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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. OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

|         |   | lendar year 2015 or tax year beginning                                   |                          | , 2015        | , and endin  | 9     |                          | , 20                          |
|---------|---|--|--------------------------|---------------|--------------|-------|--------------------------|-------------------------------|
|         | Vame  | of foundation  |                          |               |              | Α     | Employeridentifi         | cation number                 |
|         | YVO   | NNE MANSFIELD ANIMAL WELFARI   | E FUND                   |               |              |       | 45-                      | 6956846                       |
|         | Numb  | er and street (or PO) box number if mail is not delivered                | to street address)       |               | Room/suite   | В     | Telephone numbe          | er (see instructions)         |
|         |   |  |                          |               |              |       |                          |                               |
|         | P.0   | . BOX 30918  |                          |               | Ì            | ]     | 88                       | 8-791-4075                    |
| -       | City or   | town, state or province, country, and ZIP or foreign pos                 | stal code                |               |              |       |                          |                               |
|         |   |  |                          |               |              | C     | If exemption application | tion is                       |
|         | BIL   | LINGS, MT 59116  |                          |               |              |       | pending, check here      |                               |
|         |   | ck all that apply. Initial return  | Initial return           | of a former p | ublic charit | y     | 1 Foreign organizati     | ione check here               |
|         |   | / Final return   | X Amended ret            |               |              | .   - | 2 Foreign organizati     |                               |
|         |   | X Address change   | Name change              | е             |              |       | 85% test, check h        |                               |
| Н       | Che   | ck type of organization: X Section 501                                   | c)(3) exempt private f   | oundation     |              | _     |                          |                               |
| ſ       | 5   | Section 4947(a)(1) nonexempt charitable trust                            | Other taxable pri        | ivate foundat | ion          |       |                          | status was terminated         |
| ī       | Fair  | market value of all assets at J Acco                                     | unting method: X Ca      |               |              | i     |                          | a 60-month termination        |
|         | end   | <del></del>  | ther (specify)           |               |              |       |                          | (1)(B), check here            |
|         |   | , <del></del>  | column (d) must be on ca |               |              | -     |                          |                               |
| F       | art   | Analysis of Revenue and Expenses (The                                    | (a) Revenue and          |               |              |       |                          | (d) Disbursements             |
| _       |   | total of amounts in columns (b), (c), and (d)                            | expenses per             | (b) Net inve  | 1            |       | djusted net              | for charitable                |
|         |   | may not necessarily equal the amounts in column (a) (see instructions) ) | books                    | incom         | ie           | 10    | ncome                    | purposes<br>(cash basis only) |
| _       | 1   | Contributions, gifts, grants, etc., received (attach schedule)           |                          |               |              |       |                          |                               |
|         | 2   | Check Y if the foundation is not required to                             |                          |               |              |       |                          | <del></del>                   |
|         | 3   | attach Sch B   |                          |               |              |       |                          |                               |
|         | 4   | Dividends and interest from securities                                   | 18,820.                  | 1             | 8,820.       |       |                          | STMT 1                        |
|         | 5a  |  |                          |               |              |       |                          | <del></del>                   |
|         | ь   | Net rental income or (loss)  |                          |               |              |       |                          |                               |
| Φ       |   | Net gain or (loss) from sale of assets not on line 10                    | 30,030.                  |               |              |       |                          |                               |
| Ĕ       | ь   | Gross sales price for all assets on line 6a 157, 978.                    |                          |               |              |       |                          |                               |
| Revenue | 7   | Capital gain net income (from Part IV, line 2) .                         |                          | 3             | 0,030.       |       | -                        |                               |
| Ě       | 8   | Net short-term capital gain  |                          |               |              |       | DEC                      | YEIV/ED                       |
|         | 9   | Income modifications   |                          |               |              |       | KEU                      | VEIVED (                      |
|         | 10a   | Gross sales less returns and allowances                                  |                          |               |              |       | 6                        | N COLUMN                      |
|         | ь   | Less Cost of goods sold .  |                          |               |              |       | ISI NOV                  | 16 ZU17   Y                   |
|         | C   | Gross profit or (loss) (attach schedule)                                 |                          |               |              |       | ω (                      |                               |
| ı       | 11  | Other income (attach schedule)   |                          |               |              |       |                          | CAL LIT                       |
| 4       | 12  | Total Add lines 1 through 11   | 48,850.                  | 4             | 8,850.       |       | L QGI                    |                               |
|         | 13  | Compensation of officers, directors, trustees, etc                       | 13,229.                  |               | 9,922.       |       |                          | 3,307                         |
| enses   | 14  | Other employee salaries and wages  |                          | ·             | NONE         |       | NONE                     |                               |
| eu      | 15  | Pension plans, employee benefits   |                          |               | NONE         |       | NONE                     |                               |
| Q.      | 16a   | Legal fees (attach schedule) STMT . 2 .                                  | 1,385.                   | <u></u>       | NONE         |       | NONE                     |                               |
| e<br>E  | h   | Accounting fees (attach schedule) STMT. 3.                               | 1,070.                   |               | NONE         |       | NONE                     | 1,070.                        |
| Ě.      | C   | Other professional fees (attach schedule)                                |                          | ·             |              |       |                          |                               |
| tra     | 17  | Interest   |                          |               |              |       |                          |                               |
| is.     | 18  | Taxes (attach schedule) (see instructions. 4.                            | 754.                     |               | 368.         |       |                          |                               |
| Ē       | 19  | Depreciation (attach schedule) and depletion.                            |                          |               |              |       |                          |                               |
| 5       | c<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24 | Occupancy  |                          |               |              |       |                          |                               |
| اق      | 21  | Travel, conferences, and meetings  |                          |               | NONE         |       | NONE                     |                               |
| a       | 22  | Printing and publications  |                          |               | NONE         |       | NONE                     |                               |
| ū       | 23  | Other expenses (attach schedule) STMT. 5.                                | 9.                       |               | 9.           |       |                          |                               |
| at      | 24  | Total operating and administrative expenses.                             | h                        |               |              |       |                          |                               |
| ē       | 2   | Add lines 13 through 23  | 16,447.                  | 1             | 0,299.       |       | NONE                     | 5,762.                        |
| O.      | 25  | Contributions, gifts, grants paid  | 39,353                   |               |              |       |                          | <u>39,353</u> .               |
| ١.      | 26  | Total expenses and disbursements Add lines 24 and 25                     | 55,800.                  | 1             | 0,299.       |       | NONE                     | <u>45,115</u> .               |
|         | 27.   | Subtract line 26 from line 12  |                          |               |              |       |                          |                               |
| 1       | Za  | Excess of revenue over expenses and disbursements                        | -6,950.                  | <u>-</u>      |              |       |                          |                               |
|         | 12.   | Net investment income (if negative, enter -0-)                           |                          | 3             | 8,551.       |       |                          |                               |
| - 1     | ્યું  | Adjusted net income (if negative, enter -0-)                             |                          |               |              |       |                          |                               |

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| art II | Attached schedules and amounts in the description column should be for end-of-year    | Beginning of year                                   | End o   | of year  |
|--------|---|---|---|--|
| art II | amounts only (See instructions )  | (a) Book Value                                      | (b) Book Value                                    | (c) Fair Market Value  |
| 1      | Cash - non-interest-bearing   |   |   |  |
| 2      | Savings and temporary cash investments  | 55,211.   | 40,117  | 40,11  |
|        | Accounts receivable ▶   | 1 1   | *           |  |
|        | Less allowance for doubtful accounts ▶  |   |   | _  |
|        | Pledges receivable ▶  |   |   |  |
|        | Less allowance for doubtful accounts ▶  |   |   |  |
| 1      | Grants receivable   |   |   |  |
| 1 -    | Receivables due from officers, directors, trustees, and other                         |   | <del></del>                                       |  |
| 1      | disqualified persons (attach schedule) (see instructions)                             |   |   |  |
| 1      | Other notes and loans receivable (attach schedule)                                    | <del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del> | S. J. 18 2 S. | V. 19. 300 July 20   |
|        | Less allowance for doubtful accounts NONE   | <del>* ***</del>                                    | _ <del></del>                                     | Line, Let Stiller, and the   |
| T .    |   |   |   |  |
| H      | Inventories for sale or use   |   | <del></del>                                       |  |
| 9      | Prepaid expenses and deferred charges   |   | <del></del>                                       |  |
|        | Investments - U S and state government obligations (attach schedule).                 | 456,245.  | 429,807.  | 468,90   |
|        | Investments - corporate stock (attach schedule)                                       |   |   |  |
| 11°    | Investments - corporate bonds (attach schedule)                                       | 193,474.  | 222,694   | 207,81   |
| l      | and equipment basis Less accumulated depreciation                                     |   |   | CONTRACTOR OF THE  |
| ŀ      | (attach schedule)   |   |   |  |
|        | Investments - mortgage loans  |   |   |  |
|        | Investments - other (attach schedule)   | 31,923.   | 37,285.   | 37,19  |
| ( )    | equipment basis   | your garage of a                                    | 1000  |  |
|        | Less accumulated depreciation (attach schedule)                                       |   |   |  |
|        | Other assets (describe >)   |   |   |  |
|        | Total assets (to be completed by all filers - see the                                 |   |   |  |
|        | instructions Also, see page 1, item I)  | 736,853.  | <u>729,903</u> .                                  | 754,02   |
| 17     | Accounts payable and accrued expenses   |   |   |  |
|        | Grants payable  |   |   |  |
|        | Deferred revenue  |   |   |  |
| 20     | Loans from officers, directors, trustees, and other disqualified persons              |   |   | 7.30   |
| 21 1   | Mortgages and other notes payable (attach schedule)                                   |   |   |  |
| ì      | Other liabilities (describe   |   | ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·          |  |
|        |   |   |   |  |
| 23     | Total liabilities (add lines 17 through 22)   |   | NONE  |  |
|        | Foundations that follow SFAS 117, check here . ▶                                      | ·   |   |  |
|        | and complete lines 24 through 26 and lines 30 and 31.                                 | Ì   |   |  |
| ı I    | Unrestricted  |   |   | 11 ( ) 一种  |
| 25     | Temporarily restricted  |   |   |  |
| 20 1   | Permanently restricted  |   |   |  |
| 20     | ·   |   |   |  |
| 1 :    | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. |   |   |  |
| 1      |   | 736,853.  | 729,903.  |  |
| 21     | Capital stock, trust principal, or current funds                                      | 730,633.  | 120,000.  |  |
| 20 1   | Paid in or capital surplus, or land, bldg, and equipment fund.                        | ····  |   |  |
|        | Retained earnings, accumulated income, endowment, or other funds                      | 736,853.  | 720 003   |  |
| 1      | Total net assets or fund balances (see instructions)                                  | /30,033.  | 729,903.  |  |
| l      | Total liabilities and net assets/fund balances (see                                   | 726 052   | 730 003   |  |
|        | instructions)   | 736,853.  | 729,903.  | A STATE OF THE PARTY OF THE PAR |
|        | Analysis of Changes in Net Assets or Fund Balar                                       |   | <del></del>                                       |  |
|        | I net assets or fund balances at beginning of year - Part I                           |   |   |  |
|        | of-year figure reported on prior year's return)                                       |   |   | 736,853  |
|        | r amount from Part I, line 27a  |   | 2   | -6,950   |
| Othe   | r increases not included in line 2 (itemize)  | <del></del>   | 3   |  |
| Add    | lines 1, 2, and 3   |   | 4   | 729,903  |
| Decr   | eases not included in line 2 (itemize) ▶  |   | 5   |  |
|        | I net assets or fund balances at end of year (line 4 minus li                         |   |   | 729,903  |

| Pa         | rt IV Capital Gains   | and Losses for Tax on Inv                                     | estment Income                               |   |                  |              |  |
|------------|---|---|--|---|------------------|--------------|--|
|            | (a) List and<br>2-story bi                                  | (b) How<br>acquired<br>P - Purchase                           | (c) Date<br>acquired<br>(mo , day, yr )      | (d) Date sold<br>(mo , day, yr )                    |                  |              |  |
| 1a         | PUBLICLY TRADED   | D - Donation  | (1110 / 007, 717                             |   |                  |              |  |
| <u></u>    | 10001001 110000   | 2200.12222  |  |   |                  |              |  |
|            |   |   |  |   |                  |              |  |
| _d         |   |   |  |   |                  |              |  |
| <u>e</u>   |   |   | <del></del>                                  |   |                  |              |  |
|            | (e) Gross sales price                                       | (h) Gain or (loss)<br>(e) plus (f) minus (g)                  |  |   |                  |              |  |
| _a         | 157,978.  |   |  | 30,030.   |                  |              |  |
| <u>b</u>   |   |   |  |   |                  |              |  |
| _ <u>c</u> | ····  |   | +  |   |                  |              |  |
| <u>d</u>   |   |   | +  | <del> </del>  | <del></del>      |              |  |
| _е         | Complete only for assets s                                  | howing gain in column (h) and owner                           | d by the foundation on 12/31/69              | <del> </del>  |                  |              |  |
|            | Complete only for ossets s                                  |   | Gains (Col. (h) ga<br>(k), but not less t    |   |                  |              |  |
|            | (i) FMV as of 12/31/69                                      | (j) Adjusted basis<br>as of 12/31/69                          | (k) Excess of col (i) over col (j), if any   | ]   | Losses (from co  |              |  |
|            |   |   |  |   |                  | 30,030.      |  |
| b          |   |   |  |   |                  |              |  |
| c          |   |   |  |   |                  |              |  |
| _ <u>d</u> |   |   |  |   |                  |              |  |
| е          |   | <del></del>   |  |   |                  |              |  |
| 2          | Capital gain net income o                                   |   | f gain, also enter in Part I, line 7         |   |                  | 20.020       |  |
| 9          |   | n or (loss) as defined in sections                            | f (loss), enter -0- in Part I, line 7        | 2   |                  | 30,030.      |  |
| 3          |   |   | structions). If (loss), enter -0- in         | ] ]   |                  |              |  |
|            |   |   |  | 2   |                  |              |  |
| Pa         |   |   | duced Tax on Net Investment In               | come  |                  |              |  |
| Wa         |   | he section 4942 tax on the distri                             | butable amount of any year in the ba         | ase period  | γ γ <sub>ε</sub> | Yes No       |  |
| _          |   | ot qualify under section 4940(e)                              |  |   |                  |              |  |
| _1_        | Enter the appropriate amo                                   |   | r, see the instructions before making        | g any entr  |                  |              |  |
| _Ca        | Base period years<br>lendar year (or tax year beginning in) | (b) Adjusted qualifying distributions                         | (c)<br>Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |                  |              |  |
|            | 2014  |   |  |   |                  |              |  |
|            | 2013  | · · · _ · _ · _ · _ · _ · _ · _                               | <del> </del>                                 | <del></del>   |                  |              |  |
|            | 2012  |   |  | <del></del>   |                  |              |  |
|            | 2010  |   |  |   |                  |              |  |
|            | 2010  |   | <u> </u>                                     | <del></del>   | <del></del>      |              |  |
| 2          | Total of line 1, column (d                                  | )   |  | 2   |                  |              |  |
| 3          |   |   | e the total on line 2 by 5, or by the        |   |                  |              |  |
|            | <u> </u>  | -   | ss than 5 years                              | 3   |                  |              |  |
|            | •   |   | ,  |   |                  |              |  |
| 4          | Enter the net value of nor                                  | ncharitable-use assets for 2015 fr                            | om Part X, line 5                            | 4   | <del></del>      |              |  |
| 5          | Multiply line 4 by line 3.                                  |   |  | 5   |                  |              |  |
| 6          | Enter 1% of net investmen                                   | nt income (1% of Part I, line 27b)                            |  | 6   |                  |              |  |
| 7          | Add lines 5 and 6   |   |  | 7   |                  |              |  |
| 8          | Enter qualifying distribution of line 8 is equal to or gr   | ons from Part XII, line 4<br>eater than line 7, check the box |  | 8 hat part  | using a 1% tax   | rate See the |  |

MT

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Form 990-PF (2015)

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| 1 01111    | 45-6956846  |          |                    | rage 2                 |
|------------|---|----------|--------------------|------------------------|
| Par        | t 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                                       |          | Yes                | No                     |
|            | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11       | l                  | ) 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         |   | 13       | X                  |                        |
|            | Website address ► N/A   |          |                    |                        |
| 14         | The books are in care of ▶ THE FOUNDATION Telephone no ▶ (406) 248  | -168     | 1                  |                        |
|            | Located at ► 401 N 31ST STREET, BILLINGS, MT ZIP+4 ► 59101  |          |                    |                        |
| 15         | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here   |          | ▶                  |                        |
|            | and enter the amount of tax-exempt interest received or accrued during the year   |          |                    |                        |
| 16         | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority                                   | ·        | Yes                | No                     |
|            | over a bank, securities, or other financial account in a foreign country?   | 16       |                    | X                      |
|            | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of                                       |          |                    |                        |
|            | the foreign country   | 1        |                    | 7                      |
| Par        | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |          | ,                  |                        |
|            | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |          | Yes                | No                     |
| 1a         | During the year did the foundation (either directly or indirectly)  |          |                    |                        |
|            | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No   |          |                    |                        |
|            | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a   |          |                    | 20                     |
|            | disqualified person?  | 2 47 201 |                    |                        |
|            | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No   | 119 43   | · 秦                | 1                      |
|            | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  | 4. 4. 4  | 7 (1-5<br>-23 (22) |                        |
|            | (5) Transfer any income or assets to a disqualified person (or make any of either available for   |          | 3                  |                        |
|            | the benefit or use of a disqualified person)?   |          |                    |                        |
|            | (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)   |          |                    |                        |
| b          | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                            | TPANA    | A. ali             |                        |
|            | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | 1b       | F-12 -X            | X                      |
|            | Organizations relying on a current notice regarding disaster assistance check here  | 1        | 15344841<br>2 5.4  | Berger 1               |
| C          | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that                                      |          |                    | لقتقد                  |
| _          | were not corrected before the first day of the tax year beginning in 2015?  | 1c       | W 486.2            | X<br><del>ALELIA</del> |
| 2          | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private                                       |          | Andrew S           | 4.7.                   |
| _          | operating foundation defined in section 4942(j)(3) or 4942(j)(5))   | 100      |                    |                        |
| a          | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? | 14       |                    |                        |
|            | 6e, Part XIII) for tax year(s) beginning before 2015?   |          |                    |                        |
| h          | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)                             |          |                    |                        |
|            | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to                                |          |                    |                        |
|            | all years listed, answer "No" and attach statement - see instructions )   | 2b       | X                  | \$11.500.E             |
| c          | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                                   |          | 1                  |                        |
| Ū          | ► 2013  | 1        |                    |                        |
| 3a         | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise   |          |                    |                        |
| -          | at any time during the year?  | ed zelan |                    |                        |
| b          | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or                                       | 7.5      |                    |                        |
| -          | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the                                     | 1        | 3.0                |                        |
|            | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of                                    | 1.00     |                    |                        |
|            | 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 2015 )   | 3b       |                    |                        |
| <b>4</b> a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                   | 4a       |                    | X                      |
|            | 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 jeopardy before the first day of the tax year beginning in 2015?                                | 4b       |                    | X                      |
|            |   |          |                    |                        |

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|----------|--|---------------------------------------|---------------------------------------|---|-------------------------|-----------|
| Par      | t VII-B Statements Regarding Activities                              | for Which Form                        | 4720 May Be Red                       | uired (continued)                                   |                         |           |
| 5a       | During the year did the foundation pay or incur any an               | nount to                              |                                       |   |                         |           |
|          | (1) Carry on propaganda, or otherwise attempt to influ               | uence legislation (section            | on 4945(e))?                          | . Yes X No  | ,                       | ļ         |
|          | (2) Influence the outcome of any specific public                     | election (see section                 | 4955), or to carry o                  | n,  |                         |           |
|          | directly or indirectly, any voter registration drive?.               |                                       |                                       | . Yes X No  | <b>)</b>                |           |
|          | (3) Provide a grant to an individual for travel, study, or           | r other similar purposes              | ,                                     | . Yes X No  | <b>,</b>                |           |
|          | (4) Provide a grant to an organization other than                    | a charitable, etc., org               | ganization described                  | in  | 1 1                     |           |
|          | section 4945(d)(4)(A)? (see instructions)                            |                                       | . <i>.</i>                            | Yes X No  | ,                       |           |
|          | (5) Provide for any purpose other than religious,                    | charitable, scientific,               | literary, or education                | al  | 1 1                     | 1         |
|          | purposes, or for the prevention of cruelty to childre                | en or animals?                        |                                       | . Yes X No  | ,                       |           |
| b        | If any answer is "Yes" to 5a(1)-(5), did any of the                  | ne transactions fail to               | qualify under the                     | exceptions described in                             | n                       | ľ         |
|          | Regulations section 53 4945 or in a current notice reg               | ardıng disaster assistar              | nce (see instructions)?               |   | .   5b                  |           |
|          | Organizations relying on a current notice regarding dis              | aster assistance check                | here                                  |   |                         |           |
| С        | If the answer is "Yes" to question 5a(4), does the                   | ne foundation claim e                 | exemption from the                    | tax   |                         | 1         |
|          | because it maintained expenditure responsibility for th              |                                       | •                                     |   | ,                       |           |
|          | If "Yes," attach the statement required by Regulations s             | -                                     |                                       |   |                         | ĺ         |
| 6a       | Did the foundation, during the year, receive any f                   |                                       | rectly, to pay premiu                 | ms  | 1 1                     | }         |
|          | on a personal benefit contract?                                      | •                                     |                                       |   | ,   [                   |           |
| b        | Did the foundation, during the year, pay premiums, dir               |                                       |                                       |   | . 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             | shelter transaction?                  | Yes X No  | ,                       | ļ         |
| b        | If "Yes," did the foundation receive any proceeds or ha              | •                                     | · · · · · · · · · · · · · · · · · · · | - —   | . 7b                    |           |
| Par      | t VIII Information About Officers, Direct                            | ors, Trustees, Fou                    | Indation Manage                       | rs, Highly Paid Emp                                 | oloyees,                |           |
| 1        | and Contractors List all officers, directors, trustees, foundation r | managers and their                    | compensation (see                     | instructions  |                         |           |
| <u>-</u> |  | (b) Title, and average                | (c) Compensation                      | (d) Contributions to                                | (e) Expense             | account,  |
|          | (a) Name and address   | hours per week<br>devoted to position | (If not paid,<br>enter -0-)           | employee benefit plans<br>and deferred compensation | other allow             | wances    |
|          |  | _                                     |                                       |   |                         |           |
| EE       | STATEMENT 6  |                                       | 13,229.                               |   |                         |           |
|          |  | _                                     |                                       |   |                         |           |
|          |  |                                       |                                       |   |                         |           |
|          |  | _                                     |                                       |   |                         |           |
|          |  |                                       |                                       |   |                         |           |
|          |  | _                                     |                                       |   |                         |           |
|          |  |                                       |                                       |   |                         |           |
| 2        | Compensation of five highest-paid employees "NONE."                  | s (other than thos                    | e included on lin                     | e 1 - see instructio                                | ins). If noi            | ne, enter |
|          | NONE.  | (b) Title, and average                |                                       | (d) Contributions to                                |                         |           |
| (a)      | Name and address of each employee paid more than \$50,000            | hours per week                        | (c) Compensation                      | employee benefit                                    | (e) Expense other allow |           |
|          |  | devoted to position                   | <u> </u>                              | compensation  |                         |           |
|          |  | _                                     |                                       |   |                         |           |
| ONI      | <u> </u>   |                                       | NONE                                  | NONE  | NO                      | NE        |
|          |  | -                                     |                                       |   |                         |           |
|          |  |                                       |                                       |   |                         |           |
|          |  | -                                     |                                       |   |                         |           |
|          |  |                                       |                                       |   |                         |           |
|          |  | _                                     |                                       | '   |                         |           |
|          |  |                                       |                                       |   |                         |           |
|          |  | _                                     |                                       |   |                         |           |
|          |  |                                       | L                                     |   |                         |           |
| otal     | number of other employees paid over \$50,000.                        |                                       |                                       |   | NC                      | NE        |

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| 3 Five highest-paid independent contractors for professional services (see instruction  | s). If none, enter "NONE    | ."               |
|---|-----------------------------|------------------|
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service         | (c) Compensation |
| IONE  |                             | NONE             |
|   |                             |                  |
|   |                             |                  |
|   |                             |                  |
|   |                             | NONE             |
| otal number of others receiving over \$50,000 for professional services   |                             | NONE             |
| Part IX-A Summary of Direct Charitable Activities   |                             |                  |
| List the foundation's four largest direct charitable activities during the tax year include relevant statistical informations and other beneficiaries served, conferences convened, research papers produced, etc | ation such as the number of | Expenses         |
| 1 NONE  |                             | ····             |
|   | ]                           |                  |
| 2   |                             |                  |
| <u> </u>  | <del></del>                 |                  |
|   |                             |                  |
| 3   |                             |                  |
|   |                             |                  |
| 4   |                             |                  |
|   |                             |                  |
| art IX-B Summary of Program-Related Investments (see instructions)  |                             | <del></del>      |
| Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2                             | <del></del>                 | Amount           |
| 1NONE   |                             |                  |
|   |                             |                  |
|   |                             |                  |
| 4   |                             |                  |
|   |                             |                  |
| All other program-related investments. See instructions   |                             |                  |
| 3 NONE  |                             |                  |

Page 7

| 1011113 | 43-0930040   |              | rage C    |
|---------|--|--------------|-----------|
| Part    | Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)   | gn found     | ations,   |
| 1       | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,  |              |           |
|         | purposes   | 1 1          |           |
| а       | Average monthly fair market value of securities  | 1a           | 817,150.  |
| b       | Average of monthly cash balances   | 1b           | NONE      |
| С       |  | 1c           | NONE NONE |
| d       |  | 1d           | 817,150.  |
| е       |  | 1 1          |           |
|         | 1c (attach detailed explanation)   |              |           |
| 2       | Acquisition indebtedness applicable to line 1 assets   | 2            | NONE      |
| 3       | Subtract line 2 from line 1d   | 3            | 817,150.  |
| 4       | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see   | 1 1          |           |
|         | instructions)  | 4            | 12,257.   |
| 5       | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4  | 5            | 804,893.  |
| _6_     | Minimum investment return Enter 5% of line 5   | 6            | 40,245.   |
| Part    | XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ □ and do not complete this part.) | dations      |           |
| 1       | Minimum investment return from Part X, line 6  | 1            | 40,245.   |
|         | Tax on investment income for 2015 from Part VI, line 5 2a 771.   |              |           |
|         | Income tax for 2015 (This does not include the tax from Part VI).  | 1            |           |
|         | Add lines 2a and 2b  | 2c           | 771.      |
| 3       | Distributable amount before adjustments. Subtract line 2c from line 1  | 3            | 39,474.   |
| 4       | Recoveries of amounts treated as qualifying distributions  | 4            | NONE      |
| 5       | Add lines 3 and 4  | 5            | 39,474.   |
| 6       | Deduction from distributable amount (see instructions)   | 6            | NONE      |
| 7       | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,  |              |           |
|         | line 1   | 7            | 39,474.   |
| Part    | XII Qualifying Distributions (see Instructions)  | ·            |           |
| 1       | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |              |           |
| a       | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26   | 1a           | 45,115.   |
| b       | Program-related investments - total from Part IX-B   | 1b           |           |
| 2       | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,   |              |           |
| _       | purposes   | 2            | NONE      |
| 3       | Amounts set aside for specific charitable projects that satisfy the:   | <del>-</del> | 1101111   |
| а       | Suitability test (prior IRS approval required)   | 3a           | NONE      |
| b       | Cash distribution test (attach the required schedule)  | 3b           | NONE      |
| 4       | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4            | 45,115.   |
| 5       | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income  | <del> </del> | 45,115.   |
| •       | Enter 1% of Part I, line 27b (see instructions)  | 5            | N/A       |
| 6       | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6            | 45,115.   |
| -       | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca   |              |           |
|         | qualifies for the section 4940(e) reduction of tax in those years  | .ouiuming    |           |

| Part XIII Undistributed Income (see Instruc  | (a)     | (b)                 | (c)     | (d)                     |
|--|---------|---------------------|---------|-------------------------|
| 1 Distributable amount for 2015 from Part XI,  | Corpus  | Years prior to 2014 | 2014    | 2015                    |
| line 7   |         |                     |         | 39,474                  |
| 2 Undistributed income, if any, as of the end of 2015  |         |                     | 41 155  |                         |
| b Total for prior years 20_13_,20,20   |         | 686.                | 41,155. |                         |
| 3 Excess distributions carryover, if any, to 2015  |         |                     |         |                         |
| a From 2010 NONE   |         |                     |         |                         |
| b From 2011  |         |                     |         |                         |
| c From 2012 NONE   |         |                     |         |                         |
| d From 2013 NONE   |         |                     |         |                         |
| e From 2014 NONE   |         |                     |         |                         |
| f Total of lines 3a through e  | NONE    |                     |         |                         |
| 4 Qualifying distributions for 2015 from Part XII,   |         |                     |         |                         |
| line 4 ▶ \$45,115  |         |                     |         |                         |
| a Applied to 2014, but not more than line 2a   | -       |                     | 41,155. |                         |
| <b>b</b> Applied to undistributed income of prior years  |         |                     |         |                         |
| (Election required - see instructions)   |         | 686.                |         |                         |
| c Treated as distributions out of corpus (Election   | MONTH   |                     |         |                         |
| required - see instructions)   | NONE    |                     |         | 2 274                   |
| d Applied to 2015 distributable amount   | NONB    |                     |         | 3,274.                  |
| e Remaining amount distributed out of corpus   | NONE    | ·······             |         | NONI                    |
| 5 Excess distributions carryover applied to 2015.  (If an amount appears in column (d), the same amount must be shown in column (a)) | 1101115 |                     |         | 110111                  |
| 6 Enter the net total of each column as indicated below:   |         |                     |         |                         |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | NONB    |                     |         |                         |
| b Prior years' undistributed income Subtract   |         |                     |         |                         |
| line 4b from line 2b   |         |                     |         |                         |
| tax has been previously assessed   |         | NONE                |         |                         |
| d Subtract line 6c from line 6b Taxable amount - see instructions  |         |                     |         |                         |
| e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions                                      |         |                     |         |                         |
| f Undistributed income for 2015 Subtract lines   |         |                     |         |                         |
| 4d and 5 from line 1 This amount must be distributed in 2016   |         |                     |         | 36,200.                 |
| 7 Amounts treated as distributions out of corpus   |         |                     |         | 30,200.                 |
| to satisfy requirements imposed by section   |         |                     |         |                         |
| 170(b)(1)(F) or 4942(g)(3) (Election may be  |         |                     |         |                         |
| required - see instructions)   | NONE    |                     |         |                         |
| 8 Excess distributions carryover from 2010 not   |         |                     |         |                         |
| applied on line 5 or line 7 (see instructions)   | NONE    |                     |         |                         |
| 9 Excess distributions carryover to 2016.  |         |                     |         |                         |
| Subtract lines 7 and 8 from line 6a  | NONE    |                     |         |                         |
| 10 Analysis of line 9  |         |                     |         |                         |
| a Excess from 2011 NONE  |         |                     |         |                         |
| b Excess from 2012 NONE  | Į       |                     |         |                         |
| c Excess from 2013 NONE  |         |                     |         |                         |
| d Excess from 2014 NONE  |         |                     |         |                         |
| e Excess from 2015 NONE  |         |                     |         | orm <b>990-PF</b> (2015 |

| Pai | rt XIV Private Op  | erating Foundations                          | (see instructions a        | nd Part VII-A, questi   | ion 9)          | NC.                       | T APPLICA          | BL  |  |  |  |  |
|-----|--|--|----------------------------|-------------------------|-----------------|---------------------------|--------------------|-----|--|--|--|--|
| 1 a | 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶ |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | foundation, and the ruling   | g is effective for 2015, en                  | ter the date of the ruling |                         |                 |                           |                    |     |  |  |  |  |
| ь   | Check box to indicate  | <del>-</del>                                 | 4942(j)                    | (5)                     |                 |                           |                    |     |  |  |  |  |
|     |  | Tax year                                     |                            | Prior 3 years           |                 |                           |                    |     |  |  |  |  |
| 2 a | Enter the lesser of the ad-<br>justed net income from Part   | (a) 2015                                     | (b) 2014                   | (c) 2013                | (d) 201         | 12                        | (e) Total          |     |  |  |  |  |
|     | I or the minimum investment  |  | (2) 2011                   | (0) 2010                | (0,20           | -                         |                    |     |  |  |  |  |
|     | return from Part X, for each   | İ  |                            |                         | İ               | 1                         |                    |     |  |  |  |  |
|     | year listed  |  |                            |                         | -               |                           |                    |     |  |  |  |  |
| b   | 85% of line 2a   |  |                            | ļ                       | <del> </del>    |                           |                    | —   |  |  |  |  |
| C   | Qualifying distributions from Part   |  |                            |                         | 1               | )                         |                    |     |  |  |  |  |
|     | XII, line 4 for each year listed .   |  |                            |                         | <del> </del>    |                           |                    |     |  |  |  |  |
| a   | Amounts included in line 2c not used directly for active conduct   |  |                            | i                       |                 |                           |                    |     |  |  |  |  |
|     | of exempt activities   |  |                            |                         | ļ               |                           |                    |     |  |  |  |  |
| е   | Qualifying distributions made  |  | 18                         |                         |                 |                           |                    |     |  |  |  |  |
|     | directly for active conduct of<br>exempt activities Subtract line  |  |                            |                         | }               | Ì                         |                    |     |  |  |  |  |
| _   | 2d from line 2c  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
| 3   | Complete 3a, b, or c for the alternative test relied upon  |  |                            | {                       |                 |                           |                    |     |  |  |  |  |
| а   | 'Assets" alternative test enter  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | (1) Value of all assets  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | (2) Value of assets qualifying   | ļ  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | under section<br>4942(j)(3)(B)(i)  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
| b   | Endowment' alternative test  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | enter 2/3 of minimum invest-   |  |                            |                         |                 | }                         |                    |     |  |  |  |  |
|     | ment return shown in Part X,<br>line 6 for each year listed  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
| С   |  |  |                            |                         |                 |                           |                    | _   |  |  |  |  |
|     | (1) Total support other than   |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | gross investment income  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | (interest, dividends, rents,<br>payments on securities   |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | loans (section 512(a)(5)),   |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | or royalties) (2) Support from general   |  | <del></del>                | <u></u>                 | <del> </del>    |                           |                    | —   |  |  |  |  |
|     | public and 5 or more   |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | exempt organizations as<br>provided in section 4942  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | (j)(3)(B)(m)   |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | <li>(3) Largest amount of sup-<br/>port from an exempt</li>  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | organization   |  |                            |                         | ļ               |                           |                    | —   |  |  |  |  |
|     | (4) Gross investment income.   | 1  | )                          | - mls if the factor     | 1 b - 1 05      | 000                       |                    | _   |  |  |  |  |
| Pai |  | itary Information (C<br>uring the year - see |                            | only if the foundar     | tion had \$5    | ,000 or mo                | re in assets       | at  |  |  |  |  |
|     | Information Regarding  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
| 1   | List any managers of   |  |                            | a than 10/ of the tot   | al aantubutar   |                           | . the foundati     |     |  |  |  |  |
| а   | before the close of any  | tax vear (but only if th                     | ev have contributed mon    | e than 2% of the tota   | ee section 50   | 15 received b<br>7(d)(2)) | y the loundat      | ion |  |  |  |  |
|     |  | ,  | .,                         |                         |                 | ,,                        |                    |     |  |  |  |  |
|     | N/A  | 41 - 4 - 4 - 4 - 4                           | 100/                       |                         | <del></del>     |                           |                    |     |  |  |  |  |
| D   | List any managers of ownership of a partner  |  |                            |                         |                 | n equally larg            | e portion of t     | ine |  |  |  |  |
|     | Ownership of a partiter  | ship of other entity/ of                     | winch the loundation       | illas a 10 % or greater | interest.       |                           |                    |     |  |  |  |  |
|     | /-   |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | N/A<br>Information Regarding   | 0  | 0% (                       |                         |                 |                           |                    |     |  |  |  |  |
| 2   |  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | Check here ► if t  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
|     | unsolicited requests for   |  |                            | ints, etc. (see instruc | tions) to indiv | viduals or org            | anizations und     | der |  |  |  |  |
|     | other conditions, comp   |  |                            |                         |                 |                           |                    |     |  |  |  |  |
| а   | The name, address, an  | d telephone number o                         | r e-mail address of the    | person to whom app      | lications shou  | ld be address             | eq.                |     |  |  |  |  |
|     | SEE STATEMENT 8  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
| b   | The form in which app  | lications should be sub                      | mitted and information     | on and materials they : | should include  | ):                        | <del></del>        |     |  |  |  |  |
|     | SEE ATTACHED ST  | TATEMENT FOR LI                              | NE 2                       |                         |                 |                           |                    |     |  |  |  |  |
|     |  |  |                            |                         |                 |                           |                    |     |  |  |  |  |
| С   | Any submission deadli  | nes:   |                            |                         |                 |                           |                    | _   |  |  |  |  |
|     | SEE ATTACHED ST  | TATEMENT FOR LI                              | NE 2                       |                         |                 |                           |                    |     |  |  |  |  |
|     | 0.   |  | <b>-</b>                   |                         |                 |                           |                    |     |  |  |  |  |
| d   | Any restrictions or li   | mitations on awards.                         | such as by geogra          | phical areas, charita   | ible fields, k  | inds of instit            | utions, or oth     | ner |  |  |  |  |
| -   | factors  |  | / J-2g.                    | ,,                      | ,               |                           | , -: <del></del> . | •   |  |  |  |  |
|     | כבד איייארינדו פי  | TATEMENT FOR LI                              | NE 2                       |                         |                 |                           |                    |     |  |  |  |  |
| ISA | DEE MITHCHED 9.  | TATEMENT LOK PI                              | TATA 7                     |                         |                 | <del></del>               | 000 PE (00         |     |  |  |  |  |

| Part XV Supplementary Information   | (continued)   |             |                                  |         |
|---|---|-------------|----------------------------------|---------|
| 3 Grants and Contributions Paid Dur<br>Recipient<br>Name and address (home or business) | ing the Year or Appr                                    | oved for F  | uture Payment                    |         |
| Recipient   | If recipient is an individual, show any relationship to | Foundation  | Purpose of grant or contribution | Amount  |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient   | contribution                     |         |
| a Paid during the year  |   |             |                                  |         |
|   |   |             |                                  | 1       |
| SEE STATEMENT 13  |   |             |                                  | 39,353  |
|   |   |             |                                  |         |
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|   |   |             | ļ                                |         |
|   | <u> </u>  |             |                                  | 20.252  |
| Total   | <del> </del>  | · · · · · · | ▶ 3a                             | 39,353. |
| <b>b</b> Approved for future payment  |   |             |                                  |         |
|   |   |             |                                  |         |
|   |   |             |                                  |         |
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|   |   | ļ           |                                  |         |
| Total   |   | · · · · · · | <u> ▶ 3b</u>                     |         |
|   |   |             | 30                               |         |

| nter gross    | amounts unless otherwise indicated   | Unrelated                             | business income         | Excluded by sec       | tion 512, 513, or 514                  | (e)  |
|---------------|--|---------------------------------------|-------------------------|-----------------------|--|--|
| •             | n service revenue  | (a)<br>Business code                  | (b)<br>Amount           | (c)<br>Exclusion code | (d)<br>Amount                          | Related or exempt function income (See instructions) |
| =             |  |                                       |                         |                       |  | 1000 Mondonono                                       |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |
| е             |  |                                       |                         |                       |  |  |
| f             |  |                                       |                         |                       |  |  |
| g Fees        | and contracts from government agencies   |                                       |                         |                       |  |  |
| 2 Member      | rship dues and assessments   | ļ                                     | <del></del>             |                       |  |  |
| 3 Interest of | on savings and temporary cash investments •  | <u> </u>                              | <del> </del>            |                       | 10.000                                 |  |
| 4 Dividend    | ds and interest from securities  | <u> </u>                              | <del></del>             | 14                    | 18,820.                                | <del></del>  |
|               | al income or (loss) from real estate   | <del></del>                           |                         |                       | <del></del>                            | ·  |
|               | -financed property   | <del></del>                           | <del></del>             |                       |  | <del></del>  |
|               | debt-financed property   |                                       |                         |                       | <del></del>                            | ·  |
|               | Il income or (loss) from personal property.  |                                       |                         |                       |  |  |
|               | vestment income  | 1                                     |                         | 10                    | 20 020                                 |  |
|               | oss) from sales of assets other than inventory   | 1 -                                   |                         | 18                    | 30,030.                                |  |
|               | me or (loss) from special events · · ·   |                                       |                         |                       |  |  |
| -             | rofit or (loss) from sales of inventory  |                                       |                         |                       |  |  |
|               | evenue a   |                                       |                         | <del></del>           |  |  |
|               |  | <del></del>                           |                         |                       |  | <del></del>  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |
| e             | Add columns (b), (d), and (e)  | <del></del>                           | <del></del>             |                       | 48,850.                                | 12.2   |
|               | dd line 12, columns (b), (d), and (e)  |                                       | <del></del>             |                       |  | 48,850   |
|               | neet in line 13 instructions to verify calcu   |                                       | · · · · · · · · · · · · |                       |  | 40,030   |
| Line No<br>▼  | Relationship of Activities  Explain below how each activities accomplishment of the foundation | y for which in                        | come is reported        | in column (e) of      | Part XVI-A contribu                    |  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |
|               |  | N                                     | OT APPLICAE             | BLE                   |  |  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       | ····                    | <del></del>           | ···                                    |  |
| ~             |  |                                       |                         |                       |  | -  |
|               |  |                                       | -                       |                       | ······································ |  |
|               |  | · · · · · · · · · · · · · · · · · · · |                         |                       |  | <del></del>  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       | _                       |                       |  |  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |
|               |  |                                       |                         |                       |  |  |

| Part     | XVII               | Information R<br>Exempt Organ           |                                   | nsfers To and Tra  | insactions a        | nd Relationships With Non   | chari         | table      | <del></del> |
|----------|--------------------|---|-----------------------------------|--|---------------------|---|---------------|------------|-------------|
| 1        |                    | on 501(c) of the Co                     | •                                 | • •  | -                   | any other organization described section 527, relating to political |               | Yes        | No          |
|          |                    |   | -                                 | noncharitable exemp  | -                   |   |               |            | 17          |
|          |                    |   |                                   |  |                     |   | ı             |            | X           |
| -        |                    | ansactions:                             |                                   |  |                     |   | 10(2)         |            |             |
|          |                    |   | charitable exemp                  | ot organization  |                     |   | 1b(1)         |            | X           |
| (        | <b>2)</b> Purc     | hases of assets from                    | m a noncharitable                 | e exempt organization  |                     |   | 1b(2)         | 1          | Х           |
|          |                    |   |                                   |  |                     |   |               | ļ          | X           |
|          |                    |   |                                   |  |                     |   |               |            | X           |
| (        | 5) Loar<br>5) Port | ns or loan guarantee                    | S                                 | or fundracing collecto   |                     |   | 1b(5)         |            | X           |
|          |                    |   |                                   |  |                     |   |               |            | X           |
|          |                    |   |                                   |  |                     | Column (b) should always show                                       |               | fair m     |             |
|          |                    | -                                       |                                   |  | •                   | n If the foundation received less                                   |               |            |             |
|          |                    |   | T                                 |  |                     | e of the goods, other assets, or s                                  |               |            |             |
| (a) Line | e no               | (b) Amount involved                     | (c) Name of no                    | ncharitable exempt organiza  | tion (d) De         | escription of transfers, transactions, and sha                      | ring arra     | ingeme     | nts         |
|          |                    | <del></del>                             |                                   |  |                     |   |               |            |             |
|          |                    |   | -                                 | <del>-</del>   |                     | <del></del>   |               |            |             |
|          |                    |   |                                   |  |                     |   |               | _          |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   | <del></del>  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
| d        | escribe<br>"Yes,"  | d in section 501(c) complete the follow | of the Code (oth<br>ving schedule | er than section 501(c  | )(3)) or in section | ore tax-exempt organizations on 527? [                              |               | es X       | <br>No      |
|          |                    | (a) Name of organization                | n                                 | (b) Type of organ  | ization             | (c) Description of relations  | inip          |            |             |
|          |                    | <del></del>                             |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   |  |                     |   |               |            |             |
|          |                    |   |                                   | d this return, including accom<br>payer) is based on all information |                     | id statements, and to the best of my knowledges any knowledge       | e and b       | ielief, it | ış true     |
| Sign     |                    | 30has 11                                | 10000                             | 1 , ,  | <b>.</b>            | May the IRS   | discus        | s this     | return      |
| Here     | 1                  | VIVIA (M                                | ener_                             | 11/12/2017   | Title               |   | eparer :      | э г        | below       |
|          | Signa              | ture of officer or trustee              |                                   | Date   | Title               | (see instruction  | 1s)7 <u>X</u> | Yes        | No.         |
|          | 1                  | Print/Type preparer's na                | me                                | Preparer's signature   |                     | Date Check If   | TIN           |            |             |
| Paid     |                    | SANDRA MURPH                            |                                   | `  | rupry               |   | P012          | 5220       | )9          |
| Prepa    | L                  |   | NST & YOUNG                       |  | 0                   |   | 6565          |            |             |
| Use (    | Only [             | ·                                       | 5 N. WACKER                       |  |                     |   |               |            |             |

60606-1787

Phone no

CHICAGO, IL

| PART I - DIVIDENDS AND INTEREST FROM SECURITIES              |
|--|
| FORM 990PF, PART I - DIV =================================== |

18,820.

18,820.

DIVIDENDS AND INTEREST

TOTAL

18,820. 

STATEMENT

FORM 990PF, PART I - LEGAL FEES

DESCRIPTION

LEGAL FEES

FFP587 R25D 11/12/2017 09:49:56

| CHARITABLE<br>PURPOSES                  | 1,385.   |
|---|--|
| ADJUSTED<br>NET<br>INCOME               | NONE   |
| NET<br>INVESTMENT<br>INCOME             | NONE   |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 1,385.<br>1,385.<br>==================================== |
|   | TOTALS   |
|   |  |

7

STATEMENT

STATEMENT

| FEES       |
|------------|
| ACCOUNTING |
| 1          |
| Н          |
| PART       |
| 990PF,     |
| FORM       |

|                 | [      | ı                                       |                             |                           |                        |
|-----------------|--------|---|-----------------------------|---------------------------|------------------------|
| DESCRIPTION     |        | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME | ADJUSTED<br>NET<br>INCOME | CHARITABLE<br>PURPOSES |
| 1 1 1 1 1 1 1 1 |        | 1 1 1 1 1 1 1 1 1 1                     | 1 1 1 1 1                   | 1 1 1                     | ;<br>;<br>;            |
| ACCOUNTING FEES | TOTALS | 1,070.<br><br>1,070.<br>============    | NONE                        | NONE                      | 1,070.                 |

45-6956846

| TAXES    |
|----------|
| ı        |
| $\vdash$ |
| PART     |
| 990PF,   |
| FORM     |

| NET<br>INVESTMENT<br>TNCOME             | 368.                               | 368.   |
|---|------------------------------------|--------|
| REVENUE<br>AND<br>EXPENSES<br>PER ROOKS | 368.                               | 754.   |
|   |                                    | TOTALS |
| NOTHER                                  | FOREIGN TAXES<br>EXCISE TAXES PAID |        |

FFP587 R25D 11/12/2017 09:49:56

Ŋ

| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | . 6            |        |  |  |
|---|----------------|--------|--|--|
|   |                | TOTALS |  |  |
|   |                |        |  |  |
| DESCRIPTION                             | OTHER EXPENSES |        |  |  |

45-6956846

YVONNE MANSFIELD ANIMAL WELFARE FUND

FORM 990PF, PART I - OTHER EXPENSES  φ. .

INVESTMENT INCOME NET

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

FIRST INTERSTATE BANK

ADDRESS:

PO BOX 30918

BILLINGS, MT 59102

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

DAVE PAULI

ADDRESS:

4235 ZEPHYR LANE

BILLINGS, MT 59106

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

AMY E LAMM, DVM

ADDRESS:

8542 SHORTHORN DRIVE

BILLINGS, MT 59103

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

SUZANNE ROTH, DVM

ADDRESS:

380 REIFLE ROAD

MOLT, MT 59057

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES 

OFFICER NAME:

DEBBIE SCHOPPE

ADDRESS:

2909 GREGORY DRIVE

BILLINGS, MT 59102

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

HANNA WAGNER

ADDRESS:

PO BOX 30918

BILLINGS, MT 59102

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

JONNIE JONCKOWSKI

ADDRESS:

PO BOX 20797

BILLINGS, MT 59104

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

TOTAL COMPENSATION:

13,229.

==========

'YVONNE MANSFIELD ANIMAL WELFARE FUND FORM 990PF, PART XV - LINES 2a - 2d 

RECIPIENT NAME:

FIRST INTERSTATE BANK

ADDRESS:

401 N 31ST STREET

BILLINGS, MT 59101

RECIPIENT'S PHONE NUMBER: 406-255-5239

FORM, INFORMATION AND MATERIALS:

WRITTEN APPLICATION TO THE ADVISORY

COUNCIL ALONG WITH SUPPORTING

DOCUMENTS ARE REQUIRED IN THE APPLICATION

SUBMISSION DEADLINES:

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED

YVONNE MANSFIELD ANIMAL WELFARE FUND

45-6956846

PART XV, LINE 2D

## **RESTRICTIONS AND LIMITATIONS ON AWARDS**

THE FUND MAY CONSIDER PROVIDING GRANTS TO (1) QUALIFYING 501(C)(3) ORGANIZATIONS FOR THE PURPOSE OF PROVIDING CARE FOR ANIMALS AND BIRDS HELD BY SUCH ORGANIZATIONS, (2) DOCTORS OF VETERINARY MEDICENE AND ANIMAL HOSPITALS LICENSED BY THE STATE OF MONTANA AND LOCATED IN YELLOWSTONE COUNTY, OR (3) RESPONSIBLE AND CARING PET OWNERS WHOSE FINANCIAL RESOURCES ARE INADEQUATE TO ALLOW THEM TO PAY FOR THE FULL COST OF NEEDED MEDICAL TREATMENT AND FOOD FOR THEIR PETS.

YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Animal Clinic of Billings ADDRESS: 1414 10TH STREET W Billings, MT 59102 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: Dennis & Jerri Bennett **RELATIONSHIP:** NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 400. RECIPIENT NAME: Footloose Montana ADDRESS: PO BOX 8884 Missoula, MT 59807 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION

AMOUNT OF GRANT PAID ......

FOUNDATION STATUS OF RECIPIENT:

9

5,000.

· YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Humane Society of the US (Billings) ADDRESS: 490 N 31ST STREET Billings, MT 59101 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: Laurel East Veterinary Service ADDRESS: 1310 ALLENDALE ROAD Laurel, MT 59044 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: NC AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: Christine McLaughlin RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 500. · YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: Montana Raptor Conservation Center ADDRESS: PO BOX 4061 Bozeman, MT 59772 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 3,000. RECIPIENT NAME: Rimrock Humane Society ADDRESS: 908 MAIN STREET Roundup, MT 59072 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: Science and Conservation Center ADDRESS: 2100 S SHILOH ROAD Billings, MT 59106 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID .....

5,000.

- YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Shiloh Veterinary Hospital ADDRESS: 345 SHILOH ROAD Billings, MT 59106 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: NC AMOUNT OF GRANT PAID ..... 953. RECIPIENT NAME: Shirley Shute **RELATIONSHIP:** NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: VET-TO-GO ADDRESS: 1033 S 29TH STREET W STE A Billings, MT 59102 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: 

3,500.

\*YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ZOO MONTANA ADDRESS: 2100 S SHILOH ROAD Billings, MT 59106 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. TOTAL GRANTS PAID: 39,353. 

## IRC §4942(h)(2) Election (Form 990-PF, Part XIII)

| Name:                       | YVONNE MANS  | FIELD ANIMAL WELFARE FI   | :DAU:  |
|-----------------------------|--|---|--|
| Address:                    | FIRST INTERST  | ATE BANK, TRUSTEE   |  |
|                             | PO BOX 30918.  | BILLINGS, MT 59116  | <del></del>  |
| EIN:                        | 45-6956846   |   |  |
| Year Ending_                | 12/31/2015   |   |  |
|                             |  |   | 1942(a)-3(d)(2), the above reference                               |
| foundation he immediately p | ereby elects to to receding tax y                          | reat current year qual  | lifying distributions in excess of the acome as being made out of: |
| foundation he immediately p | ereby elects to to receding tax y                          | reat current year qual<br>rear's undistributed in                                     | lifying distributions in excess of the acome as being made out of: |
| foundation he immediately p | reby elects to to receding tax y                           | reat current year qual<br>rear's undistributed in<br>acome from tax year(s            | lifying distributions in excess of the acome as being made out of: |
| foundation he immediately p | reby elects to to receding tax y Indistributed in Tax Year | reat current year qual rear's undistributed in acome from tax year(s                  | lifying distributions in excess of the acome as being made out of: |
| foundation he immediately p | oreceding tax y  Undistributed in  Tax Year  2013          | reat current year qual rear's undistributed in acome from tax year(s  Amount \$686.00 | lifying distributions in excess of the acome as being made out of: |

b. Corpus.

Debra Wecker
(Name)

Middle Office Manager
(Title)