

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](http://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 Westmeath Foundation		<b>A Employer identification number</b> 46-1350014	
% Foundation Source		<b>B Telephone number (see instructions)</b> (800) 839-1754	
Number and street (or P O box number if mail is not delivered to street address) Room/suite Foundation Source 501 Silverside Rd		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 198091377		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>G</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>H</b> 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		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>251,941</u>		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	960,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	6,140	6,140		
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	966,140	6,140			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	15,000			15,000
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	527			527
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	71,270	60		71,210
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	86,797	60		86,737
	<b>25</b> Contributions, gifts, grants paid	815,675			815,675
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	902,472	60		902,412	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	63,668				
<b>b Net investment income</b> (if negative, enter -0-)		6,080			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	184,773	251,941	251,941
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	184,773	251,941	251,941	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	184,773	251,941		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	184,773	251,941		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	184,773	251,941		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	184,773
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	63,668
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	3,500
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	251,941
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	251,941

**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.)
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

**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.

<b>1</b> 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	1,362,797	917,080	1.486018
2016	1,125,371	2,239,232	0.50257
2015	597,784	2,990,184	0.199915
2014	857,485	1,089,705	0.786896
2013	63,911	70,230	0.910024
<b>2</b> Total of line 1, column (d)			<b>2</b> 3.885423
<b>3</b> 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			<b>3</b> 0.777085
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 581,622
<b>5</b> Multiply line 4 by line 3			<b>5</b> 451,970
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 61
<b>7</b> Add lines 5 and 6			<b>7</b> 452,031
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 902,412

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 calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount due is 61.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of Foundation Source Telephone no (800) 839-1754

Located at 501 Silverside Road Suite 123 Wilmington DE ZIP+4 198091377

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 15

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 (1) Carry on propaganda... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization other than a charitable... (5) Provide for any purpose other than religious... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption... 6a Did the foundation, during the year, receive any funds... b Did the foundation, during the year, pay premiums... 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds... 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?

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

Table with 5 columns: (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. Includes entries for Wendy Bircher, Michael J Finney, and Kathy L Kellenaers.

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

Table with 5 columns: (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.

Total number of other employees paid over \$50,000. ▶

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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Foundation Source 55 Walls Drive 3rd FL Fairfield, CT 06824	Administrative	69,900
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . .	▶

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	590,479
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	590,479
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	590,479
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	8,857
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	581,622
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	29,081

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	29,081
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	61
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	61
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	29,020
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	3,500
<b>5</b>	Add lines 3 and 4.	<b>5</b>	32,520
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	32,520

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	902,412
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	902,412
<b>5</b>	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.	<b>5</b>	61
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	902,351

**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
<b>1</b> Distributable amount for 2018 from Part XI, line 7				32,520
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 2016, 2015, 2014				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	60,216			
<b>b</b> From 2014. . . . .	816,324			
<b>c</b> From 2015. . . . .	453,735			
<b>d</b> From 2016. . . . .	1,013,453			
<b>e</b> From 2017. . . . .	1,317,021			
<b>f</b> Total of lines 3a through e. . . . .	3,660,749			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>902,412</u>				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				32,520
<b>e</b> Remaining amount distributed out of corpus	869,892			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,530,641			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	60,216			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	4,470,425			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	816,324			
<b>b</b> Excess from 2015. . . . .	453,735			
<b>c</b> Excess from 2016. . . . .	1,013,453			
<b>d</b> Excess from 2017. . . . .	1,317,021			
<b>e</b> Excess from 2018. . . . .	869,892			

**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)

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2018</b>	<b>(b) 2017</b>	<b>(c) 2016</b>	<b>(d) 2015</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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) )  
NONE

**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 email address of the person to whom applications should be addressed

---

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

---

**c** Any submission deadlines

---

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

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>	<b>▶ 3a</b>			
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>	<b>▶ 3b</b>			



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 columns: Yes, No. Rows 1a(1), 1a(2), 1b(1), 1b(2), 1b(3), 1b(4), 1b(5), 1b(6), 1c.

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

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 Title

May the IRS discuss this return with the preparer shown below (see instr)? Yes No

Table for Paid Preparer Use Only. Columns: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

**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)				
<b>a</b> <i>Paid during the year</i>				
A SANCTUARY FOR MILITARY FAMILIES INC DBA PROJECT PO BOX 1563 GRANBY, CO 80446	N/A	PC	"A R T of Project Sanctuary" 6-day therapeutic retreats and support services for Colorado military families	10,000
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 80218	N/A	PC	General & Unrestricted	2,500
AZTEC BOYS AND GIRLS CLUB INC PO BOX 488 AZTEC, NM 87410	N/A	PC	General & Unrestricted	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS OF SOUTHWEST COLORADO 72 SUTTLE ST UNIT I DURANGO, CO 81303	N/A	PC	Community Based Mentoring Support Program	10,000
BIG BROTHERS-BIG SISTERS OF CENTRAL NEW MEXICO INC 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 87110	N/A	PC	Farmington Area School Initiative	5,000
BIG BROTHERS-BIG SISTERS OF CENTRAL NEW MEXICO INC 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 87110	N/A	PC	Farmington area School Initiative	5,000
<b>Total . . . . . ▶ 3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
BLUE STAR MOTHERS OF AMERICA INC PO BOX 917 FLORA VISTA, NM 87415	N/A	PC	General & Unrestricted	3,000
BOYS & GIRLS CLUB OF BLOOMFIELD INC 701 S 2ND ST BLOOMFIELD, NM 87413	N/A	PC	General & Unrestricted	5,000
BOYS & GIRLS CLUB OF FARMINGTON 1925 POSITIVE WAY FARMINGTON, NM 87401	N/A	PC	General & Unrestricted	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675



**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)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF LA PLATA COUNTY INC 2750 MAIN AVE DURANGO, CO 81301	N/A	PC	General & Unrestricted	10,000
CHILDHAVEN INC807 W APACHE ST FARMINGTON, NM 87401	N/A	PC	General & Unrestricted	25,000
CHILDRENS HOSPITAL COLORADO FOUNDATION 13123 E 16TH AVE BOX 045 AURORA, CO 80045	N/A	PC	Durango Derailers Family assistance fund	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
CHILDRENS HOSPITAL COLORADO FOUNDATION 13123 E 16TH AVE BOX 045 AURORA, CO 80045	N/A	PC	Pediatric Telemedicine support for Durango and the Four Corner area	120,975
COLORADO 4-H FOUNDATION INC - LA PLATA COUNTY 4-H 2500 MAIN AVE DURANGO, CO 81301	N/A	PC	Cody Project	500
COLORADO 4-H FOUNDATION INC - LA PLATA COUNTY 4-H 2500 MAIN AVE DURANGO, CO 81301	N/A	PC	La Plata County 4-H project	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY CONNECTIONS INC 281 SAWYER DR STE 200 DURANGO, CO 81303	N/A	PC	General & Unrestricted	500
DENVER EARTH RESOURCES LIBRARY 730 17TH ST DENVER, CO 80202	N/A	PC	General & Unrestricted	25,000
DESERT VIEW INC 6100 E MAIN ST FARMINGTON, NM 87402	N/A	PC	The Love for Thad fund	2,000
<b>Total . . . . .</b>				<b>815,675</b>

▶ **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)				
<b>a</b> <i>Paid during the year</i>				
DESERT VIEW INC6100 E MAIN ST FARMINGTON, NM 87402	N/A	PC	To fund counseling and services for youth suicide prevention in the four corners area	5,000
DISABLED SPORTS USA - ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302	N/A	PC	Regional Child, Youth, Young Adult Low Income Programming support and operational support	35,000
DURANGO DEVO10 TOWN PLZ 110 DURANGO, CO 81301	N/A	PC	General Scholarship Fund	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
DURANGO DISCOVERY MUSEUM 1333 CAMINO DEL RIO DURANGO, CO 81301	N/A	PC	To be used for KID's STEM Programs, including buying equipment	2,000
FAMILY CRISIS CENTER 208 E APACHE ST FARMINGTON, NM 87401	N/A	PC	Marge's Place Protective Shelter for victims and child witnesses/victims of domestic violence	20,000
FARMINGTON HIGH SCHOOL 2200 N SUNSET AVE FARMINGTON, NM 87401	N/A	GOV	Exceptional Programs Office, Farmington Municipal schools project	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE STE 420 ROCKVILLE, MD 20850	N/A	PC	To be used to support the building of a new facility in Albuquerque, New Mexico	3,000
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DR DURANGO, CO 81301	N/A	PC	Westmeath Foundation Geology Scholarship Fund	10,000
FOUNDATION FOR EDUCATIONAL EXCELLENCE INC 2001 N DUSTIN AVE FARMINGTON, NM 87401	N/A	PC	Mini Grants Fund	1,000
<b>Total . . . . .</b>				<b>815,675</b>

▶ **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)				
<b>a</b> <i>Paid during the year</i>				
FOUR CORNERS EQUINE RESCUE 22 RD 3334 AZTEC, NM 87410	N/A	PC	Purchase Feed Program	12,500
FOUR CORNERS EQUINE RESCUE 22 RD 3334 AZTEC, NM 87410	N/A	PC	purchase feed Program	12,500
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	N/A	PC	General & Unrestricted	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	N/A	PC	General & Unrestricted	15,000
IGW CHILDRENS HOPE FOUNDATION INC PO BOX 1353 FARMINGTON, NM 87499	N/A	PC	Family Care and Support Services Project	25,000
IGW CHILDRENS HOPE FOUNDATION INC PO BOX 1353 FARMINGTON, NM 87499	N/A	PC	Family care and Support Services Project	35,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675



**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)				
<b>a</b> <i>Paid during the year</i>				
ITS MY VERY OWN BAGS OF LOVE SAN JUAN CHAPTER 7320 TUSCANY WAY FARMINGTON, NM 87402	N/A	PC	General & Unrestricted	8,000
KNOW THE SNOW1467 COUNTY RD 303 DURANGO, CO 81303	N/A	PC	Know the Snow project	3,000
LA PLATA YOUTH SERVICES INC 2490 MAIN AVE DURANGO, CO 81301	N/A	PC	General Operating Fund	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

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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)				
<b>a</b> <i>Paid during the year</i>				
LIBERTY SCHOOL INC 162 STEWART ST UNIT B DURANGO, CO 81303	N/A	PC	General Scholarship Fund	15,000
MINDS MATTERPO BOX 48162 DENVER, CO 80204	N/A	PC	Minds Matter College Access Mentoring Program	10,000
MONTROSE REGIONAL LIBRARY DISTRICT 302 S 2ND ST MONTROSE, CO 81401	N/A	GOV	For the Natuita Public Library STEM related programs for kids	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
MONTROSE REGIONAL LIBRARY DISTRICT 302 S 2ND ST MONTROSE, CO 81401	N/A	GOV	Sustainable Technology and Coding for Kids	6,000
MONTROSE REGIONAL LIBRARY DISTRICT 302 S 2ND ST MONTROSE, CO 81401	N/A	GOV	For the Natuita Public Library STEM related programs for kids	2,000
NEW MEXICO AUTISM SOCIETY PO BOX 30955 ALBUQUERQUE, NM 87190	N/A	PC	To provide youth services to families in the Four corners area	1,000
<b>Total . . . . . ▶ 3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
OPERATION SECOND CHANCE INC 22708 BIRCHCREST LN CLARKSBURG, MD 20871	N/A	PC	Operation Second Chance / The Bayfield Group National organization	10,000
PARADOX VALLEY SCHOOLPO BOX 420 PARADOX, CO 81429	N/A	PC	After School Programs (Focus on STEM)	5,000
PEACHS NEET FEET3105 MUNICIPAL DR FARMINGTON, NM 87401	N/A	PC	Peach's Neet Feet Project	25,000
<b>Total . . . . . ▶ 3a</b>				815,675

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PEACHS NEET FEET3105 MUNICIPAL DR FARMINGTON, NM 87401	N/A	PC	For the travel expenses fund of two families needing support	3,000
PEOPLE ASSISTING THE HOMELESS INC 520 HYDRO PLANT RD FARMINGTON, NM 87401	N/A	PC	Maintaining shelter and safety for the children	15,000
PRESBYTERIAN MEDICAL SERVICES 1422 PASEO DE PERALTA SANTA FE, NM 87501	N/A	PC	Yes You Can Experience Project	5,000
<b>Total . . . . .</b>				<b>815,675</b>

▶ **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)				
<b>a</b> <i>Paid during the year</i>				
PROJECT MERRY CHRISTMAS OF LA PLATA COUNTY INC PO BOX 422 DURANGO, CO 81302	N/A	PC	general & unrestricted	2,000
REGIONAL ANIMAL SHELTER FOUNDATION INC PO BOX 1242 FARMINGTON, NM 87499	N/A	PC	General & Unrestricted	10,000
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION 318 ISLETA BLVD SW ALBUQUERQUE, NM 87105	N/A	PC	Camp Enchantment New Mexico Project	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
RONALD MCDONALD HOUSE CHARITIES OF NEW MEXICO 1011 YALE BLVD NW ALBUQUERQUE, NM 87106	N/A	PC	General & Unrestricted	3,500
SAMARITANS PURSEPO BOX 3000 BOONE, NC 28607	N/A	PC	Operation Heal our Patriots program	1,000
SAN JUAN CENTER FOR INDEPENDENCE INC 1204 SAN JUAN BLVD FARMINGTON, NM 87401	N/A	PC	SJCI Youth Program	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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
<b>a</b> <i>Paid during the year</i>				
SAN JUAN COLLEGE FOUNDATION 4601 COLLEGE BLVD FARMINGTON, NM 87402	N/A	SO III FI	Charitable Event	5,000
SAN JUAN COUNTY LIFE SKILLS FOUNDATION PO BOX 360 KIRTLAND, NM 87417	N/A	PC	Leadership Programming for Youth Participants Project	15,000
SAN MIGUEL COUNTYPO BOX 486 NORWOOD, CO 81423	N/A	GOV	Charitable Event	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675



**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)				
<b>a</b> <i>Paid during the year</i>				
SAN MIGUEL RESOURCE CENTER PO BOX 3243 TELLURIDE, CO 81435	N/A	PC	for the benefit of the West End	1,000
SEXUAL ASSAULT SERVICES OF NORTHWEST NEW MEXICO IN 622 W MAPLE ST STE H FARMINGTON, NM 87401	N/A	PC	General & Unrestricted	2,500
SEXUAL ASSAULT SERVICES OF NORTHWEST NEW MEXICO IN 622 W MAPLE ST STE H FARMINGTON, NM 87401	N/A	PC	General & Unrestricted	2,500
<b>Total . . . . . ▶ 3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
SEXUAL ASSAULT SERVICES OF NORTHWEST NEW MEXICO IN 622 W MAPLE ST STE H FARMINGTON, NM 87401	N/A	PC	Children and youth services	500
SEXUAL ASSAULT SERVICES ORGANIZATION PO BOX 2723 DURANGO, CO 81302	N/A	PC	Children and youth services	1,000
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607	N/A	PC	General & Unrestricted	10,000
<b>Total . . . . . ▶ 3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
SPRING CREEK HORSE RESCUE 2888 COUNTY RD 234 DURANGO, CO 81301	N/A	PC	General & Unrestricted	6,000
SPRING CREEK HORSE RESCUE 2888 COUNTY RD 234 DURANGO, CO 81301	N/A	PC	General & Unrestricted	6,000
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 262 DANNY THOMAS PL MEMPHIS, TN 38105	N/A	PC	General & Unrestricted	10,000
<b>Total . . . . .</b>				<b>815,675</b>

▶ **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)				
<b>a</b> <i>Paid during the year</i>				
TELLURIDE ADAPTIVE SKI PROGRAM PO BOX 2254 TELLURIDE, CO 81435	N/A	PC	General & Unrestricted	30,000
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	N/A	PC	West End School District (WEPS) Apprenticeship Program	20,000
THE NEW MEXICO 4-H YOUTH DEVELOPMENT FOUNDATION PO BOX 30003 MSC 3AE LAS CRUCES, NM 88003	N/A	PC	San Juan County 4-H Youth Development Program	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				815,675

**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)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF NEW MEXICO FOUNDATION INCORPORATED 700 LOMAS BLVD NE STE 108 ALBUQUERQUE, NM 87102	N/A	PC	Carrie Tingley Hospital Diabetes Outreach support for NW New Mexico	30,700
WEST TEXAS COUNSELING & GUIDANCE INC 242 N MAGDALEN ST SAN ANGELO, TX 76903	N/A	PC	for the benefit of San Angelo Counseling	2,500
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DR STE 600 RESTON, VA 20191	N/A	PC	Regan Ranch Program	10,000
<b>Total . . . . .</b>				<b>815,675</b>

▶ **3a**

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

## **TY 2018 Depreciation Schedule**

**Name:** Westmeath Foundation

**EIN:** 46-1350014

**TY 2018 LiquidationExplanationStmt**

**Name:** Westmeath Foundation

**EIN:** 46-1350014

**Statement:** As explained below, the Foundation has no plans for dissolution. This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions: During the taxable year ending December 31, 2018, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$815,675. This amount represents 25% or more of the Foundation's net assets of \$184,773 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2018. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution. The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

**TY 2018 Other Expenses Schedule****Name:** Westmeath Foundation**EIN:** 46-1350014**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	69,900			69,900
Bank Charges	60	60		
Foundation Dues & Memberships	500			500
Indemnification Insurance	750			750
State or Local Filing Fees	35			35
POSTAGE/DELIVERY FEE	25			25



**TY 2018 Other Increases Schedule****Name:** Westmeath Foundation**EIN:** 46-1350014

<b>Description</b>	<b>Amount</b>
RETURNED GRANT	3,500

**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](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
Westmeath Foundation

**Employer identification number**  
46-1350014

**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 33<sup>1</sup> 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)

<b>Name of organization</b> Westmeath Foundation	<b>Employer identification number</b> 46-1350014
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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	Estate of Elliot Riggs c/o LeAnn Foutz PO Box 711  Farmington, NM 87499	\$ 960,000	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 )
		\$	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 )
		\$	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 )

<b>Name of organization</b> Westmeath Foundation	<b>Employer identification number</b> 46-1350014
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**Part II Noncash Property**

<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____
	_____	_____ \$	_____

<b>Name of organization</b> Westmeath Foundation	<b>Employer identification number</b> 46-1350014
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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
_____	_____
_____	_____