZON COMMUNITY CHURCH 446 FAIRWAY DR GALT, CA 95632	N/A	501(C)(3)	GENERAL FUND	8,150
JAIPUR FOOT INC42 BRISTOL DR MANHASSET, NY 11030	N/A	501(C)(3)	GENERAL FUND	5,000
Total ▶ 3a				371,013

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>				
JDRF26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	N/A	501(C)(3)	GENERAL FUND	5,000
KIDS CENTER1375 NW KINGSTON AVE BEND, OR 97701	N/A	501(C)(3)	GENERAL FUND	1,000
LEGACY X FOUNDATION 4270 CAMERON ST STE 6 LAS VEGAS, NV 89103	N/A	501(C)(3)	GENERAL FUND	10,000
Total ▶ 3a				371,013

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
MAURICE LUCAS FOUNDATION PO BOX 1661 LAKE OSWEGO, OR 97305	N/A	501(C)(3)	GENERAL FUND	10,100
MISSION CHURCH 2221 NE 3RD ST BEND, OR 97701	N/A	501(C)(3)	GENERAL FUND	34,250
MOREAU CATHOLIC HIGH SCHOOL ONE LETTERMAN DRIVE BUILDING C SUITE 3800 SAN FRANCISCO, CA 94129	N/A	501(C)(3)	GENERAL FUND	5,000
Total ▶ 3a				371,013

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
OFFICE GROUP 2797 NW CLEARWATER DR 200 BEND, OR 97703	N/A	501(C)(3)	GENERAL FUND	6,000
PASCO AVIATION MUSEUM 4102 N STEARMAN AVE PASCO, WA 99301	N/A	501(C)(3)	GENERAL FUND	10,000
ROCKY MOUNTAIN DOWN SYNDROME 7200 E HAMPDEN AVE 301 DENVER, CO 80224	N/A	501(C)(3)	GENERAL FUND	3,000
Total ▶ 3a				371,013

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>				
SECOND HARVEST TRI-CITIES PO BOX 3068 PASCO, WA 99302	N/A	501(C)(3)	GENERAL FUND	1,000
SEVEN PEAKS SCHOOL 19660 SW MOUNTAINEER WAY BEND, OR 977026500	N/A	501(C)(3)	GENERAL FUND	20,000
STREET DOG HERO19465 RANDALL CT BEND, OR 97702	N/A	501(C)(3)	GENERAL FUND	10,000
Total				371,013

▶ 3a

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>				
THE NAVIGATORSPO BOX 6079 ALBERT LEA, MN 56007	N/A	501(C)(3)	GENERAL FUND	4,000
TUALITY HEALTHCARE FOUNDATION 335 SE 8TH AVE HILLSBORO, OR 97123	N/A	501(C)(3)	GENERAL FUND	21,500
YOUNG LIFE - BEND OR32PO BOX 6051 BEND, OR 97708	N/A	501(C)(3)	GENERAL FUND	5,000
Total ▶ 3a				371,013

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)				
<i>a Paid during the year</i>				
YOUNG LIFEPO BOX 1983 PINEVILLE, OR 97754	N/A	501(C)(3)	GENERAL FUND	10,000
Total ▶ 3a				371,013

TY 2018 Accounting Fees Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,685	0		0

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

TY 2018 Depreciation Schedule

Name: THE ANJULICIA FOUNDATION

EIN: 26-1234177

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
RESIDENTIAL RENTAL	2018-04-11	70,400		SL	27 500000000000	1,813	1,813		
LAND	2018-04-11	281,600		L		0	0		

TY 2018 Distribution from Corpus Election

Name: THE ANJULICIA FOUNDATION

EIN: 26-1234177

Election: THE FOUNDATION DECLARES THAT IT IS MAKING AN ELECTION UNDER REGS. SECTION 53.4942(A)-3(D)(2) TO VARY THE SOURCE RULES ON A QUALIFYING DISTRIBUTION. THE FOUNDATION ELECTS TO TREAT ALL OF THE 2017 DISTRIBUTABLE AMOUNT OF INCOME AS A DISTRIBUTION OUT OF CORPUS REDUCING THE 2014 AND 2015 EXCESS DISTRIBUTIONS.

TY 2018 Investments Corporate Stock Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENT IN EQUITIES	3,698,295	3,533,866
HALO NEURO, INC - SERIES B	103,205	103,205

TY 2018 Investments - Land Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
RESIDENTIAL RENTAL	70,400	1,813	68,587	
LAND	281,600	0	281,600	

TY 2018 Investments - Other Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BOSTWICK COMPOUND, LP	AT COST	1,907,950	1,907,950
STADIUM CAPITAL PARTNERS	AT COST	1,793,274	1,793,274
VOLCANO VEGGIES, LLC	AT COST	129,630	129,630
2765 NW LOLO DR. BEND	AT COST	490,823	490,823
JEN 6	AT COST	122,446	122,446

TY 2018 Other Assets Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
UNDEPOSITED FUNDS	200	255	255

TY 2018 Other Decreases Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177

Description	Amount
BOOK TAX DIFFERENCE	349,058

TY 2018 Other Expenses Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	143	0		0
LICENSES & FEES	110	0		0
NONDEDUCTIBLE EXPENSES	802	0		0
INSURANCE	18	0		0
OFFICE SUPPLIES	27	0		0
FUNDRAISING EVENTS	1,700	0		0

TY 2018 Other Income Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM K-1 - PORTFOLIO INCOME	684	684	684
FROM K-1 - SEC 951A INCOME	13	13	13
FROM K-1 - SUBPART F INCOME	71	71	71
FROM K-1 - NONPASSIVE NONPORTFOLIO	-49,857	-49,857	-49,857
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	3,400		3,400

TY 2018 Other Professional Fees Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSE	51,574	51,574		0

TY 2018 Taxes Schedule**Name:** THE ANJULICIA FOUNDATION**EIN:** 26-1234177

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	4,969	0		0
OREGON EXCISE TAXES	1,152	0		0
FOREIGN TAXES	3,581	3,581		0
PROPERTY TAXES	4,129	4,129		0
FEDERAL INCOME TAX (990-T)	2,064	0		0

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
2018

Name of the organization
THE ANJULICIA FOUNDATION

Employer identification number
26-1234177

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 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 THE ANJULICIA FOUNDATION	Employer identification number 26-1234177
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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	HAYDEN ENTERPRISES INC 2464 SW GLACIER PLACE SUITE 110 REDMOND, OR 97756	\$ 59,927	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	HAYDEN HOMES IDAHO LLC 2464 SW GLACIER PLACE SUITE 110 REDMOND, OR 97756	\$ 1,632,626	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	HAYDEN HOMES LLC 2464 SW GLACIER PLACE SUITE 110 REDMOND, OR 97756	\$ 3,111,428	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE ANJULICIA FOUNDATION	Employer identification number 26-1234177
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(See instructions) Use duplicate copies of Part II if additional space is needed _____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

Name of organization THE ANJULICIA FOUNDATION	Employer identification number 26-1234177
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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
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____