Form 990-T		Exempt Organization Bus (and proxy tax und	l	-4' 0000(-1)	_		OMB No. 1	
	Force	(and proxy tax und	18	and ending JUN	1 30, 2019 M)()(20	118
Department of the Treasury Internal Revenue Service	1	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may	ISTUCTO	ins and the latest intolo	1200n.		Open to Publi 501(c)(3) Orga	c Inspection for inizations Only
A Check box if address changed		Name of organization (changed	and see instructions.)		D Employer identification number (Employees' trust, see instructions.)		
B Exempt under section	Print	Print DBA MADDIE'S FUND						163
▼ 501(c()(3)	Or	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			ated business instructions.)	activity code
408(e) 220(e)	Type	6150 STONERIDGE MALL RD, NO. 125]					
408A 530(a)		City or town, state or province, country, and ZIP of PLEASANTON, CA 94588	r foreigi	n postal code		52300	00	
C Book value of all easets		F Group exemption number (See instructions.)						
at end of year 285,050	,982.	Check organization type ➤ X 501(c) cor	poration	501(c) trust	401(a)	trust		Other trust
H Enter the number of the	organiza	ation's unrelated trades or businesses.	1	Describe	the only (or first) un	related		
trade or business here	S	EE STATEMENT 23		. If only one	, complete Parts I-V.	If more	than one,	
		ace at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	e M for each addition	al trade	or	
business, then complete	Parts II	I-V.						
		poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	▶ [Ye	s X	No
		tifying number of the parent corporation.						
		VALERIE STOLTENBERG		Teleph	one number 🕨 🥴	925)	310-5450)
Part I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses	1775	D (0) Net
1a Gross receipts or sal	es							ļ i
b Less returns and allo	wances	c Balance ▶	1c		7		S	
2 Cost of goods sold (Schedule	e A, line 7)	2		MAY I	<u>3 202</u>	<u>(0</u>	
		rom line 1c	3				Ĭĸ.	
		ch Schedule D)	42	31,275.	OGDE	N I	IT.	31,275.
		Part II, line 17) (attach Form 4797)	4b		0002			<u> </u>
c Capital loss deduction	n for tru	sts	4c			.,		
		ship or an S corporation (attach statement)	5	-6,928.	STMT 24			-6,928.
			6					
7 Unrelated debt-finan			7					
8 Interest, annuities, ro	yaltıcs, e	and rents from a controlled organization (Schedule F)	8					
9 Investment income of	of a secti	on 501(c)(7), (9), or (17) organization (Schedule G)	9	<u> </u>			<u> </u>	
10 Exploited exempt act	tivity inco	ome (Schedule I)	10		ļ <u>.</u>		ļ	
11 Advertising income (Schedul	e J)	11					
12 Other income (See ii	nstructio	ns; attach schedule)	12					
13 Total. Combine line	s 3 throu	ıgh 12	13	24,347.			<u> </u>	24,347.
Part II Deduction	ons No	ot Taken Elsewhere (See instructions for	or limita	ations on deductions.)				
(Except for	contrib	utions, deductions must be directly connected	d with t	he unrelated business	income.)			
14 Compensation of o	fficers, d	irectors, and trustees (Schedule K)				14		
15 Salaries and wages						15	<u> </u>	
16 Repairs and mainte	nance					16		
						17	 	
18 Interest (attach sch		see instructions)				18	 	
19 Taxes and licenses						19	 	
20 Charitable contribu		e instructions for limitation rules) STATEMENT			NT 25	20		0.
21 Depreciation (attack	h Form 4	562)				 	,	
22 Less depreciation of		n Schedule A and elsewhere on return				22b		
						23		
7 24 Contributions to de		ompensation plans				24	 	
						25	 	
		chedule I)				26		
= 27 Excess readership	costs (So	chedule J)				27	 	£ 600
		hedule)			NT 26	28	├ —	6,600.
		s 14 through 28			24			6,600.
		income before net operating loss deduction. Subtra-				30	├	17,747.
		loss arising in tax years beginning on or after Janua			51	31	┼	17 747
		income. Subtract line 31 from line 30			الاستان	322	ــِـــِ	17,747.
823701 01_00_10 HA	or Page	rwork Reduction Act Notice, see instructions.				•	Form 8	90-T (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Part I	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	17,747.				
34	Amounts paid for disallowed fringes	34					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 28	35	17,747.				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
•		36					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.				
38	· · · · · · · · · · · · · · · · · · ·						
30	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	2	0.				
Dort I	V Tax Computation	1 30 1					
		1 & 1	0.				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	·····				
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	- <u> </u> -					
	Tax rate schedule or Schedule D (Form 1041)	40					
41	Proxy tax. See instructions	41					
42	Alternative minimum tax (trusts only)	42					
43	Tax on Honcompliant Facility Income. See instructions	48					
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	144	0.				
Part \		, ' , 					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a						
b	Other credits (see instructions) 45b	1 1					
c	General business credit. Attach Form 3800	1 1					
đ	Credit for prior year mınimum tax (attach Form 8801 or 8827)	<u> ,_ </u>					
e	Total credits. Add lines 45a through 45d	45e					
46		48	0.				
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255' Form 8611 Form 8697 Form 8866 Other (attach schedule)	47					
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,	49	0.				
50 a	Payments: A 2017 overpayment credited to 2018 50a 2,500.						
b	2018 estimated tax payments]					
·	Tax deposited with Form 8868 50c	1					
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	1					
e	Total Control of the	1					
4	Credit for small employer health insurance premiums (attach Form 8941)	1					
	Other credits, adjustments, and payments: Form 2439	1 1					
y	Form 4136 Other Total Sog	1 . 1	1				
64	Total payments. Add lines 50a through 50g	5	2,500.				
61 50	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	<u>-</u>				
52	Estimated tax penalty (see insultations), clieds in runni 2220 is attached to the second seco	53					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,500.				
54 < 958	Overpayment. If life 5 is larger than the total of lifes 46, 49, and 52, enter amount overpaid	55	0.				
Part \		1 49 1					
			Van Na				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here >		T X				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		- ^- ,				
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	45.45.45.4					
0:	Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is true	•				
Sign	A = A + A + A + A + A + A + A + A + A +	ay the IRS discuss this	return with				
Here		e preparer shown below					
	Signature of Officer Date Title in	structions)? X Ye	s No				
	Print/Type preparer's name Preparer's signature Date Check	if PTIN					
Paid	self- employed	1					
Prepa	RATY BROWN KATY BROWN 04/13/20	P00650274					
Use (Let 4 A ROMANTINO TTD	94-62148	41				
	12657 ALCOSTA BLVD, STE. 500						
	Firm's address ► SAN RAMON, CA 94583-4600 Phone no. 9	25-790-2600					
823711 01		Form 98	20-T (2018)				

Form 990-T (2018) DBA MADDIE'S FUND

Schedule A - Cost of Goods	Sold. En	iter method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year			~~~	Inventory at end of yea	r .		6		
2 Purchases			7	Cost of goods sold. Se					
3 Cost of labor			7	from line 5. Enter here			1		
4a Additional section 263A costs			7	line 2		-	7	-1	
(attach schedule)	49		8	Do the rules of section			ш	Ye	s No
b Other costs (attach schedule)		· · · · · · · · · · · · · · · · · · ·	٦°	property produced or a	•	•			
5 Total Add lines 1 through 4b			┥	the organization?	cqun cu	i toi resais) appiy to			-
Schedule C - Rent Income (From Re	al Property and	1 Dar		0250	d With Real Pror	art.		
(see instructions)	, 101111161	arrioporty and	a (0)	sonai i Toporty D	· aso	a Wiai i loai i lop		,	
(See ilistractions)		- ·							
. Description of property									
								· · - · · · · · · · · · · · · · · · · ·	
(1)							-		
(2)							-	· 	
(3)						 			-
(4)						· · · · · · · · · · · · · · · · · · ·			
***		ceived or accrued		,		3(a) Deductions direct	v conne	cted with the incom	e in
(a) From personal property (if the perconal property is more	centage of than	(b) From real of rent for	and pers personal	onal property (if the percentag property exceeds 50% or if) 8	columns 2(a)	and 2(b)	(attach schedule)	
10% but not more than 50%)				ed on profit or income)					
(1)									
(2)									
(3)									
(4)									
Total) Total			0.		•		
c) Total income. Add totals of columns	2(a) and 2(b).	Enter				(b) Total deductions.			
here and on page 1, Part I, line 6, column		.			0.	Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		ed Income (see	instru	ctions)					
		\-	1			3. Deductions directly co			
] 2	Gross income from or allocable to debt-		to debt-finar	rced pro		
1. Description of diabt-fin	anced property			financed property	(8)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		bons de)
			1			((auach schedus)		
/A)	 		+	·			_		
(1)			+			······································	-	·····	
(2)					 -				
(3)	·						→-		
(4)			_		<u> </u>				
4. Amount of average acquisition debt on or allocable to debt-financed	5. Ave	rage adjusted basis f or allocable to	(Column 4 divided by column 5		7. Gross income reportable (column		8. Allocable ded (column 6 x total of	
property (attach schedule)	debt-	financed property ttach schedule)	1	5 , 6		2 x column 6)		3(a) and 3(t	
	,,,						-	 	
(1)			1	%			\bot		_
(2)				%%			\bot		
(3)				%					
(4)			\bot	%					
				-:	ε	inter here and on page 1,		Enter here and on p	page 1,
					1	Part I, line 7, column (A).	İ	Part I, line 7, colur	nn (B).
Totals				, b			0.		0
Total dividends-received deductions in	cluded in col	umn 8							0
I COM CHAIGETOS JEFEIAEG GEGGEGOUS III									

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)]			
(3)					<u></u>	
(4)						
			1			
Totals (carry to Part II, line (5))	0.	0.		L		0 000 T (2044

Form **990-T** (2018)

Form 990-T (2018) DBA MADDIE'S FUND Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	F ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 23		
BUSINESS ACTIVITY						

UNRELATED BUSINESS INCOME FROM PARTNERSHIP ACTIVITY

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 24
DESCRIPTION		NET INCOME OR (LOSS)
	WESTMENTS - ORDINARY BUSINESS	
INCOME (LOSS)	VESTMENTS - NET RENTAL REAL ESTATE	-7,331.
INCOME	THISE LIMBY LEW - CINEMICEON	-883.
	IVESTMENTS - OTHER NET RENTAL	1 202
INCOME (LOSS)	WESTMENTS - INTEREST INCOME	-1,282. 486.
* - · · · · · · · · · · · · · · · · · ·	VESTMENTS - INTEREST INCOME	332.
UBTI FROM PASSTHROUGH IN		320.
	WESTMENTS - OTHER PORTFOLIO INCOME	
(LOSS)		-8.
UBTI FROM PASSTHROUGH IN	WESTMENTS - OTHER INCOME (LOSS)	1,438.
TOTAL INCLUDED ON FORM S	990-T, PAGE 1, LINE 5	-6,928.
FORM 990-T	CONTRIBUTIONS	STATEMENT 25
DESCRIPTION/KIND OF PROP	PERTY METHOD USED TO DETERMINE FMV	AMOUNT
	N/A	11,957,845.
CASH CONTRIBUTIONS		
TOTAL TO FORM 990-T, PAGE	GR 1, LINE 20	11,957,845.
	OTHER DEDUCTIONS	11,957,845. STATEMENT 26
TOTAL TO FORM 990-T, PAG		
TOTAL TO FORM 990-T, PAC		STATEMENT 26

FORM 990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	27
QUALIFIED CONTE	RIBUTIONS SUBJECT TO 100%	LIMIT			
CARRYOVER OF PE FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR	2014 2015 2016	TIONS			
TOTAL CARRYOVER TOTAL CURRENT	R YEAR 10% CONTRIBUTIONS		11,957,845		
TOTAL CONTRIBUT	rions available Limitation as adjusted		11,957,845 0	_	
EXCESS 10% CONTEXCESS 100% CONT		•	11,957,8 4 5 0	_	
TOTAL EXCESS CO	ONTRIBUTIONS		11,957,845	_	
ALLOWABLE CONTE	RIBUTIONS DEDUCTION				0
TOTAL CONTRIBUT	TION DEDUCTION				0

FORM 990-T	net	OPERATING LOSS D	DEDUCTION	STATEMENT 28
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	27,893.	27,893.	0.	0.
06/30/10	140,506.	140,506.	0.	0.
06/30/11	137,744.	137,744.	0.	0.
06/30/12	128,370.	7,924.	120,446.	120,446.
06/30/13	40,317.	0.	40,317.	40,317.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	160,763.	160,763.

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Bo to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

THE DUFFIELD FAMILY FOUNDATION

Employer identification number

DBA MADDIE'S FUND				_مه ا	3362163
Part I Short-Term Capital Ga	ine and Loseas (Coo	inetructions)		74	3302103
See instructions for how to figure the amounts	ins and Losses (See	HISHUCIONS.)	T		<u> </u>
to enter on the lines below.	(d) Proceeds	(e) Cost	(6) Adjustments to gai or loss from Form(s) 89	in IO	(it) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					82.
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kir				5	
6 Unused capital loss carryover (attach compu	tation)	SEE STA	TEMENT 29	6	(15,506.)
7 Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in columi	ıh		7	15,424.
Part II Long-Term Capital Ga	ins and Losses (See	instructions.)			<u> </u>
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(0) Adjustments to gar or loss from Form(s) 894	n	(N) Gam or (loss). Subtract
to the on the name below.	Proceeds	1 A:/.		_	column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, line 2, column (19, 1)	combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line the	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, lune 2, column (s	is,	combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to	(sales price)	(or other basks)	or loss from Form(s) 894 Part II, lune 2, column (s		combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	(sales price)	(or other basks)	or loss from Form(s) 894 Part II, lune 2, column (s		combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on	(sales price)	(or other basks)	or loss from Form(s) 894 Part II, lune 2, column (s		combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	(sales price)	(or other basks)	or loss from Form(s) 894 Part II, lune 2, column (s		combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on	(sales price)	(or other basks)	or loss from Form(s) 894 Part II, lune 2, column (s		combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, lune 2, column (s	9,	combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on	(sales price)	(or other basks)	or loss from Form(s) 894 Part II, lune 2, column (s	11	combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked	(sales price)	(or other basis)	Part II, line 2, column (combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	(sales price)	(or other basis)	Part II, line 2, column (11	combine the result with column (g)
round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-kin	(sales price)	(or other basis)	Part II, line 2, column (i	11 12	25,027.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale: 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin	(sales price) S from Form 6252, line 26 or 3 and exchanges from Form 8824	(or other basis)	Part II, line 2, column (i	11 12 13	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an	(sales price) s from Form 6252, line 26 or 3 nd exchanges from Form 8824 le lines 8a through 14 in colum d ii	(or other basis)	Part II, line 2, column (i	11 12 13 14 15	25,027.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an	(sales price) Is from Form 6252, line 26 or 3 and exchanges from Form 8824 Is lines 8a through 14 in colum Is lines 7) over net long term capit	(or other basis) 7 In h al loss (line 15)	Part II, line 2, column (i	11 12 13 14 15	25,027. 21,672.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an 16 Enter excess of net short-term capital gain (li	(sales price) s from Form 6252, line 26 or 3 and exchanges from Form 8824 se lines 8a through 14 in colum d li ine 7) over net long term capital m capital gain (line 15) over ne	(or other basis) 7 In h al loss (line 15) t short-term capital loss (line	Part II, line 2, column (i	11 12 13 14 15	25,027. 21,672. 46,699.
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale long-term capital gain or (loss) from like-kin Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an	(sales price) S from Form 6252, line 26 or 3 and exchanges from Form 8824 Be lines 8a through 14 in colume of 11 inc 7) over net long term capital gain (line 15) over net 1120, page 1, line 8, or the price of 1120, page 1, line 8, or the page 1120, page 112	(or other basis) 7 In h al loss (line 15) t short-term capital loss (line	Part II, line 2, column (i	11 12 13 14 15	25,027. 21,672.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2018 ttachment

Name(s) shown on return
THE DUFFIELD FAMILY FOUNDATION

DBA MADDIE'S FUND

Social security number or taxpayer identification no.

94-3362163

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your	
broker and may even tell you which box to check.	
Part Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term	
transactions, see page 2.	
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or	
codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).	

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(A) Short-term transactions re	ported on Form(s	i) 1099-B showin	g basis was report	ted to the IRS (see	Note ab	ove)	
(B) Short-term transactions re	ported on Form(s) 1099-B showin	g basis wasn't re	ported to the IRS			
X (C) Short-term transactions no	ot reported to you	on Form 1099-	3				
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
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2 Totals. Add the amounts in colunegative amounts). Enter each to							

above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Form 8949 (2018)

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRC was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedulo D, line 8b (if Box D above is checked), line 9 (if Dox E