

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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.lrs.gov/form990pf.

c Other professional fees Interest Inte	FOL	caler	idar year 2015 or tax year beginning		, and ending		
Recordular   Part   P	Na	me of	foundation			A Employer identification	number
P. O. BOX 6926  (City or town, table or promote, country, and 2P or foreign postal code  KETCHUM. TD 63340-6926  (City or town, table or promote, country, and 2P or foreign postal code  KETCHUM. TD 63340-6926  (City or town, table or promote, country, and 2P or foreign postal code  KETCHUM. TD 63340-6926  (City or town, table or promote, country, and 2P or foreign postal code  KETCHUM. TD 63340-6926  (City or town, table or promote, country)  (City or town, table or town, table town,	_ <u>1</u>	'HE	DEBARD JOHNSON FOUNDAT	ION, INC.		38-3693339	
City of town, state or promote, country, and ZiP or foreign postal code  KRTCHINI, ID 8.340 – 69.26  6 Check all mat apply: Initiat rotur   Initiat rotur   Address change   Name change	Nui	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
RETCHUM_ID_B 3340-5926   Industreum   Industreum   Address studings   Industreum   Amended return   Amende	_ <u>P</u>	.0	. BOX 6926			(208) 726-	8583
B Check all that apply: Initial return	Cıt	y or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
Final return   Amended return   Amende	_ <u>K</u>	ET	CHUM, ID 83340-6926				
Address strange	G (	Check	call that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
H. Check bype of organization: X. Section 501(s)(3) exempt private foundation Section 4947(s)(1) none-empt charitable trust. Other trabable private foundation I Fair market value of all assets at end of year. J. Accounting method: XJ Cash. Accrual (from Part N. col. (c), ine 16) S. 1, 094, 143, (Part 1, column (d) must be on cash bassa.) Fart III. Analysis of Revenue and Expenses. I Contributions, gifts, grants, etc., received Concess Market Value of all sesses as the did year. J. (Part 1, column (d) must be on cash bassa.)  [1 Contributions, gifts, grants, etc., received 2 chare Market Value of all sesses are contributed by the sesses of the column (d) must be on cash bassa.)  [2 Chord Market Value of all sesses are contributed by the column (d) must be on cash bassa.)  [3 Contributions, gifts, grants, etc., received 2 chare Market Value of all sesses are contributed by the column (d) must be on cash bassa.)  [4 Dividends and inferst from securities 3 12. 12. STATEMENT 1  2 STATEMENT 2  5 Gross crists 4 Dividends and inferst from securities 5 Gross crists 5 Not sent in order of column (d) must be on cash bassa.  [5 Not sent or column (d) must be on cash bassa.  [6 Not given to recognitive with the column (d) must be on cash bassa.  [6 Not given to recognitive with the column (d) must be on cash bassa.  [6 Not given to recognitive with the column (d) must be on cash bassa.  [6 Not given to recognitive with the column (d) must be on cash bassa.  [6 Not given to recognitive with the column (d) must be on cash bassa.  [6 Not given the column (d) must be on cash bassa.  [7 Complete your column (d) must be on cash bassa.  [8 Not short in recognitive with the column (d) must be on cash bassa.  [9 Not short in recognitive with the column (d) must be on cash bassa.  [9 Not short in recognitive with the column (d) must be on cash bassa.  [9 Not short in recognitive with the column (d) must be on cash bassa.  [9 Not short in recognitive with the column (d) must be on cash bassa.  [9 Not short in recognitive with the colu			Final return	Amended return			
Section 4947(a)(1) nonexempt charinable trust. □ Other taxable private foundation   from Part II, cot (c), line 16)   Control of the section			Address change	Name change		Z. Foreign organizations me check here and attach co	eeting the 85% test, emputation
Les exclored 497(a)(1) nonexempt charitable trust □ Other travable private foundation □ under section 507(b)(1)(A), check here □ I fair market value of all sases at and of year □ A counting method: □ Continue of a countinue of countinue of a countinue of countinue of a countinue of count	H (	Check	c type of organization: X Section 501(c)(3) ex	xempt private foundation		F If private foundation sta	tus was terminated
Part I   Of (c), len 16    Other (specify)   O		Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		
Mary	1 F	air ma	arket value of all assets at end of year   J   Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
Part	(fi	rom i					
1   Contributions, gifts, grants, etc., received		<u>  \$                                  </u>		ımn (d) must be on cash b	pasis.)		<del></del>
1 Contributions, gifts, grants, etc., received   2   1 Contributions, gifts, grants, etc., received   2   1 Contributions, gifts, grants, etc., received   3   1   1   1   2   2	P	art <u>l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and			
2   Cnock			necessarily equal the amounts in column (a) )	expenses per books	ıncome	income	
Interest on aswings and temporary   12		1					
## Divident's and interest from securities  5a Gross rents  b Net rental income or (loss)  5a Net gain or (ross) from sale of assets not on line 10  b Cores assets enter for all 968 7.735 .  7 Capital gain net income (form Part IV, line 2)  8 Net Short-term capital gain  9 Income modifications  10a and showances  10a and showances  10a and showances  10a and showances  10a from showances  10b Less Cost of quods sold  10a from showances  10a from showances  10b Less Cost of quods sold  10a from showances  10b Less Cost of quods sold  10a from showances  10b Less Cost of quods sold  10a from showances  10b Less Cost of quods sold  10a from showances  10b Less Cost of quods sold  10b Less Cost of quods sold  10b Less Cost of quods sold  10a from showances  10b Less Cost of quods sold  10b Less Cost of quods		2					
Sa   Gross rents   Sa   Gross rents   Sa   Sa   Sa   Sa   Sa   Sa   Sa   S		3	cash investments				
D   Net rental income or (loss)   S   405.		4	Dividends and interest from securities	99.	99.		STATEMENT 2
Sa   Not gain or (floss) hom sale of assets not on line 10   8 , 405 .		5a	Gross rents				
Date		b	Net rental income or (loss)				
Solution	மு	6a		8,405.			
10	ž	b					
10	ě	7	Capital gain net income (from Part IV, line 2)		8,405.		
10a and allowances   b   Less Cost of goods sold   c   Gross profit or (loss)     11 Other income   91.   91.   0.STATEMENT 3     12 Total Add lines 1 through 11   8,607.   8,607.   0.     13 Compensation of officers, directors, trustees, etc   0.   0.   0.   0.     14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees   b Accounting fees   STMT 4   4,100.   1,025.   0.   3,075.     18 Taxes   STMT 5   271.   0.   Colored Colo	Œ	8	Net short-term capital gain				
10   10   20   20   20   20   20   20		9					
c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of officers, directors, frustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (fregative, enter -0-) c Adjusted net income (fregat		10a	and allowances				
11 Other income   91.   91.   0.STATEMENT 3     12 Total Add lines 1 through 11   8,607.   8,607.   0.     13 Compensation of officers, directors, trustees, etc   0.   0.   0.   0.     14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees   b Accounting fees   STMT   4   4,100.   1,025.   0.   3,075.     16 Legal fees   b Accounting fees   STMT   5   271.   0.   Color   C		b	Less Cost of goods sold				
12   Total Add lines 1 through 11   8 , 607 . 8 , 607 . 0 .     13   Compensation of officers, directors, trustees, etc   0 . 0 . 0 . 0 . 0 .     14   Other employee salaries and wages   0   0 . 0 . 0 .     15   Persion plans, employee benefits   0   0   0 .     16   Legal fees   0   0   0   0   0     17   Interest   0   0   0   0     18   Taxes   STMT   0   0   0     19   Depreciation and depletion   0   0   0     19   Depreciation and depletion   0   0   0     10   Occupancy   0   0   0     11   Tavel, conferences, and meetings   0   0     12   Total operating and administrative expenses. Add lines 13 through 23   0   0   0     26   Total expenses and disbursements   0   0   0     27   Subtract line 26 from line 12:   2   2   2   2   2   2   3   2   3   4   5   0     28   Excess of reviewe over expenses and disbursements   0   0     29   Occupancy   0   0   0   0     20   Occupancy   0   0   0     21   Total operating and administrative expenses. Add lines 13 through 23   4   781   1   435   0   3   0.     29   20   3   3   3   3   3   3   3     20   3   3   3   3   3     20   3   3   3   3     21   3   3   3   3     22   3   3   3   3     23   3   3   3     24   781   1   435   0   57   635     25   Subtract line 26 from line 12:   2   2   2     26   Excess of reviewe over expenses and disbursements   0   0     20   Compensation of officers, directors, five seed of the compensation of the compensat		C	. , ,	ļ			
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16   Legal fees   17   Interest   18   Taxes   STMT   5   271   0   NOV   6   ZU16   2   ZU16   ZU16   2   ZU16		11	Other income				STATEMENT 3
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements 25 Add lines 24 and 25 26 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 20 Characteristics 21 Adjusted net income (if negative, enter -0-) 22 Characteristics 23 Characteristics 24 A (100. 1,025. 0. 3,075.  27 Outclevel on 1,025. 0. 3,075.  28 Total expenses 29 Outclevel on 1,025. 0. 3,075.  29 Outclevel on 1,025. 0. 0. 3,075.  20 Outclevel on 1,025. 0. 0. 3,075.  20 Outclevel on 1,025. 0. 0. 0. 0.  20 Outclevel on 1,025. 0. 0. 0.  21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Outclevel on 1,025. 0. 0.  25 Outclevel on 1,025. 0. 0. 0.  26 Outclevel on 1,025. 0. 0. 0.  27 Outclevel on 1,025. 0. 0. 0.  28 Outclevel on 1,025. 0. 0. 0.  29 Outclevel on 1,025. 0. 0. 0.  20 Outclevel on 1,025. 0. 0. 0.  20 Outclevel on 1,025. 0. 0. 0.  25 Outclevel on 1,025. 0. 0. 0.  26 Outclevel on 1,025. 0. 0. 0.  27 Outclevel on 1,025. 0. 0. 0.  28 Outclevel on 1,025. 0. 0. 0.  29 Outclevel on 1,025. 0. 0. 0.  20 Outclevel on 1,025. 0. 0. 0.  27 Outclevel on 1,025. 0. 0. 0.  28 Outclevel on 1,025. 0. 0. 0.  29 Outclevel on 1,025. 0. 0.  20 Outclevel on 1,025. 0. 0.  20 Outclevel on 1,025. 0. 0.  20 Outclevel on 1,025. 0. 0.  21 Outclevel on 1,025. 0. 0.  22 Outclevel on 1,025. 0. 0.  23 Outclevel on 1,025. 0. 0.  24 Outclevel on 1,025. 0. 0.  25 Outclevel on 1,025. 0. 0.  26 Outclevel on 1,025. 0. 0. 0.  27 Outclevel on 1,025. 0. 0.		12	Total Add lines 1 through 11				
15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 27 Add lines 24 and 25 28 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Cother professional fees 29 Uniting and publications 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Expenses and disbursements 26 Adjusted net income (if negative, enter -0-) 29 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Subtract line 26 from line 12: 26 Excess of revenue over expenses and disbursements 26 Depreciation and depletion 27 Occupancy 28 NOV 16 ZU16 29 Occupancy 29 NOV 16 ZU16 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Occupancy 26 Occupancy 27 Travel, conferences, and meetings 28 Occupancy 29 Occupancy 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 20 Occupancy 21 Travel, conferences, and meetings 22 Occupancy 23 Other expenses 24 Occupancy 25 Occupancy 26 Occupancy 27 Travel, conferences, and meetings 28 Occupancy 29 Occupancy 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 20 Occupancy 21 Travel, conferences, and meetings 22 Occupancy 23 Other expenses and depletion 25 Occupancy 26 Occupancy 27 Travel, conferences, and meetings 28 Occupancy 29 Occupancy 20 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 20 Occupancy 21 Travel, conferences, and meetings		13		0.	<u>0.</u>	0.	0.
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.		14	Other employee salaries and wages	ļ		<del></del>	ļ
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	(Vis	15	Pension plans, employee benefits				
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	<u> Š</u>	16a	Legal fees				2 2 2 5
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	ē	b	Accounting fees STMT 4	4,100.	1,025.	0.	3,075.
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	щ	C	Other professional fees		<del>-</del>		
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	. ₹iş	17	Interest			DECENTED	<b>—</b>
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	'≍ <b>E</b>	18	Taxes STMT 5	271.	0.		0.
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	<b>₹</b>	19	Depreciation and depletion			1011 1 6 7646	
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	₹	20	Occupancy			MOA TO SOID	<u> </u>
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	æ <b>¥</b>	21	Travel, conferences, and meetings				<u> </u>
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	₽Ē	22	Printing and publications	110	4 2 0 -	OCOPY UT	
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.		23	Other expenses STMT 6	410.	410.		<u> </u>
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	≅ë	24	Total operating and administrative		4 40=		0.055
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.	ă		expenses. Add lines 13 through 23	4,781.	1,435.	0.	3,075.
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.		25	Contributions, gifts, grants paid	54,560.		<del> </del>	54,560.
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.		26	lotal expenses and disbursements	50 344	4 405	_	F
a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.		-		59,341.	1,435.	<del> 0.</del>	5/,635.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0.		}		F0 734		1	
C Adjusted net income (if negative, enter -0-)		ı		-50,/34.	7 170	<del> </del>	<del> </del>
523501 LIMA For Paperwork Reduction Act Notice and instructions		1			1,1/2.		
	5235	<u>С</u> 01		in at must less		<u>U.</u>	

Form **990-PF** (2015)

<u>Fo</u>	rm 99	90-PF (2015) THE DEBARD JOHNSON FOUNT	DATION, INC.	38-3	3693339 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u>-</u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		1,138,727.	1,092,472.	1,092,472.
	1	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable >			
		Less; allowance for doubtful accounts			<del></del>
		Grants receivable		<del></del>	<del></del>
	6	Receivables due from officers, directors, trustees, and other	200	200	200
	l _	disqualified persons	290.	290.	290.
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
Assets	1	Inventories for sale or use		<del></del> -	
Ass		Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
-					
		Investments - corporate stock			
		Investments - corporate bonds			
	''	Investments - fand, buildings, and equipment basis			
	10	Less accumulated depreciation			
	13	Investments - mortgage loans Investments - other STMT 7	0.	1,195.	1,195.
		Land, buildings, and equipment: basis 4, 181.		1,193.	1,193.
	14	Less accumulated depreciation STMT 8 4,181.			
	15	Other assets (describe ► DUE FROM BROKER )	0.	186.	186.
		Total assets (to be completed by all filers - see the	V •	100.	100.
	10	instructions. Also, see page 1, item I)	1,139,017.	1,094,143.	1,094,143.
	17	Accounts payable and accrued expenses	1,133,017.	<u> </u>	<u> </u>
	18	Grants payable			
s	19	Deferred revenue			
Liabilıties	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
ڌ		Other liabilities (describe > STATEMENT 9)	24,940.	30,800.	
		,			
	23	Total liabilities (add lines 17 through 22)	24,940.	30,800.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
a	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ts o	27	Capital stock, trust principal, or current funds	0.	0.	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	1,114,077.	1,063,343.	
ž	30	Total net assets or fund balances	1,114,077.	1,063,343.	
			4 400 047	4 004 440	
_	31	Total liabilities and net assets/fund balances	1,139,017.	1,094,143.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	1,114,077.
		r amount from Part I, line 27a		2	-50,734.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,063,343.
		eases not included in line 2 (itemize)	1 (1.) 1	5	1 062 243
6	ı ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30	6 ]	1,063,343.

			HNSON FOUNDA Tax on Investmen		C.		<del></del>	38	3-369	3339	Page 3
	(a) List and desc	ribe the kind(s) of prope	erty sold (e.g., real estate,	t income	(b).	How ac	quired (entropy description (e	) Date a	cdnitéq	( <b>d</b> ) Dat	
_	2-story brick wa	arehouse; or common s	tock, 200 shs. MLC Co.)		D 'D	- Dona	ition	(mo., da	y, yr.)	(mo., da	ay, yr.)
<u>1a</u> b	SEE ATTACHED	STATEMENT	<u> </u>								
C	000 11111101100	DITTI DITUITI	<u></u>		<u> </u>						
d											
е	<del> </del>	(O D		-1				41.0-		-	
	(e) Gross sales price	(f) Depreciation a (or allowable		st or other basis expense of sale					in or (loss) (f) minus (		
_ <u>a</u> b											
c											
d										,	
е_	968,735.			960,33	0.						<u>,405.</u>
	Complete only for assets shown								ol. (h) gain ot less thar		
	(i) F.M.V. as of 12/31/69	(j) Adjusted ba as of 12/31/6		cess of col. (i)				Losses (	from col. (I	n))	
<u>a</u> b			-								
c											
d						_					
<u>e</u>										8	<u>,405.</u>
<b>2</b> C	capital gain net income or (net ca		un, also enter in Part I, line oss), enter -0- in Part I, line		}	2				8	<u>,405.</u>
	let short-term capital gain or (lo f gain, also enter in Part I, line 8,		s 1222(5) and (6):		J						
	(loss), enter -0- in Part I, line 8		MO(a) for Daduce	I Tay an Nas		3	ant Inca		N/A		
	<del></del> -/	••	940(e) for Reduced				ient inco	ille			
ורטו	optional use by domestic private	e loundations subject to	the section 4940(a) tax of	i nei invesiment in	ICOITH	e.)					
If sec	ction 4940(d)(2) applies, leave t	his part blank.									
	the foundation liable for the sec es," the foundation does not qua			F-	riod?					Yes	X No
	nter the appropriate amount in				ntries	S.		•			
Cá	<b>(a)</b> Base period years alendar year (or tax year beginni	ng in) Adjusted (	(b) qualifying distributions	Net value of no	(c) ncha		use assets	(	Dıstrıb col. (b) dıv	( <b>d)</b> ution ratio ided by col.	(c))
	2014		55,920.				8,732.				49107
	2013		56,715.				9,644.				<u>47674</u>
	2012		71,767.		$\frac{1}{1}$		0,675.				<u>57383</u>
	2011		66,244. 67,141.				<u>4,151.</u> 8,547.		<del></del>		<u>51586</u> 501 <u>60</u>
	2010	<del> </del>	07/1410			, , ,	<u>0,547.</u>				<u> </u>
2 T	otal of line 1, column (d)							2		. 2	<u>55910</u>
	verage distribution ratio for the		ride the total on line 2 by 5,	or by the number	of ye	ears				_	
th	ne foundation has been in existe	nce if less than 5 years						3		.0	<u>51182</u>
<b>4</b> E	nter the net value of noncharital	ole-use assets for 2015	from Part X, line 5					4		1,092	,228.
5 N	fultiply line 4 by line 3							5		55	,902.
<b>6</b> E	nter 1% of net investment incor	ne (1% of Part I, line 27	b)					6		<del></del>	72.
7 A	dd lines 5 and 6							7		55	,974.
	nter qualifying distributions from							8		57	,635.
lf S	line 8 is equal to or greater that	n line 7, check the box ii	n Part VI, line 1b, and com	plete that part usin	ıg a 1	% tax i	rate.				

Form **990-PF** (2015)

<u>orm</u>	1990-PF(2015) THE DEBARD JOHNSON FOUNDATION, I	NC.	3	8-369	3339		2age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a)	, 4940(b), 49	40(e), or 49	48 - see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter	N/A" on line 1.	7				
	Date of ruling or determination letter: (attach copy of letter if necessa	ry-see instruction	s)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		· } L	1 📗			72.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of P	art I, line 12, col. (	b). J				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others			2			0.
3	Add lines 1 and 2	·		3			72.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s enter -0-)		4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•	Γ	5			72.
6	Credits/Payments:						_
	2015 estimated tax payments and 2014 overpayment credited to 2015	a	24.				
	Exempt foreign organizations - tax withheld at source 61	b					
	Tax paid with application for extension of time to file (Form 8868)	c					
	Backup withholding erroneously withheld 6	d					
	Total credits and payments. Add lines 6a through 6d			7			24.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		T T	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶	9			48.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10	_		
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	l i	Refunded -	11	~-		
	rt VII-A Statements Regarding Activities			·			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or did it participa	te or intervene ir	 1		Yes	No
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s	see instructions fo	r the definition)?	,	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co					_	
	distributed by the foundation in connection with the activities	,,					
	Did the foundation file Form 1120-POL for this year?				1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	r:					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶		0.		-		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure						
	managers. ▶ \$ 0.						
	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.						
	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	ıment, artıcles of ı	ncorporation, or		Ì		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,	,		3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			·	5		X
	If "Yes," attach the statement required by General Instruction T						
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or				1		}
	By state legislation that effectively amends the governing instrument so that no mandatory directively.	ections that conflic	t with the state I	aw			ĺ
	remain in the governing instrument?				6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	te Part II. col. (c)	. and Part XV		7	Х	
		,,,	,				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>&gt;</b>					1
	ID				-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ney General (or des	signate)		-	1	
	of each state as required by General Instruction G? If "No," attach explanation		- •		86	Х	
	is the foundation claiming status as a private operating foundation within the meaning of section	n 4942(j)(3) or 494	(2)(5) for calen	dar		Ī	
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," comp		.,,		9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list		ıddre <u>sses</u>		10		X
					orm <b>99</b>	0-PF	(2015)

Form **990-PF** (2015)

4a

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

otal number of other employees paid over \$50,000			Form	990-PF (2015)
		<u> </u>		
		-		
				L- <del>-</del>
		<del> </del>		<del></del>
NONE				
	hours per week devoted to position	(2)	compensation	allowances
(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	(e) Expense account, other
Compensation of five highest-paid employees (other than those inc		enter "NONE."		
KETCHUM, ID 83340	0.00	0.	0.	0.
P.O. BOX 6926				
	VICE PRESIDEN			
KETCHUM, ID 83340	0.00	0.	0.	0.
2.0. BOX 6926	TOD EKROIDER	7		
	VICE PRESIDE		0.	
XETCHUM, ID 83340	0.00	0.	0.	0.
P.O. BOX 6926	LVE9IDENI.			
<del></del>	to position PRESIDENT	enter -0-)	compensation	allowances
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
List all officers, directors, trustees, foundation managers and their		(a) Companyation	(d) Contributions to	(-) [\max
Paid Employees, and Contractors			· 	
Part VIII Information About Officers, Directors, Trust		anagers. Highly		
7a At any time during the tax year, was the foundation a party to a prohibited tax s b if "Yes," did the foundation receive any proceeds or have any net income attribution.		Y6		7b
If "Yes" to 6b, file Form 8870.	holter transaction?		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>                                     </u>	5b X
a personal benefit contract?		Ye	es 🗶 No	, , , , , , , ,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
If "Yes," attach the statement required by Regulations section 53 4945				
expenditure responsibility for the grant?		1/A 🔲 Ye	s No	}
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
Organizations relying on a current notice regarding disaster assistance check h	•			
section 53.4945 or in a current notice regarding disaster assistance (see instru		<b>~</b>	N/A	5b
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described			
the prevention of cruelty to children or animals?	or oddodnonar parposoo, or		s X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurposes, or		ا ۱۱۷ بیجے ۵	
4945(d)(4)(A)? (see instructions)	u aesalinga ili seciloli		s X No	
<ul><li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li><li>(4) Provide a grant to an organization other than a charitable, etc., organization</li></ul>		L Ye	s X No	
any voter registration drive?	n		8 X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		s X No	
5a During the year did the foundation pay or incur any amount to:				
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I			
orm 990-PF (2015) THE DEBARD JOHNSON FOUND	ATION, INC.		38-36933	39 Page <b>6</b>

Form 990-PF (2015) THE DEBARD JOHNSON FOUNDATION, INC.  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High		693339 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	<del></del>	
(a) Name and address of each person paid more than \$50,000 (b) Type of	f service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	e	Expenses
1 N/A		
2		
3		
4		
Doubly Dia		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<del></del>	Amount
1N/A		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
		Form <b>990-PF</b> (2015

P	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	16,287.
b	Average of monthly cash balances	1b	1,092,574.
C	Fair market value of all other assets	10	0.
đ	Total (add lines 1a, b, and c)	1d	1,108,861.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,108,861.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4_	16,633.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,092,228.
6	Minimum investment return. Enter 5% of line 5	6	54,611.
P	foreign organizations check here and do not complete this part.)  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
1	Minimum investment return from Part X, line 6	1	54,611.
2 a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	72.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	54,539.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	54,539.
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	54,539.
P	art XII Qualifying Distributions (see instructions)	<u> </u>	
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	<u>57,635.</u>
þ	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:	<u> </u>	
a	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	57,635.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	income. Enter 1% of Part I, line 27b	5	72.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,563.
	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** (2015)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI,				
line 7				<u>54,539.</u>
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only		<del></del> <del>_</del> <del> </del>	56,922.	
b Total for prior years:				
2013,,		852.		
3 Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010			ľ	
<b>b</b> From 2011				
c From 2012			ľ	
d From 2013				
e From 2014				
f Total of lines 3a through e	0.		<del></del>	
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 57,635.				
a Applied to 2014, but not more than line 2a			56,922.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			<u>-</u>
d Applied to 2015 distributable amount				713.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		852.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				· · · · · · · · · · · · · · · · · · ·
amount - see instructions		852.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract			<del>-</del>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				53,826.
7 Amounts treated as distributions out of	·			33,040.
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 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.			<del></del>	<del></del>
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
523581 11-24-15				Form <b>990-PF</b> (2015)

	BARD JOHNSON				93339 Page 10
Part XIV Private Operating F			<del></del>	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		-	▶ └	- F	
<b>b</b> Check box to indicate whether the foun		ing foundation described		4942(j)(3) or 4942(j)	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a		<u></u>			
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		<del></del>	<del> </del>		
for active conduct of exempt activities.					
· ·					
Subtract line 2d from line 2c  3 Complete 3a, b, or c for the		<del> </del>	<del> </del>	<del> </del>	<del> </del>
alternative test relied upon:					
a "Assets" alternative test - enter:		Ì			
(1) Value of all assets		<u> </u>	1	<u> </u>	<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" afternative 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 Info	ormation (Compl	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation will year (but only if they have contributed in the contributed in the contributed in	no have contributed more more than \$5,000). (See	e than 2% of the total con section 507(d)(2).)	ntributions received by th	e foundation before the clo	se of any tax
NONE					
b List any managers of the foundation who ther entity) of which the foundation has			(or an equally large por	tion of the ownership of a p	artnership or
• •	to a 1070 or greater milest	· · · · · · · · · · · · · · · · · · ·			
NONE					
2 Information Regarding Contribut Check here ➤ X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitabl	e organizations and does		
a The name, address, and telephone num	<del></del>				
<b>b</b> The form in which applications should	be submitted and inform	ation and materials they	should include;		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geograph	cal areas, charitable field	s, kinds of institutions, o	r other factors:	
523601 11-24-15					Form <b>990-PF</b> (2015)

3 Grants and Contributions Paid During the		Payment	<del></del>	
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		<u> </u>		
<b>3</b> ,				
				-
ADVOCATES	NONE	PUBLIC CHARITY	UNRESTRICTED	ł
P.O. BOX 3716				500.
HAILEY, ID 83333				300.
BLAINE SEARCH & RESCUE	NONE	PUBLIC CHARITY	UNRESTRICTED	
1650 AVIATION				
HAILEY, ID 83333		<u></u>		100.
BOWLING GREEN STATE UNIVERSITY	NONE	PUBLIC CHARITY	UNRESTRICTED	
MILETI CENTER				
BOWLING GREEN, OH 43403				1,000.
	7077	PUBLIC CHARITY	TAIDECED TOWER	
CARITAS CHORALE P.O. BOX 1240	NONE	PUBLIC CHARITI	ONRESTRICTED	
KETCHUM ID 83340				100.
CASE WESTERN RESERVE UNIVERSITY	NONE	PUBLIC CHARITY	UNRESTRICTED	
100900 EUCLID AVENUE		İ		500.
CLEVELAND OH 44106  Total SEE C	CONTINUATION SHE	ET(S)	<b>▶</b> 3a	54 560
b Approved for future payment				
.,				
NONE				
		•		
		<del> </del>		
			<u> </u>	
Total		<del></del>	▶ 3b	Form <b>990-PF</b> (2015)

# Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	excin- (c)	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	Tunction income
<u>a</u>	_				
b	_				<u> </u>
C	_	<del>-</del>			
d	_	<del></del>	<del> </del>		<del></del>
e	_				
f	_	<del></del>			
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ <u>-</u>				· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash					
investments		<u></u>	14	12.	
4 Dividends and interest from securities	-		14	99.	<del></del>
Net rental income or (loss) from real estate:					<u>.                                    </u>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			1 1		
property					
7 Other investment income			14	91.	
8 Gain or (loss) from sales of assets other			1 1		
than inventory			18	8,405.	
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:			[		
a	_ —				
b	_				
c					
d		<del></del>			<del></del>
e	_				
2 Subtotal. Add columns (b), (d), and (e)			0.	8,607.	
3 Total. Add line 12, columns (b), (d), and (e)				13	8,607
See worksheet in line 13 instructions to verify calculations.	<u></u>				

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
$= \pm$	

Form **990-PF** (2015)

523621 11-24-15

Sign Here	Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete Declaration of program of the control of the c	eparer (other than taxpayer) is based on all inform		May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes	
	Signature of officer of trustee	Date' /	Title		<u> </u>
	Print/Type preparer's name	Preparer's signature	Date	Check If F	PTIN

Paid
Preparer
Use Only

Pirm's address ► 11150 W. OLYMPIC BLVD., SUITE 920
LOS ANGELES, CA 90064

self- employed
P00090775
P00090775

Proparer
Prim's elf- employed
P00090775
Prim's Elfn ► 95-4164759
Phone no. (310) 479-1016

Form **990-PF** (2015)

THE DEBARD JOHNSON FOUNDATION, INC.

Part IV   Capital Gains and Losses for Tax on Investment Income	35 3333									
(a) List and describe the kind(s) of property solo 2-story brick warehouse; or common stock, 20	(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)									
1a 192 SHARES - VANGUARD SECTOR II	NDEX FDS VANGUARD E	P 12/27/1512/29/15								
	INDEX FDS VANGUARD	P 12/29/1512/29/15								
c 808 SHARES - VANGUARD SECTOR II	NDEX FDS VANGUARD E	P 12/27/1512/29/15								
d 400 SHARES - VANGUARD SECTOR II	NDEX FDS VANGUARD E	P 12/07/1512/09/15								
e 1,000 SHARES - VANGUARD SECTOR	1,000 SHARES - VANGUARD SECTOR INDEX FDS VANGUARD									
1 300 SHARES - VANGUARD SECTOR I	NDEX FDS VANGUARD E									
g 300 SHARES - VANGUARD SECTOR I	NDEX FDS VANGUARD E									
h 2,000 SHARES - VANGUARD SECTOR										
1 700 SHARES - VANGUARD SECTOR I										
	NDEX FDS VANGUARD E									
	<u>NDEX FDS VANGUARD E</u>									
	NDEX FDS VANGUARD E									
	NDEX FDS VANGUARD E									
	NDEX FDS VANGUARD E									
o 100 SHARES - VANGUARD SECTOR I										
(e) Gross sales price (f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)								
a 16,101.	16,101.	0.								
b 83,911.	83,724.	187.								
c 67,800.	67,800.	0.								
d 34,872.	34,872.	0.								
e 87,180.	85,832.	1,348.								
f 26,154.	26,154.	0.								
g 26,154.	26,154.	0.								
h 174,361.	171,808.	2,553.								
58,169.	58,169.	0.								
24,925.	24,925.	<u> </u>								
<u>k 8,599.</u> <u>I</u> 8,599.	8,582. 8,467.	132.								
m 8,599.	8,442.	157.								
n 27,256.	26,801.	_455.								
0 9,552.	9,549.	3.								
Complete only for assets showing gain in column (h) and owned by		(I) Losses (from col. (h))								
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")								
a		0.								
b		187.								
С		0.								
d		0.								
e		1,348.								
f		0.								
g		0.								
h		2,553.								
1		0.								
		0.								
k		17.								
		132.								
m		157.								
n		455.								
0		3.								
2 Capital gain net income or (net capital loss) { If gain, also enter If (loss), enter "-0"	in Part I, line 7 -" in Part I, line 7									
3 Net short-term capital gain or (loss) as defined in sections 1222(5) an If gain, also enter in Part I, line 8, column (c).										
If (loss), enter "-0-" in Part I, line 8	<del></del>									

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

N/A

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient CLAREMONT GRADUATE SCHOOL NONE PUBLIC CHARITY UNRESTRICTED 150 E. 10TH 500. CLAREMONT, CA 91711 COLGATE UNIVERSITY NONE PUBLIC CHARITY UNRESTRICTED 13 OAK DRIVE 500. HAMILTON, NY 13346 NONE COMMUNITY LIBRARY PUBLIC CHARITY UNRESTRICTED P.O. BOX 2168 1,000. KETCHUM ID 83340 PUBLIC CHARITY UNRESTRICTED CONGREGATIONAL CHURCH-NEW CANAAN NONE 23 PARK NEW CANAAN, CT 06840 750, PUBLIC CHARITY UNRESTRICTED DARE PAL YOUTH DEVELOPMENT NONE 210 SOUTH 1ST AVENUE 200. HAILEY ID 83333 DARRIEN COMMUNITY FOUNDATION NONE PUBLIC CHARITY UNRESTRICTED 274 MIDDLESEX ROAD 250. DARIEN CT 06820 DARTMOUTH COLLEGE NONE PUBLIC CHARITY UNRESTRICTED DEVELOPMENT OFFICE HANOVER NH 03755 500. PUBLIC CHARITY UNRESTRICTED DEERWOOD FOUNDATION NONE 16 DEE ROAD 250. LEXINGTON, MA 02420 PUBLIC CHARITY UNRESTRICTED DYSTONIA RESEARCH NONE ONE EAST WACKER #2810 1,000. CHICAGO IL 60601 FLOURISH FOUNDATION NONE PUBLIC CHARITY CAPITAL CAMPAIGN P.O. BOX 2429 1,500. KETCHUM ID 83340 52,360. Total from continuation sheets

Part XV Supplementary Information		<u> </u>		
3 Grants and Contributions Paid During the	rear (Continuation)			
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	Contribution	
FRESH AIR FUND	NONE	PUBLIC CHARITY	UNRESTRICTED	
633 THIRD AVENUE NEW YORK, NY 10017				250.
HORIZONS-NEW CANAAN COUNTRY SCHOOL	NONE	PUBLIC CHARITY	UNRESTRICTED	ŀ
P.O. BOX 997				500
NEW CANAAN, CT 06840				500.
WOODTON OF MOOD DIMED WALLEY	Love	Lunita autormu		
P.O. BOX 320	NONE	PUBLIC CHARITY	UNRESTRICTED	
KETCHUM, ID 83340				1,000.
HUNGER COALITION	NONE	PUBLIC CHARITY	UNRESTRICTED	
P.O. BOX 1576 HAILEY ID 83333				2.000.
IDAHO FOUNDATION - WOOD RIVER WOMENS CLUB	NONE	PUBLIC CHARITY	UNRESTRICTED	
P.O. BOX 8143				
BOISE ID 83707				2,100,
		L		
IDAHO PUBLIC TV P.O. BOX 4	NONE	PUBLIC CHARITY	UNRESTRICTED	
BOISE ID 83707		<del>                                     </del>	<del>                                     </del>	250,
METROPOLITAN OPERA	NONE	PUBLIC CHARITY	UNRESTRICTED	
LINCOLN CENTER NEW YORK, NY 10023		<u> </u>		4,000.
NEW CANAAN COUNTRY SCHOOL	NONE	PUBLIC CHARITY	UNRESTRICTED	
P.O. BOX 997	:			7,500.
NEW CANAAN, CT 06840				7,300.
NEW CANAAN LIBRARY	NONE	PUBLIC CHARITY	INRESTRICTED	
151 MAIN STREET	HOME	DDDIC CHARITI	Simbolitici ED	
NEW CANAAN, CT 06840				1,000.
				£
NEW CANAAN NATURE CENTER 144 OENOKE	NONE	PUBLIC CHARITY	UNRESTRICTED	
NEW CANAAN, CT 06840				250.
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the		<del></del>		
Recipient	If recipient is an individual,	Foundation	Durpose of great or	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
NH ECOLOGY PROJECT	NONE	PUBLIC CHARITY	UNRESTRICTED	
358 SPRINGSIDE				
NEW HAVEN, CT 06515				100
NORTHWESTERN UNIVERSITY	NONE	PUBLIC CHARITY	UNRESTRICTED	
2020 RIDGE AVENUE				
EVANSTON, IL 60208				1,000
PERSON TO PERSON	NONE	PUBLIC CHARITY	UNRESTRICTED	
1064 POST ROAD				
DARIEN, CT 06820				250
PRISON LITERACY RE-ENTRY	NONE	PUBLIC CHARITY	UNRESTRICTED	
25 DUDLEY				
WILTON, CT 06897				250
SAWTOOTH BOTONICAL	NONE	PUBLIC CHARITY	UNRESTRICTED	
11 GIMLET	10212			
KETCHUM, ID 06840				500
SILVERMINE ART CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED	
10375 SILVERMINE ROAD	[			
NEW CANAAN, CT 06840				250
SOUPER SUPPER	NONE	PUBLIC CHARITY	UNRESTRICTED	
313 1ST AVENUE				
HALEY, ID 83333				100
SQ WOMEN DELIVERS	NONE	PUBLIC CHARITY	UNRESTRICTED	
588 BROADWAY				
NEW YORK, NY 10012				250
ST. DYSTONIA	NONE	PUBLIC CHARITY	UNRESTRICTED	
P.O. BOX 28				250
MUKWONAGO, WI 53149				250
cm time, c both by allow	NONE	DIIDI TO OUADIMY	INTERCABIONED	
ST. LUKE'S FOUNDATION P.O. BOX 3525	NONE	PUBLIC CHARITY	DINESTRICTED	
KETCHUM, ID 83340				1,000
Total from continuation sheets				1

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient ST. MATTHEWS MUSIC NONE PUBLIC CHARITY UNRESTRICTED 1031 BIENVENEDA 250. PACIFIC PALISADES, CA 90272 PUBLIC CHARITY UNRESTRICTED ST. THOMAS EPISCOPAL CHURCH NONE P.O. BOX 1240 KETCHUM, ID 83340 4,000. STRC - SPASMODIC TORTICOLIS NONE PUBLIC CHARITY UNRESTRICTED 5 BISBEE COURT SANTA FE NM 87508 1,000. SUN VALLEY CENTER PUBLIC CHARITY UNRESTRICTED NONE P.O. BOX 656 KETCHUM ID 83340 2,540. PUBLIC CHARITY UNRESTRICTED SUN VALLEY OPERA NONE P.O. BOX 7187 2,350. KETCHUM ID 83340 SUN VALLEY PERFORMING ARTS NONE PUBLIC CHARITY UNRESTRICTED 120 MAIN STREET KETCHUM, ID 83340 500. SUN VALLEY SYMPHONY NONE PUBLIC CHARITY UNRESTRICTED P.O. BOX 1914 3,720. SUN VALLEY, ID 83353 PUBLIC CHARITY UNRESTRICTED SWIFTSURE REHAB RANCH NONE 100 LETER BUCK 5,000. HAILEY, ID 83340 NONE PUBLIC CHARITY UNRESTRICTED TINY MIRACLES 2513 OLD KING HIGHWAY 1,500. DARIEN CT 06820 WOOD RIVER LAND TRUST NONE PUBLIC CHARITY UNRESTRICTED

119 EAST BULLION

HAILEY, ID 83333

Total from continuation sheets

250.

Part XV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
				į.
WOOD RIVER YMCA	NONE	PUBLIC CHARITY	UNRESTRICTED	
101 SADDLE ROAD KETCHUM_ ID 83340				2,000.
REICHUM, ID 63340				2,000.
			!	
		}	}	
		ļ		<del> </del>
		_		
				}
				<del> </del>
		<u> </u>	<u> </u>	
	i			
	<del></del>	<del> </del>		<del> </del>
				1
	j			•
				1
Tablifum and the state of the s				<del>- </del>
Total from continuation sheets				

ORM 990-PF INTERES	ST ON	SAVING	S AND	TEMP	ORARY	CASH	INV	ESTMENTS	SI	ATEMENT	1
DURCE					INV	B) ESTMENT OME		(C) ADJUSTED NET INCOME			
IDELITY INVESTMENTS			8. 4.			8. 4.			0.		
OTAL TO PART I, LII	NE 3			12.				12.		0.	
ORM 990-PF	DIV	IDENDS	AND II	NTERE	ST FRO	OM SEC	URI	TIES	SI	PATEMENT	2
OURCE		OSS OUNT	CAPI GAI DIVII		RI	REVENUE NET IN		(B) NET INVES MENT INCC	WEST- ADJUST		
IDELITY NVESTMENTS		99.		0		9	9.	. 99.			0.
O PART I, LINE 4		99.		0		9	9.	99.		). =	
ORM 990-PF			OTH	ER IN	COME				នា	TATEMENT	3
ESCRIPTION					(A) REVEN			(B) T INVEST- ENT INCOME		(C) ADJUSTEI NET INCOI	
THER				•		91.		91	 L.		0.
OTAL TO FORM 990-P	F, PA	RT I, I	LINE 1	1		91.		91	 L. == =		0.
ORM 990-PF			ACCO	UNTIN	IG FEE:	S			S	FATEMENT .	4
ESCRIPTION			(A) EXPENSI PER BO		NET II MENT			(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOSI	
ROFESSIONAL FEES			4,	100.		1,025	 5.		0.	3,075.	
O FORM 990-PF, PG 1, LN 16B			4,	100.		1,025	· ·	•		0. 3,07	

RM 990-PF	TAX	ST	5				
SCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INC		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
DERAL TAX	271.		0.		0.		0.
FORM 990-PF, PG 1, LN 18 ==	271.		0.		0.		0.
)RM 990-PF	OTHER E	XPENSES			ST	ATEMENT	6
SCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE: MENT INC		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
NK CHARGES	410.	0. 410		10.			0.
) FORM 990-PF, PG 1, LN 23 =	410.	410. 410		0.			0.
ORM 990-PF	OTHER INV	ESTMENTS			ST	ATEMENT	7
ESCRIPTION		LUATION ETHOD	вос	OK VALUE	FA	IR MARKE' VALUE	r
DELITY - BASIS ADJUSTMENT		COST 1,195.			1,195.		
OTAL TO FORM 990-PF, PART II,	LINE 13	=		1,195.		1,1	95.
ORM 990-PF DEPRECIATION OF	ASSETS NOT	HELD FOR	INV	ESTMENT	SI	ATEMENT	8
ESCRIPTION		T OR BASIS		JMULATED RECIATION	E	SOOK VALU	E
RGANIZATION COSTS	<del></del>	4,181.	31. 4,181.				0.
OTAL TO FM 990-PF, PART II, I	N 14	4,181.		4,181.		<del></del>	0.

IES	STATEMENT 9
BOY AMOUNT	EOY AMOUNT
24,940.	30,800.
24,940.	30,800.
	BOY AMOUNT 24,940.

≿
ä
ĭ
竝
Œ
2
9
E
S
12
$\Xi$
ō
Ž
₹
0
3
4
×
2
-
$\stackrel{\sim}{\sim}$
В
₹
ᇤ
띰
2
Ŧ
ଷ
•

,	Ending Accumulated Depreciation	4,181.	4,181.			<del></del>		***			 -			on, GO Zone
	Current Year Deduction	0	0								 <del></del> ,			* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense				-					· · · · · · · · · · · · · · · · · · ·	2	. <del>_</del>		ıercial Revita
	Beginning Accumulated Depreciation	4,181.	4,181.											Bonus, Сотп
	Basis For Depreciation	4,181.	4,181.		<del></del>	<del></del>				<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>	 			ITC, Salvage,
	Reduction In Basis												-	*
Ç.	Section 179 Expense										 	<u></u>		
990-PF	Bus % Excl													pesoc
	Unadjusted Cost Or Basis	4,181.	4,181.	·		<del></del>		2						(D) - Asset disposed
	No c >	HY43						<u>-</u>			 			 5
	Life	60м	· · ·	<del></del>	<del></del>			<del></del>	<del></del>		 			
	Method										 	-		
!	Date Acquired	01/01/04												
FORM 990-PF PAGE 1	Description	ORGANIZATION COSTS	* TOTAL 990-PF PG 1 DEPR & AMORT											
ORM 95	Asset No	1									 			528111 04-01-15
Ē, l		<u> </u>			-		<del></del>				 			 #10