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Form **990-PF**

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.

Department Partner	nt of the Treasury evenue Service	▶ Informati	on about For	n 990-P	ecurity numbers of F and its separate	n inis iorin as Linetructions	it may be ma	ide public.	nf	LU I	<u>U</u>
		r tax year beginning	NOV		2015		ending	DEC 31.	2015	Open to Public Insp	pectio
	of foundation							A Employer id		umber	
W Z	м нама	ILL FOUNDA'	ויד∩אז					17-52	90412		
		ox number if mail is not deli		ddress)			Room/suite	B Telephone n			
	•	HOLLOW DRIV					1.55		49-218	····	
-	town, state or pro	ovince, country, and ZII	or foreign p	ostal co	de			C If exemption ap	oplication is pen	ding, check here	▶ [∑
	k all that apply:	X Initial return	1		Initial return of a	former public	charity	D 1. Foreign o	rganizations,	check here	►□
		Final return			Amended return			2. Foreign org	janizations meet	ing the 85% test, putation	
H Chec	k type of organiza	Address ch		empt pr	Name change Ivate foundation			1			▶∟
		nonexempt charitable			xable private found	lation				is was terminated A), check here	▶ [
I Fair m	arket value of all	assets at end of year	J Accountii	ng meth	od: X Cash	Acc	rual	7		D-month termination	on_
(from ►\$	Part II, col. (c), i	line 16) 150,000.		her (spe		have l	 -	under sectio	n 507(b)(1)(E	B), check here	▶ [
Part	Analysis of Re	evenue and Expenses			Revenue and	1	nvestment	(c) Adjust	ted not	(d) Disbursemen	nts
ammoras vas suo	(The total of amounecessarily equal	unts in columns (b), (c), and the amounts in column (a)	(d) may not)		enses per books		ome	incon		for charitable purpo (cash basis only	oses
1		gifts, grants, etc., recei		140	150,000.	730	***	N/A			
2	Interest on savings	f the foundation is not required to s and temporary	attach Sch B		7000年	18 2,276			1. 18 11	200 (App.) 18	
3	cash investments Dividends and it	nterest from securities				 				200 (2007) 201 (2000)	
1 '	a Gross rents	ntor out in one occurration	·							100	
l l	Net rental income of	or (loss)			JEE 184	1 , 35					٩,
6a		rom sale of assets not on lu	ne 10			Ent. A		AND WELL			
i Gir						1. T. S.		1000			
#	•	come (from Part IV, line 2)		100			0.		<u> </u>	74	
8	Net short-term (, •		ine.						Maria Maria	
10a	Gross sales less re and allowances									and and a	
	Less Cost of good	ls sold		, 24e							
) 0	Gross profit or ((loss)	.—				*				
11	Other income				450 000	ļ <u> </u>		ļ		-	
12	Total Add lines				150,000.	 	<u> </u>				2.8
13	Other or allower	The same of the sa	etc		0.		0.			 	(
15	Other employee		7								
1	Legartees	mployee benefits	S/ 1		· · · · · · · · · · · · · · · · · · ·						
Expenses 91			<i>[]</i>								
쬬	Other professor	DEN IT	<i>:</i> /			ļ		ļ			
.9 17	Interest		[<u> </u>		<u> </u>		· · · · · · · · ·	
81 ta	Taxes	d dopletion				 				7	k k
19 20	Depreciation and Occupancy	a debietion				 				and the second	1050
Administrative 12 0 18 19 19 19 19 19 19 19 19 19 19 19 19 19		ices, and meetings				 			+		
DE 22	Printing and put	,	ĺ								
	Other expenses										
perating 53	-	and administrative			^	}	^				
\sim	•	lines 13 through 23	}		0.	*5.5	0.	**###15.000			_(
23	Contributions, g		}		<u> </u>	Operator	**************************************	50 S			(
terado 25 26 27	Add lines 24 and	and disbursements.			0.	į.	0.		ļ		C
27	Subtract line 26			(-) A 10 10 10 10 10 10 10 10 10 10 10 10 10	The state of the state of	e · · · · · · · · · · · · · · · · · · ·	7	A STATE OF THE PARTY OF THE PAR	Parketter and the second		******
-' a		over expenses and disburs	ements	1-3-10	150,000.	Service (i	1796 1797 1797	S. A. P.	- P. C.	(F) (A)	i.,
6		income (if negative, ente			57.4		0.	17.	2 %	uro en	i i
c	Adjusted net inc	come (if negative, enter -0	·-)			Photos A	The state of	N/A		50 to 100 to	***

Page	2
ie	

Partili Balance Sheets Altached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End o	of year		
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		150,000.	150,000.		
	2	Savings and temporary cash investments					
	_	Accounts receivable			r was your war		
	"	Less: allowance for doubtful accounts		THE CONTRACTOR OF THE PARTY OF	TRUST TO THE		
	١.		Section 1997				
	4	Pledges receivable -	Marie Control of the	SALE STATE OF THE SALES	THE PERSON NAMED IN COLUMN NAM		
	1	Less: allowance for doubtful accounts					
	5	Grants receivable	ļ	····			
	6	Receivables due from officers, directors, trustees, and other					
	ŀ	disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
(A	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ass	_	Investments - U.S. and state government obligations					
•							
	I	Investments - corporate stock					
	C	Investments - corporate bonds		2017			
	11	Investments - land, buildings, and equipment basis	COLUMN TOWN				
	ļ	Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment; basis					
	` `	Less accumulated depreciation	A CONTRACTOR OF THE CONTRACTOR	the state of the s			
	15	Other assets (describe ►					
	ł	• —————————————————————————————————————					
	10	Total assets (to be completed by all filers - see the	^	150 000	150 000		
_	-	instructions. Also, see page 1, item I)	0.	150,000.	150,000.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
ģ	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ig	21	Mortgages and other notes payable					
Ë	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
	20	Foundations that follow SFAS 117, check here			国的中国		
w		and complete lines 24 through 26 and lines 30 and 31.					
ĕ	24	Unrestricted					
<u>ja</u> n	25	Temporarily restricted					
Ва	26	Permanently restricted	- · · · <u>- · · · · · · · · · · · · · · ·</u>				
ā		Foundations that do not follow SFAS 117, check here			504		
ū	Į	and complete lines 27 through 31.			2		
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
SS	29	Retained earnings, accumulated income, endowment, or other funds	0.	150,000.			
te	30	Total net assets or fund balances	0.	150,000.			
ž	انادا	Total net assets of fund parances	- 0.	130,000.			
		w I ! I ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	,	150 000			
	31	Total liabilities and net assets/fund balances	0.	150,000.	SECTION AND DESCRIPTION AND DE		
P	arit	Analysis of Changes in Net Assets or Fund Ba	alances				
		· · · · · · · · · · · · · · · · · · ·		·			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30				
	(mus	t agree with end-of-year figure reported on prior year's return)		1	0.		
2	Enter	amount from Part I, line 27a		2	150,000.		
		increases not included in line 2 (itemize)		3	0.		
		ines 1, 2, and 3	 -	4	150,000.		
		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (h) Juno 20	6	150,000.		
<u>o</u> _	ruial	net assets of fully palatices at eliu of year fille 4 filling line 3) - Part II, C	oraniu (D), lijie 50		Form 990-PF (2015)		
					FULLI 220-55 (2015)		

		AMILL FOUND					4	7-5290	1412	Page 3
Part IV Capital Gain	s and Los	ses for Tax on In	vestmen	Income	-					
(a) List and do 2-story brick	escribe the kind warehouse; or	d(s) of property sold (e.g common stock, 200 sha	., real estate, s. MLC Co.)		(b)	How acquired - Purchase - Donation	(c) Date (mo., c	acquired lay, yr.)	(d) Da (mo., d	te sold ay, yr.)
1a					 					
	IONE				†					
C										
d										
e					t^{-}					
(e) Gross sales price		preciation allowed (or allowable)		ost or other basis expense of sale			(h) G (e) plu:	iaın or (loss) s (f) minus (g)	
a	-									
b			<u> </u>		T t					
										
<u>c</u>										
<u>d</u>			 	·	 †					
Complete only for assets sho	Wing gain in oc	lump (b) and owned by	the foundation	2 02 12/21/60			(I) On a 10)- <i>(</i> -)		
Complete only for assets sho						((1) Gams (0 ol (k) but	Col. (h) gain i not less than	ninus -0-) or	
(i) F.M.V. as of 12/31/69		Adjusted basis is of 12/31/69		xcess of col. (I) r col. (J), If any			Losses	(from col. (h))	
<u>a</u>		<u> </u>								
<u>b</u>										
<u>c</u>										
<u>d</u>										
<u>e</u>			<u> </u>	····.						
2 Capital gain net income or (net	t capital loss)	If gain, also ente			}	2				
3 Net short-term capital gain or if gain, also enter in Part I, line			nd (6):		٦					
If (loss), enter -0- in Part I, line	e 8					3				
Part V Qualification	Under Se	ction 4940(e) for	Reduced	Tax on Net	Inve	stment Inc	come			
(For optional use by domestic priv	ate foundation	s subject to the section 4	1940(a) tax or	net investment in	come.)			N/A	
If section 4940(d)(2) applies, leav	e this part blan	K.								
Was the foundation liable for the s	section 4942 ta	x on the distributable am	ount of any v	ear in the base per	iod?				Yes	□ No
If "Yes," the foundation does not q				•				•		
Enter the appropriate amount					itries.					
		(b)			(c)		<u> </u>		(d)	
(a) Base period years Calendar year (or tax year begir	(מו מחומר	Adjusted qualifying dis	tributions	Net value of no		ıtable-use asse	ts	Distribi (col. (b) divi	ition ratio	(c))
2014	aning any					-		(00.1 (0) 0.11	200 27 0011	(0))
2013		 		 		 -				
										
2012				 		··-				
2011		 		 			-			
2010				<u> </u>			_	-		
2 Total of line 1, column (d)							2			
3 Average distribution ratio for the state of the stat	he 5-year base	period - divide the total (on line 2 by 5,	or by the number	of yea	ırs				
the foundation has been in exis	stence if less th	an 5 years					3			
4 Enter the net value of nonchari	table-use asset	s for 2015 from Part X,	line 5				4		<u> </u>	
5 Multiply line 4 by line 3							5			
6 Enter 1% of net investment inc	ome (1% of Pa	rt I, line 27b)					6	_		
7 Add lines 5 and 6							7			
8 Enter qualifying distributions fr	rom Part XII, lii	ne 4					8			
if line 8 is equal to or greater the See the Part VI instructions.	han line 7, ched	k the box in Part VI, line	1b, and com	olete that part usin	g a 19	6 tax rate.				

Forn	n 990-PF (2015) W.A.M. HAMILL FOUNDATION		-529 <u>041</u>		age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	· see instr	uctions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			10	Ψ),
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	· pri	TENER OF THE PERSON	We want	teres.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	1			0.
	of Part I, line 27b	2	39	4.	100
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	73	The State of the S	A COLUMN	· 135
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6	Credits/Payments:	7	5 001		
а	2015 estimated tax payments and 2014 overpayment credited to 2015				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)	- VIIII	3.00		10 m
d	Backup withholding erroneously withheld 6d		Capacity Control	And the same	***
7	Total credits and payments. Add lines 6a through 6d	7	<u></u>		<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11	<u> </u>		
***************************************	Statements Regarding Activities				N -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in	8	-	No
	any political campaign?		<u> 1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	•	1b	e de la companya de l	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	hed or			极
	distributed by the foundation in connection with the activities.				- X
	Did the foundation file Form 1120-POL for this year?		10	5000 CO. IN. IN.	X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		16		
_	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0	<u>•</u>		Park I	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •			100	
	managers. > \$			Maria .	X
Z			2	*******	<i>1</i> λ
9	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or			
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, OI	3	er Marian	X
A a	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	J/A 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_	5	1 1	X
•	If "Yes," attach the statement required by General Instruction T.			0E #	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			The sale	
	By language in the governing instrument, or		4.		****
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	ite law		3	87.11
	remain in the governing instrument?		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part >	(V	7	Х	
	, , , , , , , , , , , , , , , , , , ,	••		721-117 1	14 Table
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			TARKET E	ŠŲ.
					144
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-	7. 7. 744	A .	28
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	and a second control of the second control o	lendar	7.56		
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	<u> </u>	X

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

orn	990-PF(2015) W.A.M. HAMILL FOUNDATION	47-5290	412	Page 5
P	art VIIFA Statements Regarding Activities (continued)			
			Yes	s No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11	х
19	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had a	dureary privilagoe?	 ''- 	+
12	If "Yes," attach statement (see instructions)	uvisory privileges	10	x
10	•		12 13 X	A
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A		13 X	<u> </u>
4.4		none no. ▶801-94	0 2100	
14				
4 =		ZIP+4 ►84	1090	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	s 1 1) NT / 7	-
	and enter the amount of tax-exempt interest received or accrued during the year	► <u>15</u>	N/A	T N
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bar	k,	Yes	
	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		30 14	1000
J.	Statements Regarding Activities for Which Form 4720 May Be Required		I marrangemme	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No 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 disqualified person?	Yes X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	Yes X No		15364
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1
	If the foundation agreed to make a grant to or to employ the official for a period after		77	
	termination of government service, if terminating within 90 days.)	Yes X No	Seed 1974	
	of the any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b	
	Organizations relying on a current notice regarding disaster assistance check here	▶□	188120	2500
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corre	oted.	200	
٠	before the first day of the tax year beginning in 2015?	Glou	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating fou	ndation	35 H.256	
2	defined in section 4942(j)(3) or 4942(j)(5)):	nuation		
	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s)	hoainnina	70	3 6
a	before 2015?	Yes X No		
		T 162 TT 140		1
_	If "Yes," list the years \(\bigcup_{ \text{in}} \), \(\text{in} \text{in} \),			4
D				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" a			
	statement - see instructions.)	N/A	20	a subdense
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		100	***
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		11	(1984) ()
За			1900	e e e
	during the year?	Yes X No	7 × 15	Ser
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified pe			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sch		100	76/10/2
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A	3b	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	purpose that		

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers Paid Employees, and Contractors (continued)	, Highly	· •
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b)	Type of service	(c) Compensation
NONE	,,	 ``
		
		
		
Total number of others receiving over \$50,000 for professional services_		0
Part X A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such	a ac the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	i as the	Expenses
1 N/A		
2		· · · · · · · · · · · · · · · · · · ·
		
3		

4		
Partix 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.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	▶	0.

Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 0. Average monthly fair market value of securities 1a b Average of monthly cash balances 1b 150,000 c Fair market value of all other assets 10 150.000. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 150.000. 3 Subtract line 2 from line 1d 3 2,250. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 147.750. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 5 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 235 Partix Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 1,235. Minimum investment return from Part X, line 6 1 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c C Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 235 5 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 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: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) þ 3b Ō. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6

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

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a)	(b)	(¢) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2010
line 7				1,235.
2 Undistributed income, if any, as of the end of 2015	The state of the American		The second second	A STATE OF THE STA
a Enter amount for 2014 only			0.	The state of the s
b Total for prior years:				46 X X X X
		0.	THE RESIDENCE OF	The second section is
3 Excess distributions carryover, if any, to 2015:				
a From 2010				4,000
b From 2011				A STATE OF THE STA
c From 2012			TO THE PARTY AND	200
d From 2013	Service Company		Test Superior	Section 11.
e From 2014				and the second
f Total of lines 3a through e	U.			All All All Administration and the second se
4 Qualifying distributions for 2015 from				The section of
Part XII, line 4: > \$ 0.	POLICE STREET			
a Applied to 2014, but not more than line 2a	THE PROPERTY OF STREET			
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				1906
(Election required - see instructions)	0.			30
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			Surgice Co.
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:	And the second s			The state of the s
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		*FRALES LEGISLESS	是 种种类。 : 4. 安建发出
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	A CONTRACTOR OF THE PARTY OF TH	Anna Anna
c Enter the amount of prior years' undistributed income for which a notice of	No.			a de la companya de
deficiency has been issued, or on which				
the section 4942(a) tax has been previously	Test 1	0.	The second second	A CANADA
assessed d Subtract line 6c from line 6b. Taxable	Approximation and the second		Canadi atrica	A STATE OF THE STA
amount - see instructions	The second	0.	Take 1	8 0 3 3
e Undistributed income for 2014. Subtract line	Clare The			900-4 THEOLOG
4a from line 2a. Taxable amount - see instr.			0.	2000 Date:
f Undistributed income for 2015. Subtract			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	
lines 4d and 5 from line 1. This amount must	A PROPERTY OF THE PARTY OF THE		A CONTRACTOR OF THE PARTY OF TH	
be distributed in 2016	With the second	Same and the same a	Section 1	1,235.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			1000	
may be required - see instructions)	0.	Target Street Street	The second secon	AND AND ASSESSMENT OF THE PARTY
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.	Malera Paris Company	AND PROPERTY OF THE PARTY OF TH	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
9 Excess distributions carryover to 2016.	0.	700	The second second	
Subtract lines 7 and 8 from line 6a	U .		Andrew Complete April 2	TO THE PERSON NAMED OF THE
10 Analysis of line 9: a Excess from 2011	HOW SHEET	All Controls to the Control of the C	THE COLUMN TWO IS NOT THE OWNER.	The second second
b Excess from 2012	A CONTRACTOR OF THE PERSON NAMED IN	**************************************	TOTAL	TANK MENTAL SPECIAL SP
c Excess from 2013				
d Excess from 2014		A PARTY OF THE PAR	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
e Excess from 2015	55 ESEC	TO COMPANY AND ADDRESS OF THE PARK AND ADDRESS OF THE	The second second	100

47-5290412

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Form 990-PF (2015)

W.A.M. HAMILL FOUNDATION

<u>Total</u>

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)	
g	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
a						
b						
C						
d						
e						
f						
g Fees and contracts from government agencies		·····				
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:			j.	A PROPERTY OF		
a Debt-financed property						
b Not debt-financed property		, ,				
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
C						
d						
e	1					
	Total Science of the Control of the					
12 Subtotal. Add columns (b), (d), and (e)	- 17 m	0.	***		_	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		13_	_	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	_	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	_	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV/153 Relationship of Activities to Line No. Explain below how each activity for which incon	the Acco	mplishment of Exe	empt	13	0.	

the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes No

Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

a Tra	insfers from the reporting found	ation to a noncharit	able exempt or	ganization of:				74-1		.
(1)	Cash							1a(1)	X
(2)	Other assets							1a(2)	X
b Otl	ner transactions:							12		Separate Sep
(1)	Sales of assets to a noncharita	ıble exempt organıza	ation					<u>1b(</u>	1)	X
(2)	Purchases of assets from a no	ncharitable exempt	organization					1b(2)	X
(3)	Rental of facilities, equipment,	or other assets						1b(3)	X
(4)	Reimbursement arrangements	•						1b(4)	X
	Loans or loan guarantees							1b(5)	Х
(6)	Performance of services or me	embership or fundra	using solicitatio	ons				1b(6)	Х
	aring of facilities, equipment, ma							_1		X
d If t	ne answer to any of the above is	"Yes," complete the	following sch	edule. Column (b) should a	lways s	show the fair m	narket value of the	goods, other a	issets,	
	services given by the reporting f			ed less than fair market val	ue in ar	ny transaction	or sharing arrange	ment, show in)	
	umn (d) the value of the goods,									
(a) Line n	(b) Amount involved	(c) Name o		e exempt organization		(d) Description	of transfers, transaction	ons, and sharing	arrangemen	nts
		 	N/A	7'' - 7 1 1 1 1 1 1 1 1 1 						
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					_					
	 									
2a le t	ne foundation directly or indirect	the affiliated with or	rolated to ano	or more toy exempt ergen	uzatione					
	ection 501(c) of the Code (other				izations	s described		☐ Ye	. T V] No
	es," complete the following sch)(0)) UI III 3661	1011 327 :				16	S A	טאו נ
, II	(a) Name of org			(b) Type of organization	Τ		c) Description of r	elationshin		
	N/A			(2) 1) po er er gamzanen	╁		ey booding tront or t	olationomp		
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					1					
	-·	1			 	· · · · · · · · · · · · · · · · · · ·				
	Under penalties of perjury, I declare to and belief, it is true, corregt, and corp	hat I have examined this	s return, including	accompanying schedules and s	tatement	s, and to the bes	t of my knowledge			
Sign	and belief, it is true corregt, and com	plete Declaration of pre	eparer (other than	taxpayer) is based on all informa	ation of w	hich preparer ha	s any knowledge	return with	S discuss the prepare	r
Here		and		14/15/16		PRESID	ENT	X Y	w (see instr] No
	Signature of officer or trustee	. /	/	Date		itle				,
	Print/Type preparer's na	me	Preparer's si	gnature	Date		Check If	PTIN		
	CHET'S. GO	ODWIN,	126	1- CPA			self- employed			
Paid	CPA		JESTY.	VC CPA	04/	14/16		P0120	6334	
Prepa	rer Firm's name ► DAI	NES GOODW	IN & CO	OMPANY PC			Firm's EIN ► 8			
Use C						!				
	Firm's address ▶ 28	0 SOUTH 4	00 WES	r, SUITE 220						
	l l	LT LAKE C					Phone no. (8	01)363	-3400)
									90-PF	-

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

W	.A.M. HAMILL FOUNDATION	47-5290412							
Organization type (check one):									
Filers of:	Section:								
Form 990 or 990-EZ 501(c)() (enter number) organization									
4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.							
General Rule									
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to yone contributor. Complete Parts I and II. See instructions for determining a contributor.								
Special Rules									
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the Z, line 1. Complete Parts I and II.	s, 16a, or 16b, and that received from							
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received outlons of more than \$1,000 exclusively for religious, charitable, scientific, literary, coruelty to children or animals. Complete Parts I, II, and III								
year, contribution is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received is exclusively for religious, charitable, etc., purposes, but no such contributions total here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization become, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc.,							
but it must answer "No" oi	that is not covered by the General Rule and/or the Special Rules does not file Schenn Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or o	•							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

W.A.M. HAMILL FOUNDATION

47-5290412

Partil.	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM D HAMILL 2145 BEAR HOLLOW DRIVE PARK CITY, UT 84098	\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

W.A.M. HAMILL FOUNDATION

47-5290412

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

Name of organization Employer identification number 47-5290412 W.A.M. HAMILL FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Parkill completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee