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Form **990-PF**

EXTENDED TO NOVEMBER 16, 20 Return of Private Foundation 2015

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.lrs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

Department of the Treasury		social security numbers on m 990-PF and its separate			Coan to Bublic Innered
nternal Revenue Service ► Info For calendar year 2014 or tax year begin		Joo i i and no separate	, and ending		Open to Public Inspection
Name of foundation			, and onemy	A Employer identificatio	n number
E A HINDERMAN SCHO	OI.ARSHTP	MEMORTAL.		81-039205	3
Number and street (or P O box number if mail is			Room/suite	B Telephone number	<u> </u>
P O BOX 506				(406)862-	3650
City or town, state or province, country, a		ostal code		C If exemption application is	pending, check here
WHITEFISH, MT 599	9 37				
	return		ormer public charity	D 1. Foreign organization	ns, check here
Final i		Amended return		Foreign organizations mocheck here and attach of	neeting the 85% test,
	ess change	Name change kempt private foundation			
Section 4947(a)(1) nonexempt cha		Other taxable private foundation	ation	E If private foundation st under section 507(b)(1	
Fair market value of all assets at end of			Accrual	F If the foundation is in a	•••
(from Part II, col. (c), line 16)	O	ther (specify)		under section 507(b)(1	
		ımn (d) must be on cash i	basis.)		•
Part I Analysis of Revenue and Expe (The total of amounts in columns (b), necessarily equal the amounts in columns	enses (c), and (d) may not lumn (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc.	, received			N/A	
2 Check X if the foundation is not re	quired to attach Sch B				
3 Interest on savings and temporary cash investments		22.	22.		STATEMENT 1
4 Dividends and interest from sec	urities	46,764.	46,764.		STATEMENT 2
5a Gross rents b Net rental income or (loss)					
68 Net gain or (loss) from sale of assets in	not on line 10	54,141.			
Gross sales price for all assets on line 6a	285,135.	3 - 7			
Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV,			54,141.		
8 Net short-term capital gain				I REC	E VEYO
9 Income modifications Gross sales less returns				lea l	4 4 4 4 6
10a and allowances				SEI SEI	P 10 8 2015
b Less Cost of goods sold c Gross profit or (loss)					INEW LIT
11 Other income					1 2 2 1
12 Total Add lines 1 through 11		100,927.	100,927		
13 Compensation of officers, directors, t	rustees, etc	0.	0.	,	0
14 Other employee salaries and wa	•				
15 Pension plans, employee benefi	ts				
16a Legal fees b Accounting fees	STMT 3	990.	0.		0
c Other professional fees	JIMI J			,	1
\$ 17 Interest					
18 Taxes	STMT 4	2,652.	117.	,	0
19 Depreciation and depletion					
20 Occupancy		4.4.5			
21 Travel, conferences, and meetin	igs	441.	0,	·	0
16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetin 22 Printing and publications 23 Other expenses 24 Total operating and administrate expenses. Add lines 13 through	STMT 5	11.	0.		0
23 Other expenses 24 Total operating and administra		***	<u> </u>		<u> </u>
Printing and publications Contributions, gifts, grants paid Total expenses and disbursem		4,094.	117.		0
25 Contributions, gifts, grants paid		44,250.			44,250
26 Total expenses and disbursem	ents.				
Add lines 24 and 25		48,344.	117.		44,250
27 Subtract line 26 from line 12:		F0 F00			
8 Excess of revenue over expenses and		52,583.	100,810	 	
b Net investment income (if negative) c Adjusted net income (if negative)			100,810	N/A	-
I v Mujustku jiki ilicumik (ii nedative.	, caller -U-)	1	i	1 1/ A	i

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\$

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,776.	5,550.	5,550.
	2	Savings and temporary cash investments	34,353.	27,452.	27,452.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		* * * * * * * * * * * * * * * * * * * *	
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less; allowance for doubtful accounts			
G	Q	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	<u> </u>		
Aŝ		Investments - U.S. and state government obligations STMT 6	43,146.	44 602	11 602
	ı	 	406,128.	44,692. 608,335.	44,692.
	i '	Investments - corporate stock STMT 7		26 340	608,335.
		Investments - corporate bonds STMT 8	68,336.	26,340.	26,340.
	111	Investments - land, buildings, and equipment, basis			
	l	Less accumulated depreciation			
	ı	Investments - mortgage loans	450 000	254 242	
	13	Investments - other STMT 9	470,298.	354,218.	354,218.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		ınstructions. Also, see page 1, item !)	1,024,037.	1,066,587.	1,066,587.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
æ	21	Mortgages and other notes payable			
=	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
au	25	Temporarily restricted			
or Fund Balanc	26	Permanently restricted			
ᅙ		Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	1,024,037.	1,066,587.	
Net/		Total net assets or fund balances	1,024,037.	1,066,587.	
Z	30	Total net assets of fund parances	1,024,037.	1,000,307.	
	1	Takel linkilision and not access thread bull-new	1 024 027	1 066 507	
_	[3]	Total liabilities and net assets/fund balances	1,024,037.	1,066,587.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_	Tata	and according found belongs at the control of the C			
1		net assets or fund balances at beginning of year - Part II, column (a), line (30		1 004 007
_		st agree with end-of-year figure reported on prior year's return)		1	1,024,037.
_		amount from Part I, line 27a		2	52,583.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3	- 4 4	4	<u>1,076,620.</u>
		eases not included in line 2 (itemize) <u>UNREALIZED GAII</u>		5	10,033.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,066,587.
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43,443. 5 Multiply line 4 by line 3 5 1,008. 6 Enter 1% of net investment income (1% of Part I, line 27b) 44,451. 7 Add lines 5 and 6 7 59,000. 8 8 Enter qualifying distributions from Part XII, line 4 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.

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See the Part VI instructions.

	1990-PF (2014) E A HINDERMAN SCHOLARSHIP MEMORI					<u>0392</u>		1	² age 4
	art VI Excise Tax Based on Investment Income (Section 4940(a)), or 4	948 -	- see ı	nstru	Ctio	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter]					
	Date of ruling or determination letter: (attach copy of letter if necessary)								
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X J a	and enter 1%	}	1			<u>1,0</u>	<u>08.</u>
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of F)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s ent	er -0-)		2			4 0	<u>0.</u>
3	Add lines 1 and 2				3			1,0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s en	ter -0-)		4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5			<u>1,0</u>	08.
6	Credits/Payments:	. 1	4						
		ia i		120.					
	· • • •	3b							
	· · · · · · · · · · · · · · · · · · ·	SC							
		3d			_				~ ^
_	Total credits and payments. Add lines 6a through 6d				7			1,1	<u> 20.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	1			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9				10
10	• •		110		10			<u> </u>	<u>12.</u>
	Enter the amount of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to be: Credited to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introduction of line 10 to 2015 estimated tax The introd		112. Refund	ed 🚩	11				0.
-			did it participate or i	*****				Yes	Nο
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation any political campaign?	iii Oi	ulu ii participate or i	iterverie	111		10	103	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (ممدا	instructions for the c	afınıtıan	12		1a 1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	-					10		
	distributed by the foundation in connection with the activities.	opie	s or arry materials p	Jubilanc	u u				
C	Did the foundation file Form 1120-POL for this year?						1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ır.							
•	(1) On the foundation. ► \$ (2) On foundation managers. ►			0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	_							
	managers. ▶ \$ 0.		·						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?						2		Х
	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 instru	ume	nt, articles of incorpo	ration, c	ī				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?						4a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?				N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5		X
	If "Yes," attach the statement required by General Instruction T								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	:							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory dir	rectio	ons that conflict with	the 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," comple	ete F	Part II, col. (c), and	Part XV	,		7	Х	
_	Catarithe states to subset the foundation was stated as the back to a secretarial for								
88	Enter the states to which the foundation reports or with which it is registered (see instructions)	•							
	MT		Panaval (ar daar-r-t-						
C	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ney (aenerai (or designate)			0.	v	
٥	of each state as required by General Instruction G? If "No," attach explanation	n 40	49(i)/9) or 4049(i)/5	for sole	nda-		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," comp		*** * * * * * * * * * * * * * * * * * *	ioi cale	ııudi		_		v
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list			99			10		X
			mon number and addition						_

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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	,		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► NONE	<u> </u>	•	
14	The books are in care of ▶ FRANK BARNES Telephone no. ▶ (40	6)253-	164	.3
		▶59937		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	· 		$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	''	<u> </u>	
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):		1	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	No.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	""		
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No.		
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	""		
٠	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>	 	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	→ [
•	before the first day of the tax year beginning in 2014?	4.		₩.
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c	 	X
2	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
a	before 2014?			
	The state of the s	NO		
	If "Yes," list the years \(\bigs_{			
u	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		7 0.		
	statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	A 2b	├	
	· · · · · · · · · · · · · · · · · · ·			
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
oa				
		NO		
0	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	,		
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/		 	 _
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeonardy before the first day of the tay year beginning in 20142	1 41-	1	. •

orm 990-PF (2014) E A HINDERMAN SCHOLARSHI Part VII-B Statements Regarding Activities for Which I		Required (contro	81-03920	5.3 Page 6
	OTHER TO WAY DO F	ioquii eu (contin	T	
5a During the year did the foundation pay or incur any amount to:	. 404E(a)\?		s X No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			NO LAL NO	
(2) Influence the outcome of any specific public election (see section 4955); o	i to carry on, unectry or mune		s X No	1 1
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		I	18 (ZZ) 110	
4945(d)(4)(A)? (see instructions)	ii described iii section		s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f			
the prevention of cruelty to children or animals?	or cadoational parposos, or i	T	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ter the excentions described i		.5 [22] 110	
section 53.4945 or in a current notice regarding disaster assistance (see instru		ir riogulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?		//A □ Y€	s No	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			İ	
a personal benefit contract?	F- , F	☐ Y€	es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b 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	helter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust		nagers, Highly	<i>y</i>	
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	· ·	1	T (4) 0	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	compensation	allowances
		_	_	_
SEE STATEMENT 10		0.	0.	0.
	-			
	{			
Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	<u>.</u>	
. Compensation of the highest-paid employees (other than those me	(b) Title, and average	The Hone.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	devoted to position		Compensation	allowallocs
NONE	1			
			·	
	1		ļ	
	1			
	1			
**	 			
	1			
otal number of other employees paid over \$50,000	<u> </u>			0
			Form	990-PF (2014)

Form 990-PF (2014) E A HINDERMAN SCHOLARSHIP MEMORIAL Part VIII Information About Officers, Directors, Trustees, Foundatio		392053 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N		(-) Companyation
- (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	 	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produce	d, etc.	Expenses
1 N/A		
1 M/ B		
2		
3		
4		
D IV D		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	▶	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	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	1 1a	1,009,657.
	Average of monthly cash balances	1b	48,388.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,058,045.
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	1 2	0.
3	Subtract line 2 from line 1d	3	1,058,045.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,871.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,042,174.
6	Minimum investment return. Enter 5% of line 5	6	52,109.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certain	······································
1	Minimum investment return from Part X, line 6	1	52,109.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	_2c	1,008.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	51,101.
4	Recoveries of amounts treated as qualifying distributions	4	6,750.
5	Add lines 3 and 4	5	57,851.
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	57,851.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	44,250.
Ь		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:		
а		3a	
b	Cash distribution test (attach the required schedule) SEE STATEMENT 11	3b	14,750.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	59,000.
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_	1,008.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,992.

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

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

e Excess from 2014

423581 11-24-14

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2013 2013 Corpus 2014 1 Distributable amount for 2014 from Part XI. 57,851. line 7 2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only 11,135 **b** Total for prior years: 0 3 Excess distributions carryover, if any, to 2014: a From 2009 **b** From 2010 c From 2011 d From 2012 e From 2013 0 f Total of lines 3a through e 4 Qualifying distributions for 2014 from 59,000 Part XII, line 4: ► \$_ 11,135 a Applied to 2013, but not more than line 2a **b** Applied to undistributed income of prior 0 vears (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 47,865. d Applied to 2014 distributable amount 0. e Remaining amount distributed out of corpus 0. 0 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 0 a 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 deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2013. Subtract line 0 . 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must 9,986. be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 0 8 Excess distributions carryover from 2009 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2015. 0. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013

Form 990-PF (2014) E A HINI	DERMAN SCHO	LARSHIP MEN	ORIAL	81-03	92053 Page
Part XIV Private Operating Fo	· · · · · · · · · · · · · · · · · · ·		I-A, question 9)	N/A	
1 a If the foundation has received a ruling or		, , ,			
foundation, and the ruling is effective for		•		14040(3/0) 140	40()(5)
b Check box to indicate whether the foundate a Enter the lesser of the adjusted net	Tax year	I loundation described	Prior 3 years	4942(j)(3) or 49	42(j)(5)
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for	(4) 2011	(8) 20 10	(0) 2012	(4) 2011	(c) rotar
each year listed					
b 85% of line 2a				+	
c Qualifying distributions from Part XII.					· · ·
line 4 for each year listed					
d Amounts included in line 2c not	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	-				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during th				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed me NONE	have contributed more ore than \$5,000). (See s	ection 507(d)(2).)			
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contribution Check here If the foundation on the foundation makes gifts, grants, etc. (€)	ly makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	
a The name, address, and telephone numb	er or e-mail address of	the person to whom appl	ications should be addre		
HINDERMAN SCHOLARSHII GUIDANCE COUNSELOR, V			8600		
b The form in which applications should be WRITTEN APPLICATION,		•			ON
c Any submission deadlines:	Democ		-1 « COUTIN	ow intricult	<u>~~1</u>
APRIL 30	ough as by assesset:	nl group, charachis fields	kindo of instituturas :	other feet	
d Any restrictions or limitations on awards, WHITEFISH HIGH SCHOOL				other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year COLLEGE SCHOLARSHIP NONE CARROLL COLLEGE/SHEILA MURPHY N/A 5042 PORTAGE WAY 2,500. WHITEFISH, MT 59937 FVCC/KATELYN GREEN NONE N/A COLLEGE SCHOLARSHIP 140 WILDERNESS LANE WHITEFISH MT 59937 2,500. MONTANA STATE UNIVERSITY/KELSEY COLLEGE SCHOLARSHIP NONE N/A MCFADDEN PO BOX 5605 WHITEFISH, MT 59937 2,500. MONTANA STATE UNIVERSITY/RACHELLE NONE N/A COLLEGE SCHOLARSHIP MOREHEAD 4958 WHITEFISH STAGE ROAD WHITEFISH MT 59937 1,250. CARROLL COLLEGE/SCOTT KAHLE NONE N/A COLLEGE SCHOLARSHIP 1037 CREEKVIEW DRIVE WHITEFISH MT 59937 3,500. SEE CONTINUATION SHEET(S) ▶ 3a Total 44 250. b Approved for future payment CARROLL COLLEGE/SCOTT KAHLE NONE N/A COLLEGE SCHOLARSHIP 1037 CREEKVIEW DRIVE WHITEFISH MT 59937 2,000. MONTANA STATE UNIVERSITY/REBEKAH NONE N/A COLLEGE SCHOLARSHIP WEAVER 834 HIGHLAND DRIVE WHITEFISH MT 59937 3 500. COLLEGE SCHOLARSHIP CARROLL COLLEGE/NATHAN BOONE NONE N/A 313 SHADY RIVER LANE

▶ 3b

3,500.

23 500

WHITEFISH MT 59937

Total

SEE CONTINUATION SHEET(S)

Form 990-PF (2014) E A HINDERMAN	SCHOLARS	HIP MEMORIA	AL	81-0	392053 Page 12
Part XVI-A Analysis of Income-Produ	icing Activiti	es			
Enter gross amounts unless otherwise indicated.		business income	Excluded b	y section 512, 513, or 514	(e)
-	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a b			 	-	
	1		+		
<u> </u>	1			+	
d	1 1				
e				···· ·· ·-· ·-·	· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					-
3 Interest on savings and temporary cash					
investments			14	22.	
4 Dividends and interest from securities			14	46,764.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property				<u> </u>	
b Not debt-financed property					
6 Net rental income or (loss) from personal				ļ	
property					······································
7 Other investment income		-			
8 Gain or (loss) from sales of assets other than inventory			18	54,141.	
9 Net income or (loss) from special events			10	J=, 141•	
10 Gross profit or (loss) from sales of inventory			1		
11 Other revenue:					
a					
b					
c					
d	.		 		
e	-		-	100 005	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	·LI	100,927.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	100,927.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which inc	ome is reported in	column (e) of Part XVI-	A contributed	importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other than					
					·
				<u> </u>	
			<u>-</u>		
				·	
					

4) E A HINDERMAN SCHOLARSHIP MEMORIAL 81-0392053 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

1 Did	the org	ganization directly or indir	ectly engage in any o	of the followin	g with any other organization	on described in sect	ion 501(c) of		Yes	No
the	Code (other than section 501(c)	(3) organizations) or	ın section 52	7, relating to political organ	izations?				
a Tra	nsfers	from the reporting founda	ation to a noncharitat	ole exempt or	ganization of:					
٠,,	Cash							1a(1)		<u> </u>
	Other							1a(2)		<u> </u>
		sactions;								
		of assets to a noncharital						1b(1)		<u>X</u>
		ases of assets from a nor	•	rganization				1b(2)		<u>X</u>
,		l of facilities, equipment,	or other assets					1b(3)		X
٠.		oursement arrangements						1b(4)		X
		or loan guarantees	mbarabin ar fiindraid	una naliaitatia				1b(5)		X
		rmance of services or me	•	•				1b(6)		X
	-	facilities, equipment, mai	-		•	wave chow the fair r	narket value of the goods, o	lbor acc	ote	
			·	-	• •		narket value of the goods, o or sharing arrangement, sl		cio,	
) the value of the goods, (oo lood than tan market vale	io in any tranoadtion	or onaring arrangomong or			
(a) Line no		(b) Amount involved	· · · · · · · · · · · · · · · · · · ·		exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angeme	nts
	1		***	N/A						
									_	
			<u> </u>							
···										
	+									
	+									
	+									
										
	+									
	+									
2a Ist	he four	idation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
		501(c) of the Code (other	-		• •			Yes	X] No
b !f"\	es,* cc	mplete the following sch	edule.							
		(a) Name of org	anization		(b) Type of organization		(c) Description of relationsh	IP .		
		N/A								
	Linder	nenalties of nersury. I declare	that I have examined this	return includin	g accompanying schedules and	statements and to the	heet of my knowledge			
Sign					n taxpayer) is based on all inform		May	the IRS o	iscuss to	his er
Here		(1) A Ka	_		19/2/15	Presid	/ show	vn below		tr)?
	Sign	athere of officer of trustee		.	Date	Title	<u> </u>	Yes		JNo
		Print/Type preparer's na	ime	Preparer's s		Date	Check If PTIN			
		SALLIE A.					self- employed			
Paid		CPA	10221,			08/27/15	P00	895	220	
Prepa	arer		KERMIER, C	LARK.C			Firm's EIN ► 81-03			
Use (Only								-	
		Firm's address ▶ P .	O. BOX 1	398						
		WH	ITEFISH,	MT 599	37-1398		Phone no. 406-86			
							Fo	rm 990	-PF	(2014)

81-0392053

E A HINDERMAN SCHOLARSHIP MEMORIAL

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient COLLEGE SCHOLARSHIP MONTANA STATE UNIVERSITY/REBEKAH NONE N/A WEAVER 834 HIGHLAND DRIVE WHITEFISH, MT 59937 5,000. COLLEGE SCHOLARSHIP CARROLL COLLEGE/NATHAN BOONE NONE N/A 313 SHADY RIVER LANE 5,000. WHITEFISH, MT 59937 DAUGHTER OF BOARD COLLEGE SCHOLARSHIP MONTANA STATE UNIVERSITY/BRITTANY N/A MEMBER BARNES 1415 VOERMAN ROAD WHITEFISH MT 59937 5,000. MONTANA STATE UNIVERSITY/LAUREN NONE COLLEGE SCHOLARSHIP N/A COGDILL 510 SKYLES PLACE WHITEFISH MT 59937 3,500. NONE COLLEGE SCHOLARSHIP MONTANA STATE UNIVERSITY/ERIQ HAVENS N/A 313 PARK AVENUE 5,000. WHITEFISH MT 59937 COLLEGE SCHOLARSHIP MONTANA STATE UNIVERSITY/KEATON NONE N/A NICHOLSON 366 PLANTATION DRIVE KALISPELL, MT 59901 3,500 CARROLL COLLEGE/MEGAN MOULTON NONE N/A COLLEGE SCHOLARSHIP 3721 WHITEFISH STAGE RD KALISPELL MT 59901 5 000. **Total from continuation sheets** 32,000.

81-0392053

E A HINDERMAN SCHOLARSHIP MEMORIAL

Part XV Supplementary Information			·	
3 Grants and Contributions Approved for Fut				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
COMPANY COMPENSATION OF THE COMPANY	DAUGHTER OF BOARD	N/A	COLLEGE SCHOLARSHIP	
ONTANA STATE UNIVERSITY/BRITTANY	MEMBER	N/A	COUNTRY SCHOLARSHIP	
415 VOERMAN ROAD				
WHITEFISH, MT 59937				3,500
MONTANA STATE UNIVERSITY/LAUREN	NONE	N/A	COLLEGE SCHOLARSHIP	
COGDILL				
510 SKYLES PLACE				
WHITEFISH MT 59937				2,000
MONTANA STATE UNIVERSITY/ERIQ HAVENS	NONE	N/A	COLLEGE SCHOLARSHIP	
313 PARK AVENUE WHITEFISH MT 59937				3,500
MONTANA STATE UNIVERSITY/KEATON	NONE	N/A	COLLEGE SCHOLARSHIP	
NICHOLSON 366 PLANTATION DRIVE				
KALISPELL MT 59901				2,00
CARROLL GOLLEGE (MEGANA MONTENA	YOYE	7/3	COLLEGE COURT ABOUTD	
CARROLL COLLEGE/MEGAN MOULTON 3721 WHITEFISH STAGE RD	NONE	N/A	COLLEGE SCHOLARSHIP	
KALISPELL MT 59901				3,500
				•
		-		
	1			
Total from continuation sheets				14 500

FORM 990-PF INTERES	T ON SAVI	NGS AND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE 1	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
DA DAVIDSON WHITEFISH CREDIT UNI	ON		7. 15.		7. 15.	
TOTAL TO PART I, LIN	E 3		22.		22.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVI	A) ENUE BOOKS	(B) NET INVES' MENT INCO	
DA DAVIDSON	55,708	8,94	4. 46	6,764.	46,76	4.
TO PART I, LINE 4 =	55,708	8,94	4. 46	6,764.	46,76	4.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM	
ACCOUNTING FEES	_	990.		0.		0.
TO FORM 990-PF, PG 1	, LN 16B =	990.		0.		0.
FORM 990-PF		TAX	ES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM	
EXCISE TAXES FOREIGN TAXES PAID	_	2,535. 117.		0. 117.	•	0.0
TO FORM 990-PF, PG 1	, LN 18	2,652.		117.	······································	0.

FORM 990-PF	OTHER E	XPENSES	-	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
LATE PAYMENT PENALTY	11.		0.	0.		
TO FORM 990-PF, PG 1, LN 23	11.		0.	0 .		
FORM 990-PF U.S. AND S	STATE/CITY G	GOVERNMENT	OBLIGATIONS	STATEMENT (
DESCRIPTION	U.S GOV'		BOOK VALUE	FAIR MARKET VALUE		
DA DAVIDSON INVESTMENT ACCOUNT		x	1,511. 43,181.	1,511 43,181		
TOTAL U.S. GOVERNMENT OBLIGATIONS			1,511.	1,511.		
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			43,181.	43,181		
TOTAL TO FORM 990-PF, PART I	I, LINE 10A		44,692.	44,692		
FORM 990-PF	CORPORAT	TE STOCK		STATEMENT '		
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE		
DA DAVIDSON INVESTMENT ACCOUNT	NT		608,335.	608,335		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		608,335.	608,335		
FORM 990-PF	CORPORAT	TE BONDS		STATEMENT		
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE		
DA DAVIDSON INVESTMENT ACCOUNT	NT		26,340.	26,340		
TOTAL TO FORM 990-PF, PART I	I, LINE 10C		26,340.	26,340		

17

FORM 990-PF	OTHER	INVESTMENTS		STATI	EMENT 9		
DESCRIPTION		VALUATION METHOD	BOOK VALUI		FAIR MARKET VALUE		
DA DAVIDSON INVESTMENT ACCOUNT	•	FMV	354,2	18.	354,218.		
TOTAL TO FORM 990-PF, PART II,	LINE 1	3	354,2	18.	354,218.		
FORM 990-PF PART VIII - TRUSTEES		OFFICERS, D NDATION MANA		STATI	EMENT 10		
NAME AND ADDRESS		TITLE AND VRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB			
FRANK BARNES 1415 VOERMANS ROAD WHITEFISH, MT 59937	PR	ESIDENT 1.00	0.	0.	0.		
MARY YEATS 1005 9TH STREET EAST WHITEFISH, MT 59937	SE	CRETARY 1.00	0.	0.	0.		
PAT JARVI PO BOX 506 WHITEFISH, MT 59937	TR	EASURER 1.00	0.	0.	0.		
JOSH AKEY 310 E 2ND STREET WHITEFISH, MT 59937	DI	RECTOR 0.50	0.	0.	0.		
TERRY ABELL PO BOX 68 WHITEFISH, MT 59937	DI	RECTOR 0.50	0.	0.	0.		
HEIDI HAUGEN PO BOX 127 WEST GLACIER, MT 59936	DI	RECTOR 0.50	0. 0.		0.		
BILL LABRIE 2040 LION MOUNTAIN LOOP WHITEFISH, MT 59937	DI	RECTOR 0.50	0. 0.		0.		
DOUG REED 520 SOMERS AVENUE WHITEFISH, MT 59937	DI	RECTOR 0.50	0.	0.	0.		

E A HINDERMAN SCHOLARSHIP MEMOR	IAL		81-0	392053
KRISTA SCHULZ 337 SHADY RIVER LANE WHITEFISH, MT 59937	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF EXPLANATION OF CASH SET-ASIDE PART XII, LINE 3B

STATEMENT

11

CASH WAS SET ASIDE FOR \$23,500 SCHOLARSHIPS COMMITTED IN 2014 FOR PAYMENT IN 2015. THIS AMOUNT IS REDUCED BY \$8,750 REPRESENTING 2013 QUALIFYING DISTRIBUTIONS FROM CASH SET ASIDE THAT WERE PAID IN 2014 AND INCLUDED IN PART XII, LINE 1A. 2014 NET CASH SET ASIDE IS \$14,750.

Form 8868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension o	complete only Part II and check this	box	-	► X	
Note. Only complete Part II if you have already been granted an a		-		8868	. • •	
If you are filing for an Automatic 3-Month Extension, complete						
Part II- Additional (Not Automatic) 3-Month E			al (no c	opies ne	eded).	
					r, see instructions	
				Employer identification number (EIN) or		
print						
File by the E A HINDERMAN SCHOLARSHIP MEMORIAL				81-0392053		
due date for Number, street, and room or suite no. If a P.O. box, so			Social se		nber (SSN)	
filing your return See P O BOX 506						
City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.				
WHITEFISH, MT 59937						
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Application	Return	Application			Return	
Is For	Code	1s For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	rm 990-T (trust other than above) 06 Form 8870			12		
STOP! Do not complete Part II if you were not already granted FRANK BARNES	an autor	natic 3-month extension on a previ	ously file	d Form 8	868.	
• The books are in the care of ▶ PO BOX 236 - WI	u T m to to	TCH MM 50027				
Telephone No. ► (406) 253-1643	HIIEF.	Fax No. ▶				
 If the organization does not have an office or place of business 	s in the life	•				
If this is for a Group Return, enter the organization's four digit			this is fo	r the whole	e aroun check this	
box . If it is for part of the group, check this box	7	· · · · · · · · · · · · · · · · · · ·				
		BER 15, 2015.		<u>,5.0,11.0 07.</u>	101101011	
5 For calendar year 2014, or other tax year beginning		, and ending	1			
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	GATHE	R INFORMATION TO P	REPAR	EAC	OMPLETE	
AND ACCURATE RETURN.					-	
		· · · · · · · · · · · · · · · · · · ·				
				г		
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			•	
nonrefundable credits See instructions.			8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069						
tax payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid	-	_	0	
previously with Form 8868. See Balance due, Subtract line 8b from line 8a, Include your pa		to the form of recovered by the	8b_	\$	0.	
Data location and the more of more of more of the period o	•	in this form, if required, by using			0	
EFTPS (Electronic Federal Tax Payment System) See instru		st be completed for Part II o	<u> 8c</u>	\$	0.	
Under penalties of perjury, I declare that I have examined this form, include		•	•	if my knowl	edge and helief	
it is true, correct, and semplete, and that I am authorized to prepare this for	orm.	anying someonies and statements, and to	553((n my kilowi	oaye and utilei,	
Signature > COPY Title >			Date	•		