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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	alen	dar year 2013 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	on number
м	EL.	VIN & LOIS HOINESS FO	TNIDATTON		45-207723	6
		nd street (or P O box number if mail is not delivered to st		Room/suite	B Telephone number	<u> </u>
		8 S MYRTLE ST	active ac	1,00,000		1-3890
		own, state or province, country, and ZIP or foreig	n postal code		C If exemption application is	- T-
_ <u>S</u>	PO:	KANE, WA 99223				
G	heck	all that apply: Initial return		ormer public charity	D 1. Foreign organization	ns, check here
		Final return	Amended return		Foreign organizations no check here and attach is	neeting the 85% test,
		Address change	Name change			
H (_	type of organization: X Section 501(c)(3 ction 4947(a)(1) nonexempt charitable trust	 exempt private foundation Other taxable private foundation 	ation	E If private foundation st under section 507(b)(
L F			unting method: X Cash	Accrual	F If the foundation is in a	
		Part II. col. (c), line 16)	Other (specify)		under section 507(b)(
•	\$	2,680,420. (Part I, c	olumn (d) must be on cash l	basis)		
_	ırt l	T	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	,	necessarily equal the amounts in column (a)	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	40,521.	·	N/A	
	2	Check If the foundation is not required to attach Sch B Interest on savings and temporary	-			
Revenue	3	cash investments	47,933.	47,933.		STATEMENT 1
	4	Dividends and interest from securities Gross rents	41,933.	47,333.		DIATEMENT I
	"."	Net rental income or (loss)				=
		Net gain or (loss) from sale of assets not on line 10	63,288.			
	b	Gross sales price for all assets on line 6a 1, 252, 711	•			
	7	Capital gain net income (from Part IV, line 2)		63,288.		
<u> </u>	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
		and allowances				
		Gross profit or (loss)				
	11	Other income	350.	350.		STATEMENT 2
	12	Total. Add lines 1 through 11	152,092.	111,571.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages			<u>-</u>	_
ý	15	Pension plans; employee benefits	220	0.		330.
nsê		Legal fees STMT 3 Accounting fees STMT 4	330. 1,900.	0.		1,900.
Expens	0	Accounting fees Other professional fees STMT 4	24,928.	24,928.		0.
	17	Interest	21/5200	21,3200		
I I ∠∭ા∜ Administrative	18	Taxes STMT 6	1,138.	0.		0.
<u>《</u> ₩ № nistrati	19	Depreciation and depletion-				
≓ ≓	20	Occupancy		 -	ļ <u>-</u> -	
		Travel, conferences, and meetings			_	
MAY Ya ang	22	Printing and publications				
ting	23	Other expenses Total operating and administrative				
:U শি∆া Operating and	24	expenses. Add lines 13 through 23	28,296.	24,928.	,	2,230.
밁ᆼ	25	Contributions, gifts, grants paid	94,000.			94,000.
Z		Total expenses and disbursements.				
₹ ~—	<u> </u>	Add lines 24 and 25	122,296.	24,928.		96,230.
	27	Subtract line 26 from line 12:	00 506			
)		Excess of revenue over expenses and disbursements	29,796.	86,643.		
		Net investment income (if negative, enter -0-)		00,043	N/A	
323	01 0-13	Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice,	see instructions	<u> </u>	41/44	Form 990-PF (2013)
10-1	0-13	L. D. Yol Fupolitic Residential Control of Control		1		620

Part II Balance Sheets Standard stretches and ensests in no encogness Supplied of year Color Colo	For	m 99	00-PF(2013) MELVIN & LOIS HOINESS F	OUNDATION	45-2	2077236 Page 2
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2 Savings and temporary cash investments 34,096. 35,025. 35,025. 35,025.	<u> </u>	<u>aπ</u>	column should be for end-of-year amounts only	(a) Book Value		
2 Savings and temporary cash investments 34,096. 35,025. 35,025. 35,025. 36,00000000000000000000000000000000000		1	Cash - non-interest-bearing	53,532.	47,045.	47,045.
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2,266,523. 2,296,319. Part III	ts (27				
2,266,523. 2,296,319. Part III	SSe	28				
2,266,523. 2,296,319. Part III	Ţ	29				
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2, 296, 319.	ž	30	Total net assets or fund balances	2,266,523.	2,296,319.	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2, 296, 319.				2 266 522	2 206 210	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2, 296, 319.		31			2,290,319.	
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	P	art	Analysis of Changes in Net Assets or Fund B	alances		
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	1	Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30					1	
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 4 2,296,319. 5 0. 6 2,296,319.	2				2	29,796.
5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 5 0. 6 2,296,319.	3	Oth	er increases not included in line 2 (itemize)		3	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2, 296, 319.	4	Add	lines 1, 2, and 3		4	
	-					
	<u>6</u>	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,296,319. Form 990-PF (2013)

107,266.

96,230.

7 Add lines 5 and 6

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.

8 Enter qualifying distributions from Part XII, line 4

	n 990-PF (2013) MELVIN & LOIS HOINESS FOUNDATION	ON	45-	<u>-207723</u>	6	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940		or 4948	- see inst	ructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and ent					
	Date of ruling or determination letter: (attach copy of letter if nece				4 -	
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	' 1		1,7	33.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of line 27b.					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ers enter -0-)	2	+	1 7	0.
3	Add lines 1 and 2		3	 	<u> </u>	33.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners enter -0-)	4	 	1 7	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	 	<u> </u>	33.
	Credits/Payments:	- 1				
	2013 estimated tax payments and 2012 overpayment credited to 2013	6a				
	Exempt foreign organizations - tax withheld at source	6b				
	: Tax paid with application for extension of time to file (Form 8868)	6c				
	Backup withholding erroneously withheld	6d	 .			0
	Total credits and payments. Add lines 6a through 6d		7	+		$\frac{0.}{24.}$
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach	nea	8	+	1 7	57.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	+	1,/	<u> 5 / .</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	p.44	<u>10</u> ed ► 11	+		
	Enter the amount of line 10 to be: Credited to 2014 estimated tax art VII-A Statements Regarding Activities	Refundo	11	<u> </u>		
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	tion or did it participate or in	en/ene in		Yes	No
18		mon or the it participate or in	.C. VCIIC III	1a	1	X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	se (eas instructions for the da	funition\2	1b	1	X
D	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and			1.0	+	
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			1c		x
	i Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	/ear*		10		-
u	(1) On the foundation. > \$ (2) On foundation managers.		0.			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu					İ
-	managers. > \$ 0.	ne lax impossa on loundano				l
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	5?		2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins		ation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	+	X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	3.	7 / 3 / 4a	1	
	of "Yes," has it filed a tax return on Form 990-T for this year?		T.	N/A 4b 5		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.			5	+	^
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:				
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with the	ne state law			
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II, col. (c), and F	art XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions MT	<u> </u>				
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attended of each state as required by General Instruction G? If "No," attach explanation	orney General (or designate)		8b	x	
0	Is the foundation claiming status as a private operating foundation within the meaning of sect	tion 4942(i)(3) or 4942(i)(5)	for calendar	00	<u>^</u>	\vdash
3	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," co		or outenual	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule		STMI		X	
IV	DIG any persons occome substantial continuators during the tax year. If ites, attach a schedule	moving men flames and addresses	<u> </u>	Form 99		(2013)

orm 990-PF (2013) MELVIN & LOIS HOINESS FO	DUNDATION	Downing d (cont.	45-20112	36	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Requirea (contin	uea)		
5a During the year did the foundation pay or incur any amount to:		·	[]		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		İ
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	i?	Yo	es X No		ľ
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or				
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		- 1	1
expenditure responsibility for the grant?	Ŋ	I/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?	F-71	Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?	···	1	6Ь	x
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribute.				7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highly			
Paid Employees, and Contractors			•		
List all officers, directors, trustees, foundation managers and their	compensation.	· <u>·</u>			
		(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ačcoui	xpense nt, other vances
CHRIS HOINESS	DIRECTOR	enter -0-j	Compensation	<u> </u>	unoco
5708 CHICAGO RD	DIRECTOR				
	1.00	0.	0.		0.
STEVE HOINESS	DIRECTOR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	DIRECTOR				
1108 S MYRTLE ST	1.00	0.	0.		0
SPOKANE, WA 99223	1.00	0.	<u> </u>		<u> </u>
	-				
	-				
					
	-				
	-	,			
	luded as line 4) 16 sees		<u> </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NUNE."	(d) Contributions to	(a) E	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accour	xpense nt, other vances
	devoted to position		compensation	allow	rances_
NONE					
	ļ. <u>.</u> .	ļ			
]				
otal number of other employees paid over \$50,000			.		0
			Form	990-PI	F (2013)

323551 10-10-13

	MISSIPPI (2013) MEDVIN & LOIS HOINESS FOUNDATION	4.7	Z077Z30
Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,456,092.
b	Average of monthly cash balances	1b	107,033.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,563,125.
е	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	2,563,125.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	38,447.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,524,678.
6	Minimum investment return. Enter 5% of line 5	6	126,234.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	126,234.
	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,733.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	124,501.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	124,501.
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	124,501.
Р	art 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	96,230.
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	96,230.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,230.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section
	4040/-V and rather after the three cores		

45-2077236 MELVIN & LOIS HOINESS FOUNDATION Page 9 Form 990-PF (2013) Part XIII Undistributed Income (see instructions) (d) (b) (c) 2013 Years prior to 2012 2012 Corpus 1 Distributable amount for 2013 from Part XI, 124,501. line 7 2 Undistributed income, if any, as of the end of 2013 0 a Enter amount for 2012 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2013: a From 2008 **b** From 2009 c From 2010 18,679 d From 2011 e From 2012 18,679. f Total of lines 3a through e 4 Qualifying distributions for 2013 from 96,230 Part XII, line 4: ►\$ 0 a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 96,230. d Applied to 2013 distributable amount 0 . e Remaining amount distributed out of corpus 18,679. 18,679 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 0 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of

lines 4d and 5 from line 1. This amount must be distributed in 2014

7 Amounts treated as distributions out of corpus to county requirements improved by

e Undistributed income for 2012. Subtract line

4a from line 2a. Taxable amount - see instr. f Undistributed income for 2013. Subtract

deficiency has been issued, or on which the section 4942(a) tax has been previously

d Subtract line 6c from line 6b. Taxable

amount - see instructions

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)

8 Excess distributions carryover from 2008 not applied on line 5 or line 7

9 Excess distributions carryover to 2014.
Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2009

assessed

b Excess from 2010 c Excess from 2011

d Excess from 2011

e Excess from 2013 323581 10-10-13

For	m 99 0)-PI	F (2013)

9,592.

0

0

0

0 .

0

0

Part XIV Private Operating For		NESS FOUNDA			011236 Fage
				N/A	
1 a If the foundation has received a ruling or d					
foundation, and the ruling is effective for 2	•	-	▶ └	4040()(0)	10.10(.)(5)
b Check box to indicate whether the foundat		ing foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2012	Prior 3 years	(d) 2010	/o) Total
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(0) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		<u></u>			
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ <u></u>		
d Amounts included in line 2c not				ĺ	
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				1	
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter				1	
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,				1	
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 Inform	nation (Comple	ete this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during the				40,000 01 11	
1 Information Regarding Foundation				· 	
a List any managers of the foundation who l	•	than 2% of the total cor	stributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed mo			in buttons received by the	TOUTHQUION DETONE THE OF	osc of any lax
NONE		. ,			
b List any managers of the foundation who	own 10% or more of the	he stock of a corporation	(or an equally large portion	on of the ownership of a	nartnership or
other entity) of which the foundation has a			(or an equally large portion	or and dwindrenip or a	partition of the
NONE	-				
2 Information Regarding Contribution	n Grant Gift Loan	Scholarship etc. F	Programe:		
Check here X if the foundation only				ot accept upsolicited rec	weste for funde. If
the foundation makes gifts, grants, etc. (se					
a The name, address, and telephone numbe					
STEVE HOINESS, 509891		the herson to whom app	ilications should be addres		
		2022			
4108 S MYRTLE ST, SPO			should reclude:		
b The form in which applications should be	suomittea ana informa	ation and materials they	snoula include.		
THE ORGANIZATION					
c Any submission deadlines:					
NONE			Lundo of Altria	ther feets	
d Any restrictions or limitations on awards,	such as by geographic	ai areas, charitable fields	s, kinds of institutions, or c	uner ractors:	
NONE					
					5 000 DE (004)

Show any relationship to show any relationship to show any relationship to suppose of pulses of supposed or subseried controllor. a Paid during the year AMERICAN LUTHERAN CHURCH NONE 501(C)(3) PHILANTHROPIC FURPOSES ELLLINGS, MT 55101 7. BILLINGS FAMILY YHCA NONE 501(C)(3) PHILANTHROPIC FURPOSES ELLINGS, MT 55101 7. BILLINGS STUDIO THEATER NONE 501(C)(3) PHILANTHROPIC FURPOSES 501(C)(C)(3) PHILANTHROPIC FURPOSES 501(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(3 Grants and Contributions Paid During th		Payment		
AMERICAN LUTHERAN CHURCH S LEMIS AVENUE BILLINGS AVENUE BILLINGS FAMILY YMCA 402 NORTH 32ND STREET BILLINGS STUDIO THEATER NONE BILLINGS STUDIO THEATER 1500 RIMMOCK RD BILLINGS, MT 59102 CHRISTIKON NONE S01(C)(3) PHILANTHROPIC PURPOSES CHRISTIKON NONE S01(C)(3) PHILANTHROPIC PURPOSES CHRISTIKON NONE S01(C)(3) PHILANTHROPIC PURPOSES STUDIO THEATER NONE S01(C)(3) PHILANTHROPIC PURPOSES BILLINGS, MT 59102 CHRISTIKON NONE S01(C)(3) PHILANTHROPIC PURPOSES STUDIO THEATER WEST BILLINGS, MT 59102 LOSS FORMANE 100 24TH STREET WEST BILLINGS OF SPOKANE 121 S. ARTHURE ST STORMANE MS 29202 Total SEE CONTINUATION SHEET(S) NONE NONE NONE	Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
MERICAN LUTHERAN CHURCH LEWIS AVERUE TILLINGS MY 59101 TO NOWE S01(C)(3) PHILANTHROPIC PURPOSES MILLINGS FAMILY YMCA NOWE S01(C)(3) PHILANTHROPIC PURPOSES O2 NORTH JAND STREET MILLINGS, MY 59101 TO NOWE S01(C)(3) PHILANTHROPIC PURPOSES S01(LINGS, MY 59102 TO NOWE S01(C)(3) PHILANTHROPIC PURPOSES HHISTIKON 1.08 24TH STREET WEST MILLINGS MY 59102 TO STREET WEST MILLINGS MY 59102 TO STREET WEST MONE S01(C)(3) PHILANTHROPIC PURPOSES 20 NOWE S01(C)(3) PHILANTHROPIC PURPOSES MONE S01(C)(3) PHILANTHROPIC PURPO		Of Substantial Continuator	Todipidit	 	
SILLINGS FAMILY YNCA SILLINGS FAMILY YNCA 102 NORTH 32ND STREET SILLINGS STUDIO THEATER NOME S01(C)(3) PHILANTHROPIC PURPOSES 1500 RIMROCK RD S11LLINGS, MT 59102 S11LLI	a Falu during the year				
SLEMIC AVENUE SILLINGS PAMILY YMCA 102 MONTH 32ND STREET SILLINGS STUDIO TREATER SILLINGS STUDIO TREATER SILLINGS STUDIO TREATER SILLINGS STUDIO TREATER NOME S01(C)(3) PHILANTHROPIC PURPOSES SILLINGS, MT 59102 5 CHRISTIKON 1108 24TH STREET WEST SILLINGS, MT 59102 LOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE 121 S. ARTHURE ST SPOKANE 121 S. ARTHURE ST SPOKANE, MA 99202 Total SEE CONTINUATION SHEET(S) 32 34 Approved for future payment NOME					
SILLINGS FAMILY YMCA ACC NOART 32MD STREET BILLINGS STUDIO THEATER BILLINGS STUDIO THEATER NONE BILLINGS, MT 59101 THEATHROPIC PURPOSES CHRISTIKON NONE SO1(C)(3) PHILANTHROPIC PURPOSES 101 ACTION OF SPOKANE SO1(C)(3) PHILANTHROPIC PURPOSES TO SPOKANE SO1(C)(3) PHILANTHROPIC PURPOSES TO SPOKANE SO1(C)(3) PHILANTHROPIC PURPOSES ACTION OF SPOKANE SO1(C)(3) PHILANTHROPIC PURPOSES ACTION OF SPOKANE SO1(C)(3) PHILANTHROPIC PURPOSES SO1(C)(3) PHILANTHROPIC PURPOSES SO1(C)(3) PHILANTHROPIC PURPOSES ACTION OF SPOKANE SO1(C)(3) PHILANTHROPIC PURPOSES NONE NONE NONE NONE NONE NONE NONE	AMERICAN LUTHERAN CHURCH	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
BILLINGS FAMILY YMCA 402 NORTH 32ND STREET BILLINGS, MT 59101 7 BILLINGS STUDIO THEATER NONE 501(C)(3) PHILANTHROPIC PURPOSES BILLINGS STUDIO THEATER NONE 501(C)(3) PHILANTHROPIC PURPOSES 501(C)(3) FHILANTHROPIC PURPOSES 1108 24TH STREET WEST BILLINGS, MT 59102 2 HOSPICE OF SPOKAME NONE NONE 501(C)(3) PHILANTHROPIC PURPOSES 1108 24TH STREET WEST BILLINGS, MT 59102 2 NONE NONE 501(C)(3) PHILANTHROPIC PURPOSES SPOKAME NONE NONE 501(C)(3) PHILANTHROPIC PURPOSES SPOKAME NONE NONE NONE NONE NONE NONE NONE					T 500
BILLINGS, MT 59101 BILLINGS STUDIO THEATER NONE SOLIC)(3) PHILANTHROPIC PURPOSES SOLICINGS, MT 59102 ANDRE SOLICINGS, MT 59102 LICENSTIKON NONE SOLICINGS, MT 59102 LICENSTIKON NONE SOLICINGS, MT 59102 PHILANTHROPIC PURPOSES 1108 24TH STREET WEST BILLINGS, MT 59102 2 HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE WA 99202 TOMA B Approved for future payment NONE NONE	BILLINGS, MT 59101				7,500
BILLINGS STUDIO THEATER BILLINGS STUDIO THEATER NONE SOL(C)(3) PHILANTHROPIC PURPOSES SOLUTION OF SPORANE Approved for future payment NONE NONE Total SEE CONTINUATION SHEET(S) NONE Approved for future payment NONE					
SILLINGS, MT 59101 SILLINGS STUDIO THEATER NONE SILLINGS, MT 59102 SILLINGS, MT 59102 STUDIO RIMROCK RD SILLINGS, MT 59102 STUDIO RIMROCK RD SILLINGS, MT 59102 STUDIO RIMROCK RD SILLINGS, MT 59102 ADDROCK RD NONE SO1(C)(3) PHILANTHROPIC PURPOSES SILLINGS, MT 59102 2 HOSPICE OF SPOKANE NONE NONE SO1(C)(3) PHILANTHROPIC PURPOSES SPOKANE, WA 99202 Total SEE CONTINUATION SHERT(S) Approved for future payment NONE NONE		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
SILLINGS STUDIO THEATER NONE 501(C)(3) PHILANTHROPIC PURPOSES 51LLINGS, MT 59102 501(C)(3) PHILANTHROPIC PURPOSES 1108 24TH STREET WEST SILLINGS, MT 59102 2 HOSPICE OF SPOKANE NONE NONE 501(C)(3) PHILANTHROPIC PURPOSES PHILANTHROPIC PURPOSES 121 S. ARTHURE ST SPOKANE 121 S. ARTHURE ST 124 SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE					7,500
1500 RIMROCK RD BILLINGS, MT 59102 CHRISTIKON NONE 501(C)(3) PHILANTHROPIC PURPOSES BILLINGS, MT 59102 HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE MA 92202 Total SEE CONTINUATION SHEET(S) NONE NONE NONE SEE CONTINUATION SHEET(S) NONE	31DLINGS, MI 39101				7,300
1500 RIMROCK RD BILLINGS, MT 59102 CHRISTIKON NONE 501(C)(3) PHILANTHROPIC PURPOSES 1108 24TH STREET WEST BILLINGS, MT 59102 HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE MA 92202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE					
CHRISTIKON 1108 24TH STREET WEST BILLINGS, MT 59102 HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE, M9 9202 Total Approved for future psyment NONE NONE SOL(C)(3) PHILANTHROPIC PURPOSES 2 Total NONE NONE		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
CHRISTIKON 1108 24TH STREET WEST BILLINGS, MT 59102 HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE, WA 99202 Total SEE CONTINUATION SHEET(S) NONE NONE NONE					5,000
1108 24TH STREET WEST BILLINGS, MT 59102 HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE WA 99202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE	BILLINGS, MT 59102				3,000
1108 24TH STREET WEST BILLINGS, MT 59102 HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE, WA 99202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE					
HOSPICE OF SPOKANE HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE WA 99202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
HOSPICE OF SPOKANE 121 S. ARTHURE ST SPOKANE, WA 99202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE					2,500
121 S. ARTHURE ST SPOKANE, WA 99202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE	BILLINGS, MI 39102				2,500
121 S. ARTHURE ST SPOKANE, WA 99202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE					
SPOKANE, WA 99202 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE 2 Total SEE CONTINUATION SHEET(S) NONE		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
Total SEE CONTINUATION SHEET(S) Approved for future payment NONE SEE CONTINUATION SHEET(S) Approved for future payment NONE					2 500
NONE		CONTINUATION SHE	ET(S)	▶ 3a	94 000
		-	,	-	
	NONE				
	NONE				
I OTAL	Total			▶ 3b	C

Form 990-PF (2013) MELVIN & LOIS	HOINESS E	OUNDATION		45-2	077236 Page 12
Part XVI-A Analysis of Income-Prod	ucing Activitie	s			
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COUR		
a	-		 		
b c	1		 - 		·
d	1 1	· -	1 1		
е	_				
f	- 		 		
g Fees and contracts from government agencies					· _ ·
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	47,933.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	63,288.	
9 Net income or (loss) from special events			ļ		
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue:					
a PARTERNSHIP	_	_	03	350.	
b	-		 		
C	1		 -		-
d	- - -		 		
6	- 	0.		111,571.	0.
12 Subtotal. Add columns (b), (d), and (e)		0.	·L	13	
13 Total. Add line 12, columns (b), (d), and (e)				13	111,5/1.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	s to the Accom	iplishment of Ex	kempt P	urposes	
Line No. Explain below how each activity for which in	come is reported in c	olumn (e) of Part XVI-A	\ contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other the				. ,	
				· · · · · · · · · · · · · · · · · · ·	
				·····	
					
	<u> </u>				
				· · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	

323621 10-10-13

	90-PF (2				S FOUNDATION		45-20112		'age 13
rart	XVII			nsfers To a	and Transactions	and Relations	hips With Noncharita	able	
		Exempt Orga					5044.) (Vac	JNA
					ng with any other organizat		on 501(c) or	res	No
					27, relating to political orga	nizations?		- 1	
		from the reporting foun	dation to a noncharit	able exempt or	ganization of:		1,	-/45	\ . .
•) Cash	200-10						1(1)	X
•) Other						1	a(2)	X
		sactions:	labla avomat araans				[,	.,,,	\ .
_	-	of assets to a noncharit						b(1)	X
•	•	ases of assets from a n	•	organization				b(2)	
•	•	l of facilities, equipment					The second secon	0(3)	X
•	•	oursement arrangement	S					0(4)	X
•	•	or loan guarantees	ambarahin ar fundea	vere e elicitetia				o(5)	X
•	•	mance of services or m	•	•				<u>(6)</u>	X
	-	facilities, equipment, m				luovo chou the fair m	ـــا narket value of the goods, othe	1c	<u> </u>
							or sharing arrangement, shov		
) the value of the goods				uc in any dansaction	or sharing arrangement, shor		
(a) Line	_ _	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and share	ng arrangem	ents
(-)-110		(2//	(6)	N/A		(0) = = = = = =			
	-	-		14/11		<u> </u>			
				~	·				
									<u> </u>
			· 						
	-			· · · · · · · · · · · · · · · · · · ·		<u> </u>	····		
									
	-			·					
			 						
							· · · · · · · · · · · · · · · · · · ·		
	- i -								
	1								
				-					
									
2a Is	the four	idation directly or indire	ctly affiliated with, or	related to, one	or more tax-exempt organ	izations described			
		501(c) of the Code (oth	-					Yes 🔀	No
<u>b</u> If	"Yes," co	mplete the following sc	hedule.						
		(a) Name of or	rganization		(b) Type of organization	(c) Description of relationship		
		N/A							
				<u> </u>					
	1				<u> </u>	<u> </u>			
٥.					ng accompanying schedules and in taxpayer) is based on all infort		has any knowledge May the	IRS discuss	this
Sigr Here	1	10					shown b	th the prepa elow (see in:	
nere		Sternyn	Hann		312114	DIRECT	OR X	Yes	_ No
	Sign	ature of officer or truste		Dec	Date	Title	Chack Tif Drie		
		Print/Type preparer's		Preparer's s	ignature	Date	Check if PTIN		
Paid	1	DANIEL S.	MILLER,		a wiiten	1	self- employed		
	ı Darer	CPA				04/21/14		****	-
_	Only	Firm's name AN	DERSON ZUI	KWORHTE	N & CO., P.O	<i>.</i>	Firm's EIN ► 81-038	594 0	
<u> </u>	Jiny	Fırm's address ▶ ₽	O BOY 3	0425					
			·U· DUA A!	u 4. ⊃ ⊃			l .		

323622 10-10-13

BILLINGS, MT 59104-0435

Phone no. 406-245-5136
Form **990-PF** (2013)

MELVIN & LOIS HOINESS FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient MOBIUS KIDS CHILDREN MUSEUM NONE 501(C)(3) PHILANTHROPIC PURPOSES 808 W. MAIN AVENUE 1,000. SPOKANE, WA 99201 SPOKANE GUILD'S SCHOOL & NONE 501(C)(3) PHILANTHROPIC PURPOSES NEUROMUSCULAR CENTER 2118 W. GARLAND AVE. SPOKANE WA 99205 10,000, 501(C)(3) PHILANTHROPIC PURPOSES ST JOHN'S LUTHERAN MINISTRIES NONE 3940 RIMROCK ROAD 7,500. BILLINGS MT 59102 UNITED WAY OF YELLOWSTONE COUNTY NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 669 5,000. BILLINGS MT 59103 WENDY'S OF MONTANA FOUNDATION NONE 501(C)(3) PHILANTHROPIC PURPOSES 2906 2ND AVE N STE 212 BILLINGS MT 59101 6,000. RONALD MCDONALD HOUSE NONE 501(C)(3) PHILANTHROPIC PURPOSES 1015 W 5TH AVENUE 5,000. SPOKANE, WA 99204 NONE 501(C)(3) PHILANTHROPIC PURPOSES 2ND HARVEST FOOD BANK 1234 E. FRONT AVENUE 1,000. SPOKANE, WA 99202 HOPE 4 KIDS INTERNATIONAL NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 74010 1,000. PHOENIX, AZ 85087 NONE 501(C)(3) PHILANTHROPIC PURPOSES BOYS AND GIRLS CLUB OF YELLOWSTONE COUNTY 505 ORCHARD LANE BILLINGS MT 59101 <u>5,000.</u> 501(C)(3) NONE PHILANTHROPIC PURPOSES YWCA BILLINGS 909 WYOMING AVE 7,500. BILLINGS MT 59101 Total from continuation sheets 69 000

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor CHILDREN AND FAMILY CENTER NONE 501(C)(3) PHILANTHROPIC PURPOSES 3021 3RD AVENUE N BILLINGS MT 59101 7,500, BIG SKY SENIOR SERVICES NONE 501(C)(3) PHILANTHROPIC PURPOSES 3 1/2 NORTH 35TH ST 5,000. BILLINGS, MT 59102 501(C)(3) PHILANTHROPIC PURPOSES YOUNG FAMILIES EARLY HEAD START INC. NONE 1020 COOK AVENUE 5,000. BILLINGS MT 59102 NONE 501(C)(3) PHILANTHROPIC PURPOSES FIRST TEE OF MONTANA 821 NORTH 27TH ST SUITE 250 2,500 BILLINGS, MT 59101 Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

formation about Schedule B (Form 990, 990-EZ, or 990-PF its instructions is at www.irs.gov/form990. OMB No 1545-0047

Employer identification number

2013

MI	ELVIN & LOIS HOINESS FOUNDATION	45-2077236					
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	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See instructions					
	(r), (o), or (ro) organization can ended become for both the deficient rate a openiar rate	o. coo mondonono.					
General Rule							
For an organizatio contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one					
Special Rules							
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gi(i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for L If this box is check purpose. Do not c	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B i Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

<u>MELVI</u>	N & LOIS HOINESS FOUNDATION	4:	<u>5-2077236</u>
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 LOIS HOINESS 4108 S MYRTLE ST SPOKANE, WA 99223	 \$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF MELVIN HOINESS 4108 S MYRTLE ST SPOKANE, WA 99223	\$35,521.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II for noncash contributions.) Name of organization

Employer identification number

art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d)	
		 \$		
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

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

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SE	CUR:	ITIES S	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENU PER BOC		(B) NET INVEST- MENT INCOME		
CAPITAL GAIN DISTRIBUTIONS	49,737.		0.	49,7	37.	49,737.	1	
TO PART I, LINE 4 =	49,737.		0.	49,7	37.	49,737.		
FORM 990-PF		OTHER :	INCOM	E		S	TATEMENT	2
DESCRIPTION			REV	A) ENUE BOOKS		(B) ET INVEST- ENT INCOME		
PARTERNSHIP			·- <u>-</u>	350	. –	350.		
TOTAL TO FORM 990-PF	, PART I, I	LINE 11		350	- -	350.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		_			= =			
FORM 990-PF		LEGA	L FEE	S		S	TATEMENT	3
		LEGAI (A) EXPENSES PER BOOKS	NET	S (B) INVEST T INCOM		(C)	(D)	BLE
DESCRIPTION		(A) EXPENSES	NET MEN	(B) INVEST T INCOM		(C) ADJUSTED	(D) CHARITA PURPOS	
DESCRIPTION LEGAL FEES		(A) EXPENSES PER BOOKS	NET MEN	(B) INVEST T INCOM	E	(C) ADJUSTED	(D) CHARITA PURPOS	BLE ES
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1,		(A) EXPENSES PER BOOKS	NET MEN'	(B) INVEST T INCOM	E 0.	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	BLE ES 30.
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1,	LN 16A	(A) EXPENSES PER BOOKS 330	NET MEN'	(B) INVEST T INCOM	0. 0.	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS:	BLE ES 30. 30.
FORM 990-PF DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, FORM 990-PF DESCRIPTION ACCOUNTING FEES	LN 16A	(A) EXPENSES PER BOOKS 330 330 ACCOUNT:	NET MEN'	(B) INVEST T INCOM EES (B) INVEST T INCOM	0. 0.	(C) ADJUSTED NET INCOME S (C) ADJUSTED	(D) CHARITA PURPOS 3 3 TATEMENT (D) CHARITA	BLE ES 30. 30.

FORM 990-PF	SIONAL FEES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
INVESTMENT FEES	24,928.	24,928.		0.	
TO FORM 990-PF, PG 1, LN 16C	24,928.	24,928.		0.	
FORM 990-PF	TAXES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
TAXES	1,138.	0.		0.	
TO FORM 990-PF, PG 1, LN 18 =	1,138.	0.		0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7	
DESCRIPTION		вос	OK VALUE	FAIR MARKET VALUE	
MSSB			2,214,249.	2,598,350.	
TOTAL TO FORM 990-PF, PART II		2,214,249.	2,598,350.		

	UBSTANTIAL CONTRIBUTORS T VII-A, LINE 10	STATEMENT	8
NAME OF CONTRIBUTOR	ADDRESS		
ESTATE OF LOIS HOINESS	4108 S MYRTLE ST SPOKANE, WA 99223		
ESTATE OF MELVIN HOINESS	4108 S MYRTLE ST SPOKANE, WA 99223		
CHRIS HOINESS	5708 CHICAGO RD SHEPHERD, MT 59079		
STEVE HOINESS	4108 S MYRTLE ST SPOKANE, WA 99223		