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Form **990-PF**Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016
Return of Private Foundation

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

or Section 4947(a)(1) frost freated as Private Poundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052
2015

DEC 31, NOV 10, 2015 , and ending 2015 For calendar year 2015 or tax year beginning A Employer identification number Name of foundation 47-5591316 THE HILDE FAMILY FOUNDATION INC Number and street (or P O box number if mail is not delivered to street address) Room/suite 8 Telephone number 208-850-2087 600 199 N CAPITOL BLVD C If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code 83702 BOISE, ID X Initial return D 1. Foreign organizations, check here G Check all that apply: Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash F If the foundation is in a 60-month termination. under section 507(b)(1)(B), check here Other (specify) (from Part II. col. (c), line 16) 974,784. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment for charitable purpose (cash basis only) (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income N/A 1,000,100 Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications . . . 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 1,000,100 O. Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 0 24,466. 0. 16a Legai fees STMT 1 Expenses b Accounting fees c Other professional fees STMT 2 850. 0. Operating and Administrative PECEIVED 19 Depreciation and depletion \mathcal{L} 20 Occupancy 10: 21 Travel, conferences, and meetings SFP 2 6 2016 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25,316 0 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 25,316. Add lines 24 and 25 27 Subtract line 26 from line 12: 974,784. & Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

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\equiv		Attached schedules and amounts in the description	Beginning or year	Eng of y	ear
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		874,784.	874,784.
		Savings and temporary cash investments		100,000.	100,000.
	ŀ	Accounts*receivable ►			
		Less: allowance for doubtful accounts			
	▮◢	Pledges receivable	· · · · · · · · · · · · · · · · · · ·		
	'	Less: allowance for doubtful accounts			
	5				
		Receivables due from officers, directors, trustees, and other		···	······································
	ľ				
	,	disqualified persons			
	' '	Less; allowance for doubtful accounts			
-	١.				
Assets		Inventories for sale or use			
A		Prepaid expenses and deferred charges			
1		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			<u></u>
	11	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	l .	Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment basis		}	
		Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	<u> </u>	instructions. Also, see page 1, item I)	0.	974,784.	974,784.
	17	Accounts payable and accrued expenses	<u>-</u> -		
	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
흅	21	• • • • • • • • • • • • • • • • • • • •			
_	22	Other liabilities (describe)			
	İ				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	ľ	Foundations that follow SFAS 117, check here		İ	
ø		and complete lines 24 through 26 and lines 30 and 31.			
Ces	1	Unrestricted			
횰		Temporarily restricted			
Assets or Fund Balanc	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here 📗 🔀	ł		
Ē		and complete lines 27 through 31.		_	
8	27	Capital stock, trust principal, or current funds	0.	0.	
See.	28	Paid-ın or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž	29	Retained earnings, accumulated income, endowment, or other funds	0.	974,784.	
ž	30	Total net assets or fund balances	0.	974,784.	
	31	Total liabilities and net assets/fund balances	0.	974,784.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)			0.
2	Ente	r amount from Part I, line 27a		2	974,784.
3	Othe		···		0.
4	Add	lines 1, 2, and 3			974,784.
		eases not included in line 2 (itemize)		5	0.
ß	Tota	I not assets or fund halances at end of year /line 4 minus line 5) - Part II or	lumn (h) line 30	6	974.784.

(a) List and des	and Losses for Tax or cribe the kind(s) of property sold	(e.g., real estate,	t Income	(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold
	rarehouse; or common stock, 200	SIIS. MLC CO.)		D - Donation	(IIIO., day, yr.)	(mo., day, yr.)
1a NC)37E				ļ	
	ONE				<u> </u>	
d						
e	- · · - · · · · · · · · · · · · · · · ·					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (loss (e) plus (f) minus	
a						
b						
C						
d						
e						
Complete only for assets show	ing gain in column (h) and owned	by the foundation	on 12/31/69		(I) Gains (Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		col. (k), but not less tha Losses (from col.	n -U-) or (h))
8						
b						
C						· · · · · · · · · · · · · · · · · · ·
d						
<u>e</u>	<u></u>					· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (net o	capital loss)	enter in Part I, line er -0- in Part I, line		. } 2		
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	8			. } 3		
Part V Qualification	Under Section 4940(e)	for Reduced	Tax on Net	Investment I	ncome	
(For optional use by domestic priva	te foundations subject to the secti	ion 4940(a) tax or	net investment in	icome.)		N/A
Manager 40.40/41/01 analysis language	Abic most blood.					
If section 4940(d)(2) applies, leave	uns part Diank.					
Was the foundation liable for the se	ction 4942 tax on the distributable	e amount of any y	ear in the base per	riod?		Yes No
If "Yes," the foundation does not qu						· · · · · · · · · · · · · · · · · · ·
	n each column for each year; see t	he instructions be	fore making any e	ntries.		- <u> </u>
(a) Base period years Calendar year (or tax year beginn	ning in) Adjusted qualifying	g distributions	Net value of no	(c) encharitable-use asso	ets (col. (b) di	(d) bution ratio vided by col. (c))
2014						
2013			<u> </u>			
2012			<u> </u>			
2011						
2010			l			
2 Total of line 1, column (d)					2	
3 Average distribution ratio for the the foundation has been in exist	e 5-year base period - divide the to tence if less than 5 years				3	· · · · · · · · · · · · · · · · · · ·
4 Enter the net value of noncharita	able-use assets for 2015 from Par	t X, line 5			4	
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6	
7 Add lines 5 and 6						
8 Enter qualifying distributions fro						
	an line 7, check the box in Part Vi,				··· [
See the Part VI instructions.	an into 1, enough the DUA III I all VI,	,, w.u. 00111	p.oto that part tolli	.g		

Form	1 990-PF (2015) THE HILDE FAMILY FOUNDATION INC 47-559:			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			0.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2 3			0.
4	Subtrtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
	2015 estimated tax payments and 2014 overpayment credited to 2015			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			0.
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			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			
	rt VII-A Statements Regarding Activities			
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	18	↓	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.		1	
	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:]	1
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1
	managers. ► \$ 0 .			l
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.		ŀ	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		•	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	├	X
	off "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	├──	X
	If "Yes," attach the statement required by General Instruction T.		i	ſ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or		l	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		🐷	
_	remain in the governing instrument?	6	X	—
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	┝┻╌	├
88	Enter the states to which the foundation reports or with which it is registered (see instructions)			
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)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9			ļ '	
	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 STMT 3.	10	X	ı

Pa	irt VII-A Statements Regarding Activities (continued)			
•			Yes	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			7.7
	If "Yes," attach statement (see instructions)	12	37	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A The books are in care of ► THE FOUNDATION Telephone no. ► 208-85	0 2	007	_
14				
15	Located at ▶ 975 SPRING CREEK RD, ALTA, WY Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	343	_	ТТ
10	and enter the amount of tax-exempt interest received or accrued during the year		/A	ш
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	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			
Pε	art 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
18	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?			
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
_	termination of government service, if terminating within 90 days.)			
ı	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	۱.,		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1c		X
•	before the first day of the tax year beginning in 2015?	- '' -		
4	defined in section 4942(j)(3) or 4942(j)(5)):			
•	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? Yes X No			
ı	o Are there any years listed in 2a for which the foundation is not 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.) N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
	during the year? Yes X No			
ı	o If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4.		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Form 990-PF (2015) THE HILDE FAMILY FOUNDAT			47-55913	16	Page 6		
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)				
5a During the year did the foundation pay or incur any amount to:							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	🗀 Ye	8 X No	1	}		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,					
any voter registration drive?							
(3) Provide a grant to an individual for travel, study, or other similar purposes?							
(4) Provide a grant to an organization other than a charitable, etc., organizatio			l				
4945(d)(4)(A)? (see instructions)		🔲 Ye	s X No				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	i				
the prevention of cruelty to children or animals?			s X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			1		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b			
Organizations relying on a current notice regarding disaster assistance check h							
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					1		
expenditure responsibility for the grant?	N	[/A Ye	s 🔲 No		l		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				l		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to							
a personal benefit contract?		Ye	s X No		ŀ		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	х		
If "Yes" to 6b. file Form 8870.			·····				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No				
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b			
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/				
Paid Employees, and Contractors							
1 List all officers, directors, trustees, foundation managers and their							
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp account,	ense other		
	to position	enter -0-)	compensation	allowa	nces		
	PRESIDENT/DIR	ECTOR					
199 N CAPITOL BLVD., STE 600					_		
BOISE, ID 83702	0.00	0.	0.		0.		
DEAN M. HILDE	VICE PRESIDEN	LADIKECTO	ĸ				
199 N CAPITOL BLVD., STE 600	1 000	ا م	•		^		
BOISE, ID 83702	0.00	0.	0.		0.		
	SECRETARY/DIR	ECTOR					
199 N CAPITOL BLVD., STE 600					^		
BOISE, ID 83702	0.00	0.	0.		0.		
ADRIENNE HILDE	TREASURER/DIR	ECTOR					
199 N CAPITOL BLVD., STE 600	0.00	۱ ،	0.		^		
BOISE, ID 83702 2 Compensation of five highest-paid employees (other than those inc		O.	<u> </u>		0.		
	(b) Title, and average	T TONE.	(d) Contributions to	(e) Exp	ense		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, allowa	, other		
NONE	devoted to position		compensation	anowa	1665		
NONE	+						
	· · · · · · · · · · · · · · · · · · ·						
	1						
	· · · · · · · · · · · · · · · · · · ·						
	1						
	1	1					
Total number of other employees paid over \$50,000					0		

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	У	
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 servi	rice (c) Compensa	ition
NONE		
——————————————————————————————————————		0
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
7/3		
1N/A		
2		
3		
4		
Port IV P. C		—
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 N/A		
1 47 &		
2		_
All other program-related investments. See instructions.		
3		
	•	0.
Total. Add lines 1 through 3	Form 990-PF (20	
	1 VIIII 224 F F (2)	U 1U)

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	487,392.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	487,392.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	487,392.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,311.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	480,081.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,420.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	3,420.
2a	Tax on investment income for 2015 from Part VI, line 5		
Ь	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,420.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,420.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,420.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	i	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for t	the section

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				3,420.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	<u> </u>
b Total for prior years:		•		
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010				
b From 2011				
c From 2012				
dFrom 2013				
eFrom 2014			[
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
3 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		-
e Undistributed income for 2014. Subtract line	i			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				3,420.
be distributed in 2016				3,420.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
				Earm 000_DE (2015)

Part XIV Private Operating Fo 1 a If the foundation has received a ruling or of foundation, and the ruling is effective for a b Check box to indicate whether the foundate a Enter the lesser of the adjusted net income from Part I or the minimum	determination letter that 2015, enter the date of the tion is a private operatin Tax year	it is a private operating			- · ·
2 a Enter the lesser of the adjusted net	Tax year	a faundation described		23/16	
·		y louridation described		1942(j)(3) or 4	942(j)(5)
income from Part I or the minimum		(5) (6) (1)	Prior 3 years	(d) 2012	(0) 70401
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(0) 2012	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed		· · · · · · · · · · · · · · · · · · ·			
d Amounts included in line 2c not used directly for active conduct of					
exempt activities	·		 	 	
e Qualifying distributions made directly for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization			<u> </u>	····	
(4) Gross investment income					<u> </u>
Part XV Supplementary Infor at any time during the	mation (Comple le year-see instr	te this part only uctions.)	if the foundation	had \$5,000 or m	ore in assets
1 Information Regarding Foundation					
a List any managers of the foundation who year (but only if they have contributed mo			tributions received by the fo	oundation before the clo	se of any tax
rodd A. Hilde					
b List any managers of the foundation who other entity) of which the foundation has NONE			(or an equally large portion	of the ownership of a p	artnership or

Check here 🕨 🛄 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

TODD A. HILDE

199 N CAPITOL BLVD, STE 600, BOISE, ID 83702

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Tart AT Cappicinicitally information			· · · · · · <u> </u>	
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	7 mount
a Paid during the year				
NONE				
NONE				
		•		
Total			▶ 3a	0
Approved for future payment				
NONE				
				
		[
<u> </u>	<u></u>			
Total			► 3h	0

nter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exem
Program service revenue:	code		-		
b					
			1		
		· · · · · · · · · · · · · · · · · · ·			
Fees and contracts from government agencies					
embership dues and assessments					
terest on savings and temporary cash vestments					
vidends and interest from securities					
et rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property	ļ		-		
et rental income or (loss) from personal	1 1			ĺ	
operty	<u> </u>		 		
her investment income			+		
ain or (loss) from sales of assets other	1 1				
an inventoryet income or (loss) from special events	-		+		
ross profit or (loss) from sales of inventory					
ther revenue:			1		
ıbtotal. Add columns (b), (d), and (e)		0	•	0.	
otal. Add line 12, columns (b), (d), and (e)				13	
worksheet in line 13 instructions to verify calculations.)					
t XVI-B Relationship of Activities t	o the Accon	nplishment of E	xempt P	urposes	
No. Explain below how each activity for which inco	me is renorted in (column (e) of Part XVI-	A contribute	d importantly to the accomp	nlishment of
the foundation's exempt purposes (other than	by providing fund:	s for such purposes).		2 m.pov 2	
				,	
			**		
				····	
		· 			<u></u>

<u> </u>		Exempt Organ	izations							
1 Die	the ord	anization directly or indi	rectly engage in any (of the followin	g with any other organizati	on described in sect	on 501(c) of		Yes	No
					7, relating to political orga			Ì		
	•	from the reporting found						l		}
					·			1a(1)	l	X
								1a(2)		X
		sactions:				,				
	-	-	ble exempt organizati	ion				16(1)		X
								1b(2)		X
								1b(3)		X
								1b(4)		X
(5)) Loans	s or loan quarantees	••••••					1b(5)		X
(6)) Perfoi	rmance of services or me	emhershin or fundrais	ina solicitatio	ns			1b(6)		X
					ployees			1c		$\overline{\mathbf{x}}$
							narket value of the goods, o		ets	
							or sharing arrangement, sh		ош,	
) the value of the goods,			od 1000 Bigii idii iliamot va	ao in any aonoaoaon	or onaring arrangement, or	011 111		
(a) Line i		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	hanno an	angeme	nts
(-/		(5),	(6) //4	N/A		(-,			w.goo	
				11/41						
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					or more tax-exempt organ		_	٦٧	X) a
				(3)) or in seci	ion 527?			_] Yes		I NO
<u> </u>	Yes, co	mplete the following sch			(h) Tune of organization	T	(a) Description of relationsh			
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationsh	ή.		
		N/A			<u></u>	 				
						 				
						 	<u>-</u>			
		······································								
	T						hand of much mountains			
0:	and ha				ig accompanying schedules and n taxpayer) is based on all infon		May	the IRS o	ISCUSS I	118
Sign Here					1 1		show	<u>m</u> below	(see inst)?
nere		/ / m			9/22/16	PRESI	DEWI.	Yes	L	No
	Sign	ature of officer or trustee			Date	Trtle	Charles I W I DTIN			
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
.				[K.]:	Moules 1		self- employed			
Paid		KRISTI HAL		yusu	HEUGULU	09/19/16		<u> 290</u>		
Prep		Firm's name ► HAR	RIS & CO.	, 'PLLC	,		Firm's EIN ► 26 – 40	225	10	
Use	Only	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	ļ			
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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.lrs.gov/form990 .

OMB No. 1545-0047

Employer identification number

Name of the organization

THE HILDE FAMILY FOUNDATION INC

47-5591316

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 S01(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation
Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

THE HILDE FAMILY FOUNDATION INC

47-5591316

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	TODD HILDE 975 SPRING CREEKS RD ALTA, WY 83414	\$1,000,100.	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 Oncash 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 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			
523452 10-	A-15	\$Schedule 8 (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)			

Employer identification number

THE HILDE FAMILY FOUNDATION INC

47-5591316

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) 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			
		- s Sabadula P. (Fara C	90 990-F7 or 990-PF\/2015			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 **Employer identification number** Name of organization THE HILDE FAMILY FOUNDATION INC 47-5591316 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 completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (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

FORM 990-PF	LEGAL FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITA PURPOS	
LEGAL FEES	24,466.	0.			0.
TO FM 990-PF, PG 1, LN 16A =	24,466.	0.			0.
FORM 990-PF C	OTHER PROFESSIONAL FEES		PATEMENT	2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS:	
OTHER EXPENSES	850.	0.			0.
TO FORM 990-PF, PG 1, LN 16C	850.	0.			0.
	SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	PATEMENT	3
NAME OF CONTRIBUTOR	CONTRIBUTOR ADDRESS				
TODD HILDE	975 SPRINGS CREEKS RD ALTA, WY 83414				