

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

2015

Open to Public
Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation QUAIL ROOST FOUNDATION		A Employer identification number 76-0754268	
Number and street (or P O box number if mail is not delivered to street address) 16 E LANCASTER AVENUE SUITE 102		B Telephone number (see instructions) (575) 770-8247	
C If exemption application is pending, check here <input checked="" type="checkbox"/>			
D 1. Foreign organizations, check here <input checked="" type="checkbox"/>			
2. Foreign organizations meeting the 85% test, check here and attach computation <input checked="" type="checkbox"/>			
E If private foundation status was terminated under section 507(b)(1)(A), check here <input checked="" type="checkbox"/>			
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/>			
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 4,426,527		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)		100		
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18,584	18,584	18,584	
	4 Dividends and interest from securities	68,198	68,198	68,198	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-10,219			
	b Gross sales price for all assets on line 6a	2,010,816			
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total Add lines 1 through 11	76,663	86,782	86,782	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,350	3,675	3,674	
	c Other professional fees (attach schedule)	64,510	42,013	22,497	
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	521		521	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	7,514	750	6,764	
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,831	287	3,544	
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	83,726	46,725	37,000	
	25 Contributions, gifts, grants paid	308,000		308,000	
	26 Total expenses and disbursements. Add lines 24 and 25	391,726	46,725	345,000	
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-315,063			
	b Net investment income (if negative, enter -0-)		40,057		
	c Adjusted net income(if negative, enter -0-)			86,782	

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets					
1	Cash—non-interest-bearing				
2	Savings and temporary cash investments	274,443	101,232	101,232	
3	Accounts receivable ► _____				
	Less allowance for doubtful accounts ► _____				
4	Pledges receivable ► _____				
	Less allowance for doubtful accounts ► _____				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule) ► _____				
	Less allowance for doubtful accounts ► _____				
8	Inventories for sale or use	6,894	8,814		
9	Prepaid expenses and deferred charges				
10a	Investments—U S and state government obligations (attach schedule)	456,997	421,053	421,528	
b	Investments—corporate stock (attach schedule)	2,457,910	2,377,945	2,572,158	
c	Investments—corporate bonds (attach schedule)	1,419,537	1,391,674	1,331,609	
11	Investments—land, buildings, and equipment basis ► _____				
	Less accumulated depreciation (attach schedule) ► _____				
12	Investments—mortgage loans.				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ► _____				
	Less accumulated depreciation (attach schedule) ► _____				
15	Other assets (describe ► _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,615,781	4,300,718	4,426,527	
Liabilities					
17	Accounts payable and accrued expenses				
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ► _____)				
23	Total liabilities (add lines 17 through 22)		0		
Net Assets or Fund Balances					
24	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
25	Unrestricted				
26	Temporarily restricted				
27	Permanently restricted				
28	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.				
29	Capital stock, trust principal, or current funds				
30	Paid-in or capital surplus, or land, bldg , and equipment fund				
31	Retained earnings, accumulated income, endowment, or other funds	4,615,781	4,300,718		
	Total net assets or fund balances (see instructions)	4,615,781	4,300,718		
	Total liabilities and net assets/fund balances (see instructions)	4,615,781	4,300,718		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,615,781
2	Enter amount from Part I, line 27a	2	-315,063
3	Other increases not included in line 2 (itemize) ► _____	3	
4	Add lines 1, 2, and 3	4	4,300,718
5	Decreases not included in line 2 (itemize) ► _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,300,718

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)		How acquired (b) P—Purchase D—Donation	Date acquired (c) (mo, day, yr)	Date sold (d) (mo, day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				
(e) Gross sales price		Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69		Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	(l)
a	See Additional Data Table			
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 -10,219
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3 -71,529

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

Yes No

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	342,303	4,871,367	0 070268
2013	233,108	4,826,557	0 048297
2012	213,482	4,654,224	0 045868
2011	205,900	4,537,464	0 045378
2010	181,932	4,005,542	0 045420
2 Total of line 1, column (d).			2 0 255231
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 051046
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.			4 4,628,408
5 Multiply line 4 by line 3.			5 236,262
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 401
7 Add lines 5 and 6.			7 236,663
8 Enter qualifying distributions from Part XII, line 4.			8 345,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	401
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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	2	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	3	401
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
3	Add lines 1 and 2.	5	401
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	5,844
b	Exempt foreign organizations—tax withheld at source.	6b	
c	Tax paid with application for extension of time to file (Form 8868).	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	5,844
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	5,443
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 1,000 Refunded <input type="checkbox"/>	11	4,443

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<input type="checkbox"/>	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	<input type="checkbox"/>	Yes	No
	<i>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.</i>			
1c	Did the foundation file Form 1120-POL for this year?	<input type="checkbox"/>	Yes	No
1d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<input type="checkbox"/>	Yes	No
	<i>If "Yes," attach a detailed description of the activities.</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i>	<input type="checkbox"/>	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	Yes	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<input type="checkbox"/>	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	● By language in the governing instrument, or			
	● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input type="checkbox"/>	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<input type="checkbox"/> NM		
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? <i>If "No," attach explanation.</i>	<input type="checkbox"/>	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<input type="checkbox"/>	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/>	Yes	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>QUAILROOSTFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ► <u>MARGARET BRENNAN</u> Telephone no ► (610) 896-3868 Located at ► <u>16 E LANCASTER AVENUE SUITE 102 ARDMORE PA</u> ZIP +4 ► <u>19003</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes	No

Part 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?	► <input type="checkbox"/> Yes	► <input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	► <input type="checkbox"/> Yes	► <input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	► <input type="checkbox"/> Yes	► <input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	► <input checked="" type="checkbox"/> Yes	► <input type="checkbox"/> 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)?	► <input type="checkbox"/> Yes	► <input checked="" type="checkbox"/> 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)	► <input type="checkbox"/> Yes	► <input checked="" type="checkbox"/> No
b	If 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)? Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation 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? ► <input type="checkbox"/> Yes ► <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____	2a	
b	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)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____	2c	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ► <input type="checkbox"/> Yes ► <input checked="" type="checkbox"/> No	3a	
b	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	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

- 5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ►

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
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 No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors**

1. List all officers, directors, trustees, foundation managers and their compensation (see instructions)

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2. Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE".

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see 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	4,466,355
b	Average of monthly cash balances.	1b	232,536
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,698,891
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	4,698,891
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	70,483
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,628,408
6	Minimum investment return. Enter 5% of line 5.	6	231,420

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	231,420
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	401
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	401
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	231,019
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	231,019
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	231,019

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	345,000
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	
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	345,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	401
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	344,599

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 4940(e) reduction of tax in those years

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				231,019
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.	103,839			
f Total of lines 3a through e.		103,839		
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ _____ 345,000				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				231,019
e Remaining amount distributed out of corpus		113,981		
5 Excess distributions carryover applied to 2015 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	217,820			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
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 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	217,820			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.	103,839			
e Excess from 2015.	113,981			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

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.				
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.				
b 85% of line 2a.				
c Qualifying distributions from Part XII, line 4 for each year listed.				
d Amounts included in line 2c not used directly for active conduct of exempt activities.				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.				
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test—enter				
(1) Value of all assets.				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).				
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.				
c "Support" alternative test—enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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 email address of the person to whom applications should be addressed

- 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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year 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)				
a Paid during the year See Additional Data Table				
Total			► 3a	308,000
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
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.			14	18,584	
5 Net rental income or (loss) from real estate			14	68,198	
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			18	-10,219	
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					
12 Subtotal Add columns (b), (d), and (e).					
13 Total Add line 12, columns (b), (d), and (e).					
(See instructions for additional information.)					
13					
					76,563

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) (mo, day, yr)	(d) Date sold (mo, day, yr)
CALVERT BOND PORT	P	2014-06-02	2015-05-11
APPLE INC	P	2014-09-03	2015-02-13
E M C CORP	P	2014-09-03	2015-01-06
HEWLETT-PACKARD CO	P	2014-09-03	2015-07-30
MINERALS TECH	P	2015-12-03	2015-12-21
SOUTHWEST AIRLINES	P	2015-03-20	2015-04-27
UNION PACIFIC CORP	P	2014-10-23	2015-04-27
ILLINOIS TOOL WORKS	P	2014-09-03	2015-09-17
RI ST & PROV	P	2014-10-17	2015-11-25
CALVERT BOND PORT	P	2014-01-01	2015-05-11

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (g) plus expense of sale	(h) (e) plus (f) minus (g)
34,648		33,920	728
10,684		8,443	2,241
8,952		9,208	-256
7,580		9,455	-1,875
13,440		17,382	-3,942
7,436		8,126	-690
14,522		15,115	-593
14,870		15,256	-386
29,813		30,025	-212
111,247		108,907	2,340

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			728
			2,241
			-256
			-1,875
			-3,942
			-690
			-593
			-386
			-212
			2,340

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
AVISTA CORPORATION	P	2014-09-03	2015-04-27
EAGLE BANCORP	P	2014-09-03	2015-01-06
HOST HOTEL	P	2014-09-03	2015-03-20
NOBLE CORP	P	2015-11-12	2015-12-22
ST JUDE MEDICAL	P	2014-09-03	2015-01-06
UNION PACIFIC CORP	P	2014-11-14	2015-04-27
NOVARTIS AG	P	2014-09-19	2015-11-12
TOYOTA AUTO RECEIVAS	P	2014-10-01	2015-10-19
CALVERT SOCIAL INVS	P	2010-06-30	2015-06-30
AVISTA CORPORATION	P	2014-09-19	2015-04-27

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
9,268		8,945	323
8,446		8,647	-201
27,463		29,112	-1,649
11,542		13,864	-2,322
16,755		17,067	-312
4,626		5,200	-574
6,539		7,067	-528
20,258		20,151	107
13,000		13,000	
4,500		4,235	265

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
			323
			-201
			-1,649
			-2,322
			-312
			-574
			-528
			107
			265

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
EBAY INC	P	2015-06-11	2015-09-17
INTEL CORP	P	2014-09-03	2015-03-20
NOBLE CORP	P	2015-12-14	2015-12-22
STARBUCKS CORP	P	2015-03-20	2015-05-06
US TREASURIES NT	P	2015-03-26	2015-08-24
NOVARTIS AG	P	2014-10-23	2015-11-12
PARNASSUS MID CAP	P	2014-01-01	2015-05-11
AVISTA CORPORATION	P	2014-09-19	2015-05-11
EBAY INC	P	2015-07-30	2015-09-17
INTERFACE INC	P	2015-09-17	2015-10-07

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (g) plus expense of sale	(h) (e) plus (f) minus (g)
2,783		2,488	295
10,551		11,604	-1,053
16,364		18,060	-1,696
9,279		9,250	29
14,999		15,009	-10
8,283		8,494	-211
43,614		30,618	12,996
10,099		9,988	111
3,445		3,697	-252
11,857		13,101	-1,244

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			295
			-1,053
			-1,696
			29
			-10
			-211
			12,996
			111
			-252
			-1,244

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
NORFOLK SOUTHERN CORP	P	2014-09-03	2015-01-12
SUPERIOR ENERGY	P	2015-06-11	2015-07-30
US TREASURIES NT	P	2015-03-26	2015-09-15
POWERSHARES	P	2014-09-03	2015-10-07
PORTFOLIO 21 GLOBAL	P	2010-03-03	2015-05-11
AVISTA CORPORATION	P	2014-10-02	2015-05-11
ESTEE LUERCO INC	P	2015-06-11	2015-09-17
JOHNSON & JOHNSON	P	2014-09-03	2015-02-02
NOVARTIS AG	P	2015-03-20	2015-11-12
SUPERIOR ENERGY	P	2015-09-17	2015-12-14

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (h) plus expense of sale	(h) (e) plus (f) minus (g)
17,655		18,715	-1,060
23,942		30,512	-6,570
145,000		145,085	-85
5,157		5,218	-61
41,514		32,433	9,081
17,417		16,813	604
17,424		19,319	-1,895
18,305		18,870	-565
12,642		14,804	-2,162
25,782		28,508	-2,726

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-1,060
			-6,570
			-85
			-61
			9,081
			604
			-1,895
			-565
			-2,162
			-2,726

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
US TREASURIES NT	P	2015-09-30	2015-10-16
TIME WARNER INC	P	2014-09-03	2015-09-17
SIT US GOVT	P	2011-03-17	2015-08-24
AVISTA CORPORATION	P	2015-01-15	2015-05-11
EXPEDIA INC	P	2014-09-03	2015-01-12
JPMORGAN CHASE & CO	P	2014-09-03	2015-01-15
PAX MSCI INTL	P	2015-04-27	2015-06-11
SUPERIOR ENERGY	P	2015-10-07	2015-12-14
US TREASURIES NT	P	2015-09-30	2015-11-12
VF CORPORATION	P	2014-10-23	2015-12-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (h) plus expense of sale	(h) (e) plus (f) minus (g)
44,991		44,991	
6,682		7,399	-717
10,000		10,110	-110
2,045		2,364	-319
9,046		9,382	-336
12,108		13,125	-1,017
11,947		12,250	-303
2,030		2,432	-402
89,933		89,981	-48
13,059		13,600	-541

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
			-717
			-110
			-319
			-336
			-1,017
			-303
			-402
			-48
			-541

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) (mo, day, yr)	(d) Date sold (mo, day, yr)
TEMPLETON GLOBAL BOND	P	2010-03-03	2015-08-24
BROCADE COMMUN	P	2014-09-03	2015-07-30
FRONTIER COMM	P	2014-09-03	2015-05-22
JPMORGAN CHASE & CO	P	2014-09-03	2015-02-13
PAYPAL HOLDINGS	P	2015-06-11	2015-11-12
SUPERIOR ENERGY	P	2015-10-16	2015-12-14
VOYA FINANCIAL	P	2015-03-20	2015-10-07
3M COMPANY	P	2014-09-03	2015-09-17
ACTAVIS PLC	P	2015-03-17	2015-03-18
BT GROUP PLC	P	2015-05-22	2015-09-17

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	(h) (e) plus (f) minus (g)
9,964		11,726	-1,762
17,390		17,475	-85
10,276		13,400	-3,124
6,244		6,264	-20
3,689		3,848	-159
6,158		7,305	-1,147
11,175		12,503	-1,328
12,522		12,521	1
11		11	
10,170		10,888	-718

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

(i) F M V as of 12/31/69	Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(j) as of 12/31/69	(k) over col (j), if any
	-1,762
	-85
	-3,124
	-20
	-159
	-1,147
	-1,328
	1
	-718

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
GOOGLE INC	P	2014-09-03	2015-01-06
KIMBERLY-CLARK	P	2014-09-03	2015-02-13
PNC FINANCIAL	P	2015-03-20	2015-04-27
SYNAPTICS INC	P	2014-09-03	2015-01-06
VOYA FINANCIAL	P	2015-04-27	2015-10-07
AMERICAN EXPRESS	P	2014-09-18	2015-06-26
ACTAVIS PLC	P	2015-03-17	2015-03-20
CANADIAN PUBLIC RAILWAY	P	2014-09-03	2015-01-06
HANESBRANDS INC	P	2014-09-03	2015-01-12
LAM RESEARCH CORP	P	2014-09-19	2015-01-12

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
11,107		12,699	-1,592
11,184		10,440	744
11,386		12,013	-627
10,049		13,590	-3,541
4,989		5,357	-368
24,837		24,843	-6
16,744		16,166	578
22,670		26,159	-3,489
7,877		7,417	460
6,969		6,895	74

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-1,592
			744
			-627
			-3,541
			-368
			-6
			578
			-3,489
			460
			74

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
PRINCIPAL FINANCIAL	P	2014-09-03	2015-01-12
TARGET CORP	P	2015-03-20	2015-09-17
WATERS CORP	P	2015-06-11	2015-10-07
ECOLAB, INC	P	2014-09-25	2015-08-09
ALLERGAN INC	P	2014-09-03	2015-03-17
CHIPOTLE MEXICAN GRILL	P	2014-09-19	2015-03-20
HANESBRANDS INC	P	2014-09-03	2015-04-27
MEDTRONIC INC	P	2014-09-03	2015-01-27
PROGRESSIVE CO OHIO	P	2015-09-17	2015-12-03
TARGET CORP	P	2015-07-30	2015-09-17

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
14,889		16,195	-1,306
8,226		8,575	-349
11,968		13,505	-1,537
10,000		10,067	-67
34,783		23,849	10,934
8,937		8,658	279
13,625		11,177	2,448
24,701		20,655	4,046
11,379		11,795	-416
7,834		8,219	-385

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-1,306
			-349
			-1,537
			-67
			10,934
			279
			2,448
			4,046
			-416
			-385

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
WYNDHAM WORLDWIDE	P	2014-12-12	2015-07-30
INTEL CORP	P	2014-10-17	2015-07-23
AMEDISYS INC	P	2014-12-12	2015-04-27
CHIPOTLE MEXICAN GRILL	P	2014-10-02	2015-03-20
HESS CORP	P	2014-09-03	2015-01-06
MEDTRONIC INC	P	2015-01-27	2015-02-13
SCHOLASTIC CORP	P	2015-07-30	2015-10-17
THE WHITEWAVE FOODS	P	2014-09-03	2015-01-12
XEROX CORP	P	2014-09-03	2015-04-27
PRAXAR INC	P	2014-09-19	2015-06-26

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
20,853		21,198	-345
24,937		25,095	-158
10,189		10,804	-615
8,250		7,986	264
32,338		46,700	-14,362
5,958		6,156	-198
14,572		16,393	-1,821
4,544		4,765	-221
12,913		15,646	-2,733
25,085		25,729	-644

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-345
			-158
			-615
			264
			-14,362
			-198
			-1,821
			-221
			-2,733
			-644

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
AMEDISYS INC	P	2015-02-13	2015-04-27
CITIGROUP INC	P	2015-06-11	2015-09-17
HESS CORP	P	2015-04-27	2015-06-11
MEDTRONIC INC	P	2015-01-27	2015-09-17
SEALED AIR CORP	P	2015-06-11	2015-12-03
THE WHITEWAVE FOODS	P	2014-09-19	2015-01-12
3M COMPANY	P	2014-09-03	2015-07-30
UNIV MN	P	2014-09-29	2015-02-01
AMEDISYS INC	P	2015-09-17	2015-10-07
CITIGROUP INC	P	2015-07-30	2015-09-17

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (h) plus expense of sale	(h) (e) plus (f) minus (g)
4,585		5,144	-559
18,717		20,639	-1,922
15,158		16,569	-1,411
17,135		18,545	-1,410
11,474		12,873	-1,399
13,266		14,675	-1,409
8,319		7,915	404
30,000		30,342	-342
11,290		13,247	-1,957
3,899		4,408	-509

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-559
			-1,922
			-1,411
			-1,410
			-1,399
			-1,409
			404
			-342
			-1,957
			-509

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
HESS CORP	P	2015-05-06	2015-06-11
MICROSOFT CORP	P	2014-09-03	2015-02-13
SEALED AIR CORP	P	2015-10-07	2015-12-03
TJX COMPANIES	P	2015-09-17	2015-12-03
3M COMPANY	P	2014-10-23	2015-09-17
US TREASURIES NT	P	2014-09-25	2015-06-26
AMERICAN STATES WTR	P	2015-05-11	2015-06-11
COSTCO WHOLESALE	P	2014-12-12	2015-06-11
HESS CORP	P	2015-07-30	2015-06-11
MICROSOFT CORP	P	2014-09-03	2015-03-20

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (h) plus expense of sale	(h) (e) plus (f) minus (g)
9,302		10,040	-738
6,967		7,195	-228
6,524		6,993	-469
6,250		6,567	-317
6,909		7,025	-116
25,247		25,608	-361
6,755		6,916	-161
13,947		13,893	54
20,338		22,253	-1,915
12,209		12,817	-608

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-738
			-228
			-469
			-317
			-116
			-361
			-161
			54
			-1,915
			-608

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) (mo, day, yr)	(d) Date sold (mo, day, yr)
SEALED AIR CORP	P	2015-10-16	2015-12-03
TRAVELERS COMPANY	P	2014-12-12	2015-09-17
CALERES INC	P	2014-09-03	2015-12-03
JOHN DEERE CAPITA	P	2014-09-23	2015-11-24
AMERIPRISE FINANCIAL	P	2014-12-12	2015-09-17
COSTCO WHOLESALE	P	2015-02-13	2015-06-11
HEWLETT-PACKARD CO	P	2014-09-03	2015-03-20
MINERALS TECH	P	2014-09-03	2015-01-06
SOUTHWEST AIRLINES	P	2015-02-13	2015-04-27
TRAVELERS COMPANY	P	2015-02-13	2015-09-17

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (h) plus expense of sale	(h) (e) plus (f) minus (g)
12,373		13,387	-1,014
11,236		11,422	-186
16,040		16,419	-379
20,473		20,879	-406
9,454		10,968	-1,514
4,881		5,159	-278
9,037		10,294	-1,257
29,175		29,526	-351
6,161		6,266	-105
6,129		6,485	-356

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-1,014
			-186
			-379
			-406
			-1,514
			-278
			-1,257
			-351
			-105
			-356

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	How acquired (b) P—Purchase D—Donation	Date acquired (c) (mo., day, yr.)	(d) Date sold (mo., day, yr.)
FEDEX CORP	P	2014-09-03	2015-09-17
KS ST DEV	P	2014-10-08	2015-11-01

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
19,543		19,780	-237
20,000		20,754	-754

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) or (I) Losses (from col. (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col. (i) (k) over col. (j), if any	
			-237
			-754

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FRED DOERR 16 E LANCASTER AVE SUITE 102 ARDMORE, PA 19003	TRUSTEE 2 00	0	0	0
LORETTA ORTIZ Y PINO 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	TRUSTEE 2 00	0	0	0
JEFF SANDERS 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	SECRETARY/TR 2 00	0	0	0
MEHDI SHELHAMER 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	TRUSTEE 1 00	0	0	0
H'KRIH SHELHAMER 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	TRUSTEE 1 00	0	0	0
CAROL WHITE 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	VICE CHAIR/T 2 00	0	0	0
HA WHITE 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	TRUSTEE/CHAI 5 00	0	0	0
KERRY HEUBECK 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	EMERITUS TRU 1 00	0	0	0
SANJAY POOVANDAN 16 E LANCASTER AVENUE SUITE 102 ARDMORE, PA 19003	TREASURER/TR 2 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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)				
a Paid during the year				
ADOPT-A-CLASSROOM INC 110 N 5TH STREET 10TH F MINNEAPOLIS, MN 55403	NA	PC	FINANCIAL SUPPORT FOR CLASSROOMS IN	2,000
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	NA	PC	INDONESIA REFUGEE WORK	3,000
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE SUITE 50 MINNEAPOLIS, MN 554132681	NA	PC	SEED MONEY FOR "SAFE RIDE"	2,500
ARTS WITHOUT BOUNDARIES FOUNDATION PO BOX 20392 BILLINGS, MT 59104	NA	PC	GENERAL OPERATING SUPPORT	1,000
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571	NA	PC	GENERAL OPERATING SUPPORT	45,000
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571	NA	PC	GENERAL OPERATING SUPPORT	4,000
BURMA HUMANITARIAN MISSION 3395 E DEER HOLLOW CIRCL SANDY, UT 84092	NA	PC	THE BACKPACK HEALTH WORKER	3,000
CAMBODIA CORPS INC 915 GOEBEL AVE SAVANNAH, GA 31404	NA	PC	GENERAL OPERATING SUPPORT	5,000
CARBONFUND ORG 3 BETHESDA METRO CENTER BETHESDA, MD 20814	NA	PC	GENERAL OPERATING SUPPORT	750
COMMUNITY AGAINST VIOLENCE INC 945 SALAZAR RD TAOS, NM 87571	NA	PC	CHILDREN'S COUNSELING PROGRAM	2,000
CONCRETE COUCH 211 ILLINOIS AVENUE MANITOU SPRINGS, CO 80829	NA	PC	GENERAL OPERATING SUPPORT	1,000
CONSERVATION TRUST FOR FLORIDA INC 1731 NW 6TH STREET SUITE GAINESVILLE, FL 32609	NA	PC	GENERAL OPERATING SUPPORT	4,000
CREATIVITY FOR PEACE INC 369 MONTEZUMA AVENUE 566 SANTA FE, NM 87501	NA	PC	GENERAL OPERATING SUPPORT	6,500
DREAMTREE PROJECT INC PO BOX 1677 TAOS, NM 87571	NA	PC	GENERAL OPERATING SUPPORT	2,000
CIMARRON PUBLIC SCHOOLS PO BOX 96 EAGLE NEST, NM 87718	NA	PC	EAGLE NEST SCHOOLS BARN PROJECT	2,000
Total			► 3a	308,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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)				
a Paid during the year				
EDUCATIONAL EMPOWERMENT 328 WYATT WAY NE BAINBRIDGE ISLAND, WA 98110	NA	PC	BOOKS FOR BURMA	4,000
EL PUEBLITO UNITED METHODIST CHURCH PO BOX 895 RANCHOS DE TAOS, NM 87557	NA	PC	SHARED TABLE	3,000
EQUINE SPIRIT SANCTUARY 13 LOS CABALLOS ROAD RANCHOS DE TAOS, NM 87557	NA	PC	GENERAL OPERATING SUPPORT	5,000
EQUINE SPIRIT SANCTUARY 13 LOS CABALLOS ROAD RANCHOS DE TAOS, NM 87557	NA	PC	LAND PURCHASE	50,000
FLORIDA THOROUGHBRED CHARITIES INC 801 SW 60TH AVENUE OCALA, FL 34474	NA	PC	QUAIL ROOST SCHOLARSHIP PROGRAM 2015	10,000
FOUR CORNERS ANIMAL LEAGUE PO BOX 1163 TAOS, NM 875711163	NA	PC	SUPPLIES FOR ANIMAL AID OF QUESTA	2,000
FRIENDS OF CASA MATERNA PO BOX 7476 DETROIT, MI 48207	NA	PC	PROJECT WORK IN NICARAGUA	4,000
GRASSROOTSORG INC 745 ATLANTIC AVENUE FLO BOSTON, MA 02111	NA	PC	GENERAL OPERATING SUPPORT	750
HOPE BY TWELVE 4699 WOODSON LANE SUITE BAINBRIDGE ISLAND, WA 98110	NA	PC	GENERAL OPERATING SUPPORT	1,000
HORSE PROTECTION ASSOCIATION OF FLO 20690 NW 130TH AVENUE MICANOPY, FL 32667	NA	PC	GENERAL OPERATING SUPPORT	4,000
HUMAN RESOURCE DEVELOPMENT ASSOCIAT PO BOX 913 TAOS, NM 87571	NA	PC	RESTORATIVE JUSTICE PROGRAMMING	2,500
HUMAN RESOURCE DEVELOPMENT ASSOCIAT PO BOX 913 TAOS, NM 87571	NA	PC	RESTORATIVE JUSTICE PROGRAMMING	2,000
HUMANITIES MONTANA 311 BRANTLY MISSOULA, MT 59812	NA	PC	GENERAL OPERATING SUPPORT	1,000
INSTITUTE FOR PEACE STUDIES ROCKY MOUNTAIN COLLEGE A BILLINGS, MT 59102	NA	PC	GENERAL OPERATING SUPPORT	7,000
ISLANDWOOD 4450 BLAKELY AVENUE NE BAINBRIDGE ISLAND, WA 981102257	NA	PC	GRADUATE STUDENT SCHOLARSHIP SUPPORT	2,500
Total			► 3a	308,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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)				
a Paid during the year				
KATERI TEKAKWITHA MISSION FUND INC PO BOX 906 PACIFICA, CA 94044	NA	PC	GENERAL OPERATING SUPPORT	5,000
LOCALOGY HC 81 BOX 10 QUESTA, NM 87556	NA	PC	GENERAL OPERATING SUPPORT	2,000
MATI NGO 67/1 SA SARKER RD SANKIPARA, MYMENSIGH 2200 BG	NA	NC	SUPPORT FOR KAILAKURI HEALTH CARE PR	4,000
MENNONITE CENTRAL COMMITTEE CENTRAL 900 EAST HOWELL STREET PHILADELPHIA, PA 19149	NA	PC	WORK WITH SYRIAN REFUGEES	3,000
MENNONITE CENTRAL COMMITTEE CENTRAL 900 EAST HOWELL STREET PHILADELPHIA, PA 19149	NA	PC	NEPAL EMERGENCY RECOVERY WORK	10,000
NGUYEN NGA CENTER 91A DONG DA QUY NHON CITY, BIHN DIHN VM	NA	NC	GENERAL OPERATING SUPPORT	4,000
NORTHERN PLAINS RESOURCE COUNCIL 220 SOUTH 27TH STREET SU BILLINGS, MT 59101	NA	PC	PROTECTION AND CONSERVATION OF MONTA	5,000
NOT FORGOTTEN OUTREACH INC 461 VALVERDE COMMONS DR TAOS, NM 87571	NA	PC	GENERAL OPERATING SUPPORT	2,000
ONE CALL FOR ALL PO BOX 10487 BAINBRIDGE ISLAND, WA 98110	NA	PC	GENERAL OPERATING SUPPORT FOR RAISIN	1,000
ONE WORLD- ONE HEART FOUNDATION PO BOX 1840 RANCHOS DE TAOS, NM 87557	NA	PC	THE NEPAL MEDICAL CAMP	2,000
PARTNER FOR SURGERY INC PO BOX 388 MCLEAN, VA 22101	NA	PC	GENERAL OPERATING SUPPORT	2,000
PREVENTION INTERNATIONAL NO CERVICA PO BOX 13081 OAKLAND, CA 94661	NA	PC	WORK IN NICARAGUA	4,000
PUGET SOUND RESTORATION FUND 382 WYATT WAY NE BAINBRIDGE ISLAND, WA 98110	NA	PC	GENERAL OPERATING SUPPORT	5,000
SCHOOLS FOR SALONE PO BOX 25314 SEATTLE, WA 98165	NA	PC	GENERAL OPERATING SUPPORT	3,000
SHUARHANDS INC PO BOX 1411 PINE VALLEY, CA 91962	NA	PC	GREEN HOUSE PROJECT- GUATEMALA	3,000
Total			► 3a	308,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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)				
a Paid during the year				
STIRRUPS N STRIDES THERAPEUTIC RIDI 4246 WEST HIGHWAY 318 CITRA, FL 32113	NA	PC	CONSTRUCTION FOR COVERED OUTDOOR ARE	21,000
SUSTAINABLE BEREAL INC PO BOX 1302 BEREA, KY 40403	NA	PC	GENERAL OPERATING SUPPORT	3,000
TAOS HEALTH SYSTEMS INC 413 SIPAPU ST TAOS, NM 87571	NA	PC	CANCER SUPPORT SERVICES	2,000
TRUAH 266 WEST 37TH ST SUITE 8 NEW YORK, NY 10018	NA	PC	GENERAL OPERATING SUPPORT	5,000
DANIELS HAMANT FOUNDATION 1427 WILLIAM ST RIVER FOREST, IL 60305	NA	PF	CENTRO MEDICO HUMBERTO PARRA-WOMENS	2,500
THE HOUSING RESOURCES BOARD PO BOX 11391 BAINBRIDGE ISLAND, WA 98110	NA	PC	GENERAL OPERATING SUPPORT FOR BI VIL	2,000
THE HOUSING RESOURCES BOARD PO BOX 11391 BAINBRIDGE ISLAND, WA 98110	NA	PC	GENERAL OPERATING SUPPORT	2,000
THOROUGHBRED RETIREMENT FOUNDATION PO BOX 834 SARATOGA SPRINGS, NY 12866	NA	PC	GENERAL OPERATING SUPPORT	2,000
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	NA	PC	THE LIST PROJECT	2,500
UNIVERSITY OF NEW MEXICO FOUNDATION 1157 COUNTY ROAD 110 RANCHOS DE TAOS, NM 87557	NA	PC	SCHOLARSHIP SUPPORT	10,000
WESTERN LANDS PROJECT PO BOX 95545 SEATTLE, WA 981452545	NA	PC	ADVOCACY TO KEEP PUBLIC LANDS PUBLIC	4,000
THE WILDLIFE CENTER INC PO BOX 246 ESPAÑOLA, NM 87532	NA	PC	GENERAL OPERATING SUPPORT	4,000
WINDHORSE SANTUARY 597 NE RIDGE LOOP MADISON, FL 32340	NA	PF	GENERAL OPERATING SUPPORT	6,500
YOUTH HEARTLINE PO BOX 1664 TAOS, NM 87571	NA	PC	THE NEIGHBORHOOD ARTS PROJECT/GENERA	4,000
Total.				308,000
			► 3a	

TY 2015 Accounting Fees Schedule

Name: QUAIL ROOST FOUNDATION

EIN: 76-0754268

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	7,350	3,675		3,674

TY 2015 Investments Corporate Bonds Schedule

Name: QUAIL ROOST FOUNDATION

EIN: 76-0754268

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ACCESS CAPITAL COMMUNITY	73,389	72,079
CALVERT BOND PORT CL I		
CALVERT SOCIAL INV 3% 15 NOTES DUE		
CRA QUALIFIED INVESTMENT	98,979	97,832
PAX WORLD HIGH YIELD	173,424	143,478
PRAXIS INTERMEDIATE INCM	144,984	143,883
RIDGEWORTH US GOV SEC	122,086	121,481
SIT U.S. GOVT SEC FUND	113,935	112,190
TEMPLETON GLOBAL BOND	157,129	138,333
TIAA CREF SOCIAL CHOICE	145,882	143,422
CALVERT SOCIAL INV 1% 18	60,000	59,141
AMERICAN EXPRESS		
BANK OF NOVA SC	20,664	20,277
CITIGROUP INC	15,195	15,112
COCA COLA COMPANY	26,236	26,117
CSX CORPORATION	10,526	10,449
CVS CAREMARK CORP	15,067	14,985
ECOLAB INC		
GENERAL ELECTRIC	22,065	22,064
HOME DEPOT	15,222	14,978

Name of Bond	End of Year Book Value	End of Year Fair Market Value
INTEL CORP	20,057	20,217
JOHN DEERE CAPITA		
JOHNSON CONTROLS	15,888	15,018
JP MORGAN CHASE	15,274	15,178
MEDTRONIC INC	19,767	19,897
ORACLE CORPORATIO	24,106	24,403
PRAXAIR INC		
PEPSICO INCORPOR	20,125	19,884
TORONTO-DOMINION	25,779	25,213
TOYOTA AUTO RECEIVA		
VERIZON COMMS	16,323	16,128
WELLS FARGO & CO	19,572	19,850

TY 2015 Investments Corporate Stock Schedule

Name: QUAIL ROOST FOUNDATION
EIN: 76-0754268

Name of Stock	End of Year Book Value	End of Year Fair Market Value
APPLESEED FD INVESTORS CL	112,954	97,948
CALVERT GLOBAL WATER FD	76,635	61,248
CALVERT INT'L OPPTY FD I	64,865	80,581
DOMINI INTL SOCIAL EQTY	89,627	78,936
PARNASSUS EQUITY INCOME	129,766	187,228
PARNASSUS ENDEAVOR FD	112,034	116,301
PARNASSUS MID CAP FUND	85,297	112,081
PARNASSUS SMALL CAP FUND		
PAX MSCI INTL ESG	48,627	43,610
PAX WORLD GLOBAL ENVIRONMENTL	34,722	44,806
PAX WORLD SMALL CAP INST	96,588	90,260
PORTFOLIO 21	37,633	43,541
SHELTON GREEN ALPHA FD	73,389	72,748
TIAA CREF SOCIAL CHOICE	134,441	140,756
ADOBE SYSTEMS	39,678	51,479
ALLERGAN INC		
AMEDISYS INC		
AMERIPRISE		
ALPHABET INC	28,196	32,676
AMAZON COM INC	23,755	29,739
AMERICAN STATES WTR	22,094	24,121
AMGEN INCORPORATED	20,229	23,051
APACHE CORP	13,970	14,453
APPLE	47,579	50,420
AVISTA CORPORATION		
BALL CORPORATION	37,178	40,074
BANK OF NY MELLON CP	35,979	38,087
BECTON DICKSON & CO	17,806	23,422
BROADCOM CORPORATION	20,324	25,730
BROCADE COMMUNS SYS NEW		

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BROWN SHOE		
CANADIAN PAC RAILWAY F		
CARDINAL HEALTH	21,769	26,067
CHIPOTLE MEXICAN GRILL		
CHURCH & DWIGHT CO INC	20,009	22,408
CISCO SYSTEMS INC	17,784	18,112
CITIGROUP INC	20,174	19,406
CITRIX SYSTEMS	7,138	7,187
COMCAST CORP NEW CL A	23,695	23,475
COSTCO WHSL CORP NEW		
CVS HEALTH	22,083	26,887
DENTSPLAY INTL	14,986	15,213
EAST WESTS BANCORP	9,130	9,559
EBAY INC	13,865	13,328
EMC CORP MASS		
E O G RESOURCES INC	61,271	42,332
EAGLE BANCORP		
EXPEDIA INC NEW	18,623	24,239
EXPEDITORS INTL WASH	28,489	26,158
FEDEX CORPORATION	12,880	12,217
FISERV INC	15,221	17,377
FRONTIER COMMUNICATION		
GENERAL MILLS	12,710	12,685
GOOGLE INC CL C NON VTG		
GOOGLE INC CLASS A VTG		
HANESBRANDS INC		
HARTFORD FINL SVCS GRP	21,442	25,250
HESS CORPORATION		
HEWLETT-PACKARD COMPANY		
HOLOGIC INC	19,825	22,053

Name of Stock	End of Year Book Value	End of Year Fair Market Value
HOME DEPOT INC	27,561	38,353
ILLINOIS TOOL WORKS INC		
INTEL CORP	16,298	16,295
JOHNSON & JOHNSON		
JETBLUE	21,496	22,763
JONES LANG LASALLE INC	16,136	19,983
JPMORGAN CHASE & CO	40,799	42,391
KIMBERLY-CLARK CORP		
KORN FERRY INCL	16,686	15,926
KROGER COMPANY	35,639	57,725
LAM RESEARCH CORPORATION		
LOGMEIN INC	13,144	15,433
LOWES COMPANIES INC	20,924	24,333
MANPOWERGROUP	26,807	25,287
MARATHON PETE CORP	34,920	39,036
MASCO CORP	27,806	28,725
MASTERCARD INC	12,664	12,657
MEDTRONIC INC		
MICROSOFT CORP	24,977	30,791
MINERAL TECH INC		
NIKE INC	24,648	23,750
NORFOLD SOUTHERN CORP		
NOVARTIS A G SPON ADR F		
PROGRESSIVE CO OHIO	7,580	7,632
PRINCIPAL FINANCIAL GRP		
REINSURANCE GP AMER NEW	19,976	20,275
SCHEIN HENRY	14,651	15,028
SMITH AO	13,234	15,322
STANLEY BLACK & DECKK	27,016	27,750
STARBUCKS CORP	11,018	11,106

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ST JUDE MEDICAL INC		
SYNAPTICS INC		
TEXAS INSTRUMENTS INC	17,579	19,951
THE WHITEWAVE FOODS CO		
TIME WARNER INC NEW	7,944	6,596
TRAVELERS COMPANIES INC	24,932	25,394
UNION PACIFIC CORP		
UNITED HEALTH GROUP	27,611	37,410
VODAFONE GROUP	9,510	9,034
V F CORPORATION		
WELLS FARGO & CO NEW	34,139	36,041
WYNDHAM WORLDWIDE CORP		
XEROX CORP		
3M COMPANY		
HOST HOTELS & RESORTS		
EQUINIX INC	15,778	16,632
POWERSHS EXCH TRAD FD TR	22,012	23,290

TY 2015 Investments Government Obligations Schedule

Name: QUAIL ROOST FOUNDATION

EIN: 76-0754268

US Government Securities - End of

Year Book Value: 198,753

US Government Securities - End of

Year Fair Market Value: 199,135

**State & Local Government
Securities - End of Year Book**

Value: 222,300

**State & Local Government
Securities - End of Year Fair
Market Value:**

222,393

TY 2015 Other Expenses Schedule

Name: QUAIL ROOST FOUNDATION

EIN: 76-0754268

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES/SUBS	1,538			1,538
INSURANCE	675			675
MISC EXPENSE	2			2
OFFICE EXPENSES	500	125		375
TELEPHONE EXPENSE	19			19
BANK CHARGES	162	162		
WEBSITE	935			935

TY 2015 Other Professional Fees Schedule

Name: QUAIL ROOST FOUNDATION**EIN:** 76-0754268

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTANTS	24,997	2,500		22,497
NICS INVESTMENT MGMT FEES	17,243	17,243		
HORIZON SCHWAB INVEST FEES	22,270	22,270		

TY 2015 Taxes Schedule

Name: QUAIL ROOST FOUNDATION**EIN:** 76-0754268

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	511			511
FEES	10			10

STATEMENT REQUIRED BY REG. 53.4945-5(d)
INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

Grantee Name	Grantee Address	Purpose of Grant	Date Grant Paid	Grant Amt Paid	Amt Expended	Date(s) of Report(s) on File	Amount Diverted from Grant purposes (if any)	Verification of Grantee reports	Notes
Windhorse Sanctuary	598 NE Ridge Loop, Madison, FL 32340	General Operating Support	7/10/2015	6,500	6,500	4/7/13, 5/9/13, 11/11/13, 5/12/15, 1/26/16	0	No, no reason to doubt accuracy 0 or reliability	Purchase of portable building, medicine for animals, and food for animals.
Mati NGO (Kailakuri Health Care Project)	67/1 S.A. Sarkar, Road, Sankipara, Mymensingh- Bangladesh	Kailakuri Health Care Project	7/30/2015	4,000	4,000	8/16/2015, 2/1/16	0	No, no reason to doubt accuracy 0 or reliability	Grant was for general operating support- used towards village mother child care, health education, outpatient care, inpatient care, etc.
Daniels Hamant Foundation	1427 William St., River Forest, IL 60305	Centro Medico Humberto Parra	8/24/2015	2,500	2,500	8/16/2015, 3/13/16	0	No, no reason to doubt accuracy 0 or reliability	Grant funds were specifically applied to costs for Women's Health (mainly pap smears and contraceptives, and education)
Four Corners Animal League	P.O. Box 1163, Taos, NM 87571	Animal Aide of Questa	8/24/2015	2,000	2,000	4/26/2016	0	No, no reason to doubt accuracy 0 or reliability	Expenditure reported included as Four Corners acted as a fiscal sponsor for the grant. Grant money was given to Northern New Mexico Friends of Animals who in turn gave the funds to Animal Aide of Questa to pay vet bills.

The Quail Roost Foundation

16 East Lander Avenue, Suite 102
Armonk, NY 10504
610-896-3868 (tel) 610-896-3869 (fax)
www.quailroostfoundation.org



GRANT REPORT COVER SHEET

A Grant Report is due to the Quail Roost Foundation twelve months after the receipt of a grant

Please attach this sheet to your report.

Organisation: The Kailakuri Health Care Project (a project of the Mati NGO)

Address:

Village, Kailakuri, PO: Pirkacha, Upazila: Modhupur, District: Tangail-Bangladesh,
(Mati NGO 67/1 S A Sarkar, Road, Sankipara, Mymensingh-Bangladesh)

Date grant was received: July 2015

Purpose of Grant: General Operating Support

Name of Project: Kailakuri Health Care Project.

Amount Awarded: USD 4,000

→ Briefly report on the following:

- 1 Describe the activities supported by the grant
- 2 What constituency did you serve, and how many benefited from your activities?
- 3 What were your goals? Describe if and how you achieved them
- 4 Do you anticipate continuing the work that was supported by this grant?

→ Please provide an accounting of the use of the grant funds

Submitted by:

A handwritten signature in black ink, appearing to read "Sujit Rangsa".

Sujit Rangsa, Acting Medical Coordinator

Date: 1 February 2016

Telephone: +880 1762616744

E-Mail: kailakurihealthcentre@gmail.com

ORF Grant Report for the Kailakuri Health Care Project

Activities Supported by the Grant. The grant was received as general operating support for the Kailakuri Health Care Project, which includes the following activities:

- I. Village Mother Child Care: antenatal and post-natal care plus under- four-year childcare all done by home visit. This includes treatment of common illnesses, health education and motivation for government immunisation and family and family planning programmes
- II. Health Education given in all parts of the programme.
- III. Outpatient Care for general, mother-child, TB and diabetes patients including monitored follow-up and defaulter chasing for long-term patients.
- IV. Inpatient Care for general and diabetes patients, including nutrition unit, delivery service and intensive care, minor surgery, burns and trauma
- V. Primary Health Care Diabetes Programme including diagnosis, inpatients and outpatients follow-up treatment, teaching and rehabilitation.
- VI. TB DOT'S treatment programme according to WHO and government national TB programme rules.
- VII. Support assistance, negotiation and guidance for patients needing Surgery in government and other hospitals
- VIII. Staff training for all categories and levels of staff.
- IX. Management, finance, office and other support for the health care activities.

2. Constituency Served and Numbers Benefiting from Activities:

Apart from its mother-child and TB programmes and acceptance of severe acute patients the project only works with the poor who probably constitute about 40% of the local population. Patient fees are extremely low

The Shulakuri Union of the Modhupur Subdistrict probably has a population of around 35,000. The mother-child programme in its 20 villages covers about 50% of this population. The TB programme covers the entire union. General outpatient and inpatient care probably serve about half the Shulakuri Union. The diabetes programme is probably caring for 7% of the poor Type-1 patients within a population of eleven million (four districts) but a significantly lower percentage of the type-2 patients

Our last annual statistics (2015) showed approximately.

Under 4 year old children cared for:	1,308
Antenatal mothers cared for	495
Staff assisted deliveries	178
Number of persons receiving health education messages	27,000
Total number of outpatient visits	47,214
Total number of inpatient admissions	1,520

3. Goals and Their Achievement

Our goal is to enable the local poor to provide simple health care services for their own people. Almost all our staff are poor and of low education, supported by two doctors from Gonoshashtava Kendra, and an Australian doctor as Project Advisor.

The project is well accepted locally and although small has achieved widespread media publicity and is known throughout the country for its commitment to the rural poor. The statistics given show the numbers covered. Staff motivation is high and is sustained by joint interfaith prayer, narrow salary scale range, constant staff training and practice of equality throughout the project. By and large the methodology is standard internationally accepted primary health care (low cost simplification of modern medical science). The method is to have senior paramedics teaching and supervising junior paramedics and regular department review meetings.

While a lot of our successes are not measurable our last TB patient assessment showed 90% cure rate in a 12-month new patient cohort and our juvenile diabetic patient control (as measured by Hb A1c levels) is not significantly different from the famous BIRDEM Hospital's Novo Nordisk funded juvenile diabetic programme. Regular patient review meetings and defaulter chasing secure good control for diabetic, hypertension, asthma, epileptic and other chronic patients.

4. Continuation of the Work Activities:

Despite the UN's recent road map scheme for the worldwide eradication of poverty by the year 2030 it is impossible to believe this will happen. There will always be poverty until such time as wars, political instability, irresponsible governance, corruption, injustice and inequality are overcome. The only way to improve the condition of the poor is to join hands with them in solving their problems, advocate for them, seek outside funding and to struggle on together with them. This is what the KHCP is committed to doing in the field of health and we are extremely grateful for the QRF support.

If you know of any MD doctor who would be willing to give voluntary support to our project or any person who would be ready to take on the role of English communications (for a period of three months to three years) please advise us.

Account of the Use of Grant Funds

Health Education Programme Expenditure with Breakdown & Utilisation of QRF Donation

SI No	Description	Expenditure (BDT)	Expenditure (USD)*	QRF Payment (USD)
1.	Staff Salaries (4 1/2 full-time)	394,000	5,051	4,000**
2.	Education Materials	44,000	564	
	TOTAL	438,000	5,615	4,000

*Exchange Rate: 1 USD = 78 BDT

**QRF Payment = 4,000 USD x 4000 x 78 = 312,000 BDT

Education Materials covers costs such as chalk, dusters, blackboards, Standard Treatment Books (written by Dr Edric Baker and recently updated; copies provided to all paramedics), admission to Local Medical Assistant and Family Planning (LMAP) in Mymensingh, a six-month course which eleven Kailakuri paramedics have completed in recent years: we usually send two people every six months.

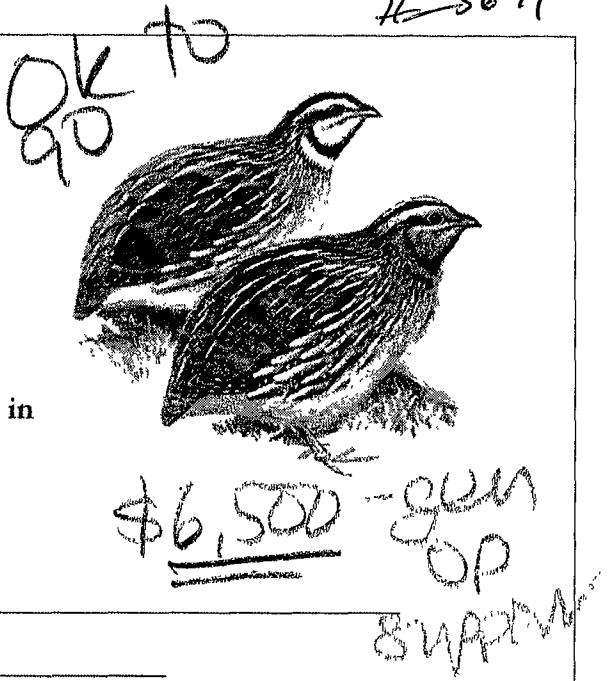
Paying the salaries for 4.5 staff enables us to provide good quality outpatient and inpatient health education to all patients and attendants, including diabetic patients at each of our five sub-centres. These cover various topics such as disease prevention, management of diarrhea, sanitation, nutrition, diabetes control and many other issues.

Our 2015 Annual Report, which covers the period from 1 December 2014 until 30 November 2015, is due out soon, and we will send a copy of this once completed.

An audited account for the period 1st September 2014 to 31st August 2015 is available on request.

The Quail Roost Foundation

16 East Lancaster Avenue, Suite 102
Ardmore, PA 19003
610/896-3868 (tel) 610/896-3869 (fax)
www.quailroostfoundation.org



GRANTEE ORGANIZATION COVER SHEET

This cover sheet and the attachments listed below are required in order for the Quail Roost Foundation to make a grant to your organization. Please download and print this form and mail it with the attachments listed below to The Quail Roost Foundation.

Name of Organization: Windhorse Sanctuary

Name of Project (if applicable): General operating expenses

Address: 597 NE Ridge Loop

City: Madison State: Florida Zip: 32340

Phone: 352/558-4158 Fax:

Web: www.windhorsesanctuary.org Email: BB4Windhorses@aol.com

Contact Person: Bobbie Burnes-Ferguson Title: Vice President/Director

Mission of Organization: Windhorse Sanctuary provides a lifelong home to abused and displaced special needs horses, dogs and cats. We care for rescued animals unable to find adoptive homes because of medical or behavioral issues or because of advanced age and provide a place for them to spend the remainder of their lives in peace and dignity.

Annual operating budget: \$75,000 Project Budget -if applicable:

Current funding sources: donations from private individuals, grants

ATTACHMENTS

- Copy of the organization's IRS 501(c)(3) tax exemption letter
- List of the organization's Board of Directors
-

WINDHORSE SANCTUARY



597 NE Ridge Loop
Madison, FL 32340
www.windhorsesanctuary.org
352/558-4158

A home for life for abused and displaced horses, dogs and cats

Quail Roost Foundation

16 East Lancaster Avenue, Ste. 102
Ardmore, PA 19003

January 26, 2016

2015 Windhorse Sanctuary Grant Use Report

Thank you for your very generous contribution of \$6,500 to the animals of Windhorse Sanctuary. We were able to put your gift to good use to move us ahead here at the new farm.

Our first priority is always the care and feeding of the animals. We spent the majority of the funds to negotiate discounts and purchase hay and feed, dog food and cat food in bulk. It is always a wonderful feeling when there is plenty of feed and hay stored and ready for use. We also spent several hundred dollars on veterinary care and necessary medications. Our aged population requires care and medication for everything from arthritis to metabolic diseases. The grant was also used to provide blacksmith services for all 41 horses in our care, necessary for all but more critical for several of our horses who have had past traumatic injuries or illnesses which affect their feet. The balance of the funds were used to repair the sanctuary's EZ Go utility vehicle, golf cart and Kubota utility vehicle. Each needed something and we had the good fortune to discover that our new next door neighbor was a mechanic who came in his spare time to replace batteries, corroded wires, repair connections, change filters, spark plugs, etc. He also repaired our old manure spreader which we had given up on. Our good neighbor worked at a discount rate and we were able to get our vehicles up and running for much less than we expected.

Our farm is coming along, not as quickly as we would like, but it is moving in the right direction. We have now lived here long enough to see the horses enjoying the lush grass in the pastures in the summer, the dogs enjoying the peaceful freedom of living unrestricted in a safe environment and the cats enjoying their beautiful cat domicile and fenced yard, which was provided by Quail Roost Foundation last year. Last spring, someone dumped a young potbellied pig inside our fence. We knew absolutely nothing about caring for a pig, but after some study and consultation with pig owners, we have figured out how to manage young Huckleberry and have even trained him to come when called, sit for a cookie and let himself in and out of the house to go potty. It doesn't get any better than that! Huck enjoys being an indoor/outdoor pig, is not too fond of very hot or very cold weather so he spends his time snoozing with our elderly beagle, Jackson or playing games with our Chihuahuas. He is a hoot and adds a new dimension to the sanctuary.

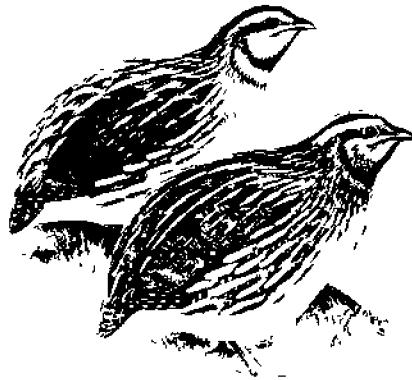
Sadly, this past year we lost elderly horses Mamasita and Zorro, both cruelty cases who had been with us for many years, and Sonny, the 28 year old horse that was left behind on the farm when we bought it. Also, cats Jasper and Kitty Meow and dogs Luther, Arlo, Sugar and Milo, all longtime residents here. It is hard to say goodbye. They are family. Bright spots are the arrival of Manuel, a starving horse from the Tampa area whose owner had kept him in a small dog pen with another horse and a dog. Manuel is doing well and we anticipate his full recovery, both mentally and physically in time. We also adopted Zarella, an elderly mare whose owner suddenly passed away. We were able to assist in the placement of most of the 18 elderly horses in the estate, but Zarella has a breathing disorder and had suffered a severe facial injury which resulted in disfigurement, and we had a tough time finding a place for her to go, so she now lives at Windhorse. We have also added Franny, a very sick stray terrier puppy and Ivy, a small mixed breed stray, both on their way to the local kill shelter. They are full of love and energy and have kept the old dogs, most of them over 15, on their toes.

We truly appreciate Quail Roost Foundation's continuing support of Windhorse Sanctuary. Your gifts have provided so many things that are needed to make life here better for the animals. You have truly made a difference in their comfort and our ability to continue to provide quality care for them. We are continuously reminded of Quail Roost Foundation and the help you have given us as we go about our day. In behalf of the 41 horses, 26 dogs, 9 cats and the human beings at Windhorse Sanctuary, we thank you.

A handwritten signature in black ink, appearing to read "Debbie Bales" followed by a surname that is partially obscured by a horizontal line.

The Quail Roost Foundation

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GRANT REPORT COVER SHEET

A Grant Report is due to the Quail Roost Foundation twelve months after the receipt of a grant.

Please attach this sheet to your report.

Organization: Daniels Hamant Foundation

Address: 1427 William Street, River Forest, IL 60305

Date grant was received (month and year): August, 2015

Purpose of grant/ Project name: Centro Medico Humberto Parra – Women's Health Initiative

Amount awarded: \$2500.00

→ Briefly report on the following:

1. Describe the activities supported by the grant.
2. What constituency did you serve, and how many benefited from your activities?
3. What were your goals? Describe if and how you achieved them.
4. Do you anticipate continuing the work that was supported by this grant?

→ Please provide an accounting of the use of the grant funds.

Submitted by:

Name & Title Mark E. Molitch, M.D., Vice-President, Daniels Hamant Foundation
Date: March 13, 2016

Telephone: 708 771-0551 Fax: 708 771-0551 Email: molitch@northwestern.edu

Report from the Daniels Hamant Foundation to the Quail Roost Foundation
March 13, 2016

→Briefly report on the following:

1. Describe the activities supported by the grant.

This grant was earmarked for the Women's Health Initiative of the Centro Medico Humberto Parra (CMHP), which is supported by the Daniels Hamant Foundation. The Women's Health Initiative consisted of several activities aimed at improving the healthcare of women attending CMHP: (1) Increasing the utilization of cancer screening with Pap smears and mammograms; the frequency of cervical cancer in Bolivia is 58.1/100,000 women and the mortality rate is 22.2/100,000 women (compared to US rates of 8.1/100,000 and 2.5/100,000 respectively); (2) Providing necessary surgery and other treatment if such cancers are found; (3) Providing contraception; (4) Providing education to these women at the local community level using trained village health promoters regarding (a) breast self-examination; (b) pregnancy; (c) contraception; (d) sex education; and (e) domestic violence. The major focus in this past year was to increase the proportion of women getting pap smears.

2. What constituency did you serve, and how many benefited from your activities?

Centro Medico Humberto Parra was founded in 2001 and is funded by the Daniels Hamant Foundation. It is located in the Bolivian rain forest 90 kilometers from Santa Cruz, the largest city in Bolivia. This clinic serves an area with about 40,000 people. The clinic has 4 regular examination rooms, a class room, and a dental suite. It has a small pharmacy, a laboratory that is capable of doing routine chemistries, CBCs, and urinalyses, and an electrocardiogram machine. The clinic is staffed by two Bolivian physicians, two full time nurses, a full time laboratory technician and his assistant, and by rotating Bolivian and American attending physicians, medical students and residents-in-training. CMHP has 3200 – 3600 (3600 in 2015 – about 50% women) patient visits annually of patients who come from about 20 villages and delivers free medical care, including free medications. These are indigent individuals who otherwise would not be able to pay for their care.

3. What were your goals? Describe if and how you achieved them.

The mission of Centro Medico Humberto Parra is to provide health education and free primary health care to provide high quality care for acute and chronic illnesses either at the clinic or through cooperative arrangements with other health care institutions in the area. The center also strives to help residents in these villages to recognize and eliminate the root causes of illness. These efforts are carried out by North American and Bolivian volunteers committed to working in cooperation rather than competition with other health care providers in the area who share its goals.

The goal of the Women's Health Initiative is to improve the health of women visiting CMHP and the specifics are listed in #1 above. A major effort was made in the past year to increase the number of pap smears. In order to guarantee that all appropriate patients were offered Pap smear screening, we established a women's health initiative that

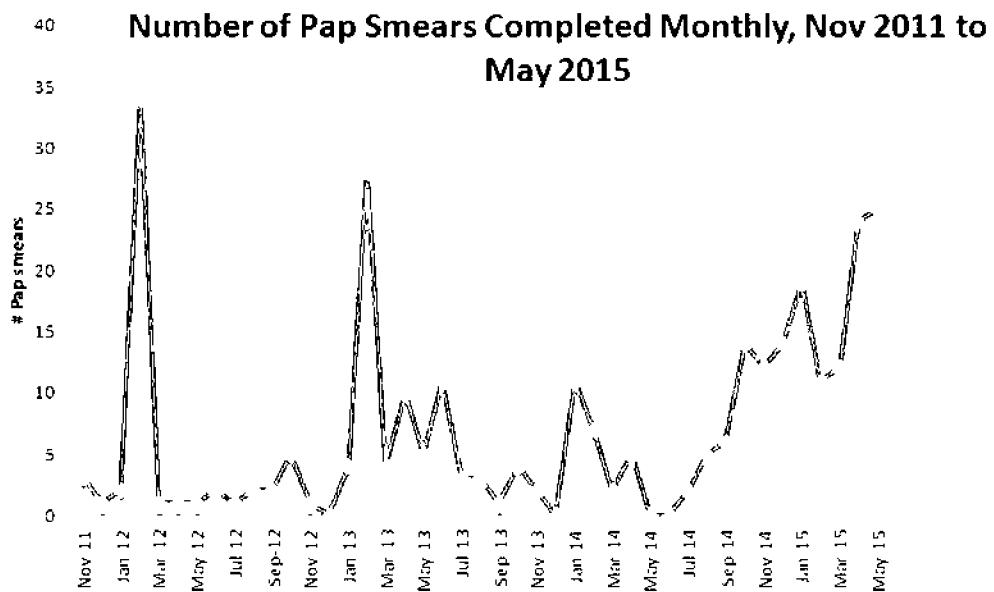
was separate from general clinic appointments. As patients checked into the clinic, every chart for female patients aged 21-65 years old was separated from the other charts of patients seeking attention at the clinic that day. A medical professional trained in both Bolivian Pap smear guidelines and how to perform Pap smears and pelvic exams consulted each of these women one at a time. During these consults, the medical professional would educate women on what Pap smears were and why they were clinically important, determine if the woman needed a Pap smear according to current Bolivian guidelines, and also determine if the woman needed a pelvic exam based on current symptoms or complaints. If a Pap smear or pelvic was needed, it would be performed at that time at the clinic. All female patients screened through this process would then have their charts placed back into the general waiting area, and have their non-gynecological problems attended to by another physician.

All female patients receiving a Pap smear were recorded in a spreadsheet. At the end of each clinic week, the Pap smears were delivered to a Gynecologist and Pathologist in Santa Cruz. When results were received, it was marked in the spreadsheet so that unreceived results could be followed up. The results were reviewed and placed in the patients charts. If the results were of high grade and required immediate medical attention, patients were contacted regarding results. If no immediate medical attention was required, results were reviewed with patients at their next appointment.

A list was also started of all patients who needed repeat Pap smears, and of the suggested timing of the repeat per the Gynecologist and Pathologist. If the patient did not show up for a repeat Pap smear by the suggested time, they were contacted.

In order to assess the effectiveness of this women's health initiative, we charted the number of Pap smears completed monthly, from November 2011 to May 2015. The time frame in which the women's health initiative was implemented was from November 2014 to May 2015. There is a steady increase in number of Pap smears performed during the months of the initiative. The months of February and March 2015, in which there is a decrease in number of Pap smears performed, can be credited to the presence of rainy season, which decreases the overall number of patients able to visit the clinic due to the road conditions.

In previous years, a gynecologist from the United States would visit CMHP for the month of January and focus on women's health for that month. Her presence and work at the clinic can be seen in the high number of Pap smears performed in January 2012, January 2013, and January 2014. She was unable to visit the clinic in January 2015.



The implementation of a separate women's health screening program, in addition to each patient's general clinic visit, was very successful in increasing the rate of Pap smear screening. Having a separate medical professional that only focuses on women's health took away from the distractions of other medical problems and guaranteed that screening was properly performed. Having a separate time to talk about women's health also increased the ability to educate patients on gynecologic issues, which may be more difficult to address in other shorter general clinic visits.

Of note, the number of the overall patients, and number of female patients, attending the clinic has remained stable. The increase in Pap smears performed after the implementation of this program was therefore likely secondary to the program itself, and not an increase in patients attending the clinic.

Additionally, using tracking systems to record that all results were received and that important repeat Pap smears were followed up, has started to increase the trust and reliability of our patient services. As previously mentioned, several of our patients had had bad experiences with Pap smears at outside clinics because they had never received the results, which may have negatively affected the patients' prior willingness to obtain Pap smears.

We furthermore attempted to build on this trust and reliability through the education we were able to provide during these separate women's health consults. A majority of our patients told us that fear was a limiting factor in obtaining Pap smears, and we are hoping to reduce this fear through educating our patients.

We hope to continue to implement this cervical cancer screening program at CMHP. In the future, this program has the promise to expand and include other aspects of women's health and other screening guidelines. While other gynecologic issues were often discussed during these women's health consults, more focus could be placed on

vaginal infections, sexually transmitted infections, contraception care, and menopause symptom management. In addition, other screening guidelines could be stressed, such as breast cancer screening.

We also surveyed our patients about their Pap smear general knowledge, history, barriers to care, and basic demographics. These data will not only allow CMHP to provide more focused and better Pap smear education in the future, but will also enable us to analyze how to increase prevalence of screening.

Surveys were administered both in the Centro Medico Humberto Parra clinic in Palacios, Bolivia, and within the surrounding communities. During the gynecology-based consults given to every women aged 21-65 who attend CMHP, women were verbally consented for participation in a survey about their general health practices and knowledge of cervical cancer screening methods and guidelines. The survey was administered orally in Spanish, and answers were recorded immediately. Patient identity was protected as all responses were confidential, and no names, medical record numbers, or other protected health information were associated with the surveys. We collected non-identifying demographic information such as age and community in which they reside. However, we did ensure that we never surveyed the same patient twice by indicating in their chart that they had completed a survey.

The survey itself was broken up into three sections: general access to health care, Pap smear history and knowledge, and general sexual history. The third section, as will be explained further in the conclusions section, was designed as a launching point for further surveys focusing on other aspects of sexual health and well-being.

Overall, 103 women from 19 different communities were surveyed over 2.5 months. The average age of the survey participants was 47.7 years old. Our results indicated that over 70% of respondents consult a medical professional at least once a year. The two main reasons for consult included acute illnesses (53%) and chronic illnesses (38%), with only 8% indicating that they attend consults for general health maintenance. 48% of participants indicated that they consulted medical professionals other than those at CMHP, with 76% of those visiting a public institution and 71% visiting an institution (whether public or private) in their own community. In relation to CMHP in particular, 53% stated that they had difficulty attending the clinic for consults, with 78% of those indicating transportation as one of the main reasons for this difficulty. Other difficulties included finances (33%) and work-related scheduling difficulties (24%).

The second section of the survey focused on patient history and knowledge of Pap smears. Participants indicated that while 87% had been offered a Pap smear in the past, only 52% had actually received a pelvic exam. When asked what the importance is of a Pap smear, 44% mentioned cancer, with 5% of those specifying cervical or uterine cancer. 30% of respondents mentioned illness, infection, or general health as reasons to receive Pap smears, and 26% stated that they did not know the importance of Pap smears. As for Pap smear history, 20% of respondents had never had a Pap smear, with the average age of these participants being 48 years old. For those who have had Pap smears in the past, only 36% had their first Pap smear under the age of 35, with 25% having their first Pap smear from 36-50 years of age, and 18% having their first Pap smear from 51-65 years of age. 13% of women had had an abnormal Pap smear result. Of those, 85% have received treatment for the abnormal result. About 66% of

participants indicate that they have received a Pap smear in a location other than CMHP, and 54% of those respondents paid for their Pap smear. Every participant, regardless of whether they received their Pap smears at CMHP or elsewhere, was asked whether they received the results of the test; 17% stated that they never received the results of previously-performed Pap smears. Our final question in this section dealt more specifically with barriers to receiving Pap smears. 46% of participants stated that they have difficulty obtaining Pap smears; when asked why, 83% indicated fear as a major contributing factor. Other factors included transportation (2%), time (11%), work (2%), and finances (15%).

The last section of our survey focused on general sexual health. The average age of first sexual encounter for participants was 17 years. Respondents averaged five pregnancies and five births. Only 11% have been tested for sexually transmitted disease (STD), with 64% of those having had their last STD testing over a year ago and 27% having had only one STD test. None of the respondents indicated that they had STD testing with every new partner. For the 71% of respondents who indicated that they currently had a sexual partner, only 8% used condoms during intercourse.

Several conclusions, as well as indications for further improvement, can be drawn from this data. As indicated by the questions pertaining to general health care, only 8% of respondents attended solely CMHP for health maintenance visits. This percentage must be understood within the context of CMHP. Due to funding sources, all patients with chronic illnesses must return to the clinic monthly for a refill of any medications they take daily, increasing the percentage of patients seen for chronic illnesses. While health maintenance and screening guidelines are difficult to maintain in an under-resourced rural clinic in a developing country, CMHP strives to apply any screening recommendations that are feasible. This statistic shows that health maintenance and screening guidelines could be an area of future focus for the clinic, with education focused towards the clinic medical staff, health promoters, and patients.

The questions specifically pertaining to CMHP indicate that over half of patients struggle to access the clinic, primarily due to difficulties with transportation. This has been known for several years, and is primarily due to the 5km dirt road leading to the clinic that washes out and becomes nearly impassable during the rainy season. Efforts have been and are being made to increase the quality of the road.

Many statistics in the second section of the survey indicate that more education is needed about cervical cancer screening, pelvic exams, and Pap smears. In response to this lack of education, we are holding informational sessions for the health promoters, clinic staff, and individual sessions describing the relevance of a Pap smear and how the procedure is performed. However, further efforts are needed in this area, to increase understanding of cervical cancer screening, its importance, and the process to expect during the pelvic exam. Another area of improvement centers around receiving and distributing results of Pap smears. Due to our survey, 17% of respondents had had Pap smears in the past without receiving the results. As previously stated, CMHP had been sending their Pap smears to a public laboratory and had inconsistently received results. In response, CMHP now sends the Pap smears to a private laboratory, which consistently delivers results within 2-3 weeks. However, this has created additional costs. In addition, we created a tracking system to ensure that patients not only receive their Pap smear results, but they also receive the appropriate follow-up care.

The last section of the survey, focusing on sexual health and wellness, highlights two future areas of research and education. Only 11% of the respondents had ever been tested for STDs, with the majority of them not having been tested recently. While we did not control for number of partners or length of time with current partner, the rate of STD testing is low, and likely reveals a need for education on the subject, on the effects of prolonged STIs, and the recommended screening guidelines. In addition, the 8% rate of condom use in current sexual relationships indicates an area of both further research and education surrounding protection against STDs and contraception care.

4. Do you anticipate continuing the work that was supported by this grant?

Yes. This clinic has been operating since 2001 and plans are to continue operations into the foreseeable future. The Women's Health Initiative has had an excellent beginning and we anticipate growing this Initiative over the next several years.

→**Please provide an accounting of the use of the grant funds.**

Costs for the program include Pap smear single-use cervical scrapers (\$115 per box of 100), microscope slides for Pap smears (\$5 per box of 70), Cost of lab readings of Pap smears at Instituto Oncológico (\$2.86 per pap smear), speculums, single-use plastic (\$36.99 per box of 100). Over all, the costs were brought down for the paper smears, so that for 300 pap smears the cost was \$1400. We distributed 2000 condoms (\$22.50 per box of 100) for a cost of \$450 and generic oral contraceptive pill packs were given to about 50 patients for 1 year (\$36 per year per patient) for about \$1800. Five hysterectomies were also done during the Surgical Campaign in November, 2015 and 10 pessaries were inserted in October, 2015 when a GYN Nurse-Practitioner was volunteering at the clinic. The grant funds of \$2500 have been applied to these costs for Women's Health.

The Quail Roost Foundation

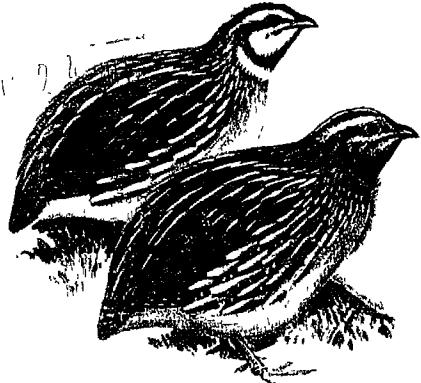
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610/896-3868 (tel) 610/896-3869 (fax)

www.quailroostfoundation.org

PP-FIN/FT
M 9/15



GRANTEE ORGANIZATION COVER SHEET

This cover sheet and the attachments listed below are required in order for the Quail Roost Foundation to make a grant to your organization. Please download and print this form and mail it with the attachments listed below to The Quail Roost Foundation.

Name of Organization: Four Corners Animal League

Name of Project (if applicable): _____

Address: P.O. Box 1163

City: Taos State: NM Zip: 87571

Phone: 575 741-1444 Fax: _____

Web: Fourcornersanimalleague.org Email: Scalague@hotmail.com

Contact Person: PENNIE Wardlow Title: Executive Director

Mission of Organization: FCAL works to

INSURE THAT EVERY PET HAS A SAFE AND LOVING HOME. WE ARE REDUCING THE POPULATION OF UNWANTED PETS THROUGH SPAYING + NEUTERING AND EDUCATION PROGRAMS
MAKING THIS COMMUNITY FOR ALL OF US

Annual operating budget: \$ _____ Project Budget -if applicable: _____

Current funding sources: Daedalus, Community Donors,

Taos County

ATTACHMENTS

- Copy of the organization's IRS 501(c)(3) tax exemption letter
- List of the organization's Board of Directors
- Copy of Organization's Current Annual Budget
- Most Recent Financial Statement

Submitted By: Pennie Wardlow Title: Executive Director

Signature: Pennie Wardlow Date: 8/12/15

Quail Roost Foundation

Marge Brennan

4/9/2015 check # 4427.....	\$483.51
5/5/2015 check #4443.....	\$63.60
9/8/2015 check # 4505.....	\$296.54
10/6/2015 check # 4519.....	\$123.48
11/6/2015 check # 4541.....	\$368.76
12/9/2015 check # 4554.....	\$687.81
12/11/2015 check #4560.....	\$321.38
3/3/2016 check #4619.....	\$428.50
TOTAL>.....	\$2823.

Client Account History

Client ID	18783	Current	30 Days	60 Days	90 Days	Account Balance
Client Name	Four Corners, Animal League Questa An	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Date	Transaction Description	Debit	Credit	Balance		
1/5/2015	Payment Check, Check # 2577	\$0.00	\$527.33			\$527.33
1/5/2015	Transfer From 5785 By KAT	\$204.48	\$0.00			\$204.48
1/9/2015	Transfer From 22270 By 6	\$50.00	\$0.00			\$254.48
1/19/2015	Invoice # 294277 - Closed	\$120.50	\$0.00			\$374.98
1/26/2015	Transfer From 24202 By KAT	\$86.56	\$0.00			\$461.54
1/31/2015	Invoice #295421-Closed	\$10.24	\$0.00			\$471.78
2/3/2015	Payment Check, Check # 2592	\$0.00	\$461.54			\$10.24
3/2/2015	Invoice # 296769 - Closed	\$35.53	\$0.00			\$45.77
3/3/2015	Payment Check, Check # 4415	\$0.00	\$45.77	✓		\$0.00
3/17/2015	Transfer From 17595 By KAT	\$400.30	\$0.00			\$400.30
3/26/2015	Transfer From 23141 By KAT	\$83.21	\$0.00			\$483.51
4/9/2015	Payment Check, Check # 4427	\$0.00	\$483.51	✓		\$0.00
4/20/2015	Transfer From 20661 By 9	\$63.60	\$0.00			\$63.60
4/30/2015	Invoice #298378 Closed	\$9.75	\$0.00			\$73.35
5/5/2015	Payment Check, Check # 4443	\$0.00	\$63.60	✓		\$9.75
5/22/2015	Transfer From 23141 By KAT	\$102.08	\$0.00			\$111.83
6/12/2015	Transfer From 4962 By 13	\$55.51	\$0.00			\$167.34
7/24/2015	Transfer From 25864 By 9	\$73.41	\$0.00			\$240.75
8/8/2015	Invoice # 304469 - Closed	\$55.79	\$0.00			\$296.54
9/8/2015	Payment Check, Check # 4505	\$0.00	\$296.54	✓		\$0.00
9/15/2015	Invoice # 306424 - Closed	\$123.48	\$0.00			\$123.48
10/6/2015	Payment Check, Check # 4519	\$0.00	\$123.48	✓		\$0.00
11/21/2015	Transfer From 26216 By 6	\$687.81	\$0.00			\$687.81
12/9/2015	Payment Check, Check # 4554	\$0.00	\$687.81	✓		\$0.00
12/14/2015	Invoice # 310418 - Closed	\$55.79	\$0.00			\$55.79
12/24/2015	Payment Check, Check # 1169	\$0.00	\$50.00			\$5.79
12/26/2015	Invoice # 310892 - Closed	\$52.91	\$0.00			\$58.70
1/5/2016	Payment Check, Check # 4572	\$0.00	\$58.70	✓		\$0.00

Do not
 leave the 204
 cover sheets, they
 are in storage shed (1)

FOUR CORNERS ANIMAL LEAGUE QUESTA

MONTH January YEAR 2015

Date	Owner/rep from FCAL who brought animal	Name of animal	\$
1/2/15	Suzanne CK'd	Senny	2041.48
1/9/15	Suzanne CK'd	Code	50.00
1/21/15	Suzanne CK'd	Max	80.56
1/16/15	Suzanne	Bella	

See invoices attached

Total \$ 461.54

SALAZAR ROAD VETERINARY CLINIC

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1025 Salazar Road
Taos, NM 87571
(575) 758-9115

Animal League Questa Animals Four Corner
Pennie Herrera Wardlow
P O Box 1163
Taos, NM 87571

Client ID: 18783
Invoice #: 310418
Date: 12/14/2015

Patient ID	18783-6	Species	FELINE	Weight			
Patient Name	FELINE EXAM	Breed	OTHER BREED	Birthday	00/00/0000	Sex	Other
Description				Quantity	Total		
12/14/2015	"MIMI" WHT DSH FEMALE KITTEN			1.00	\$0.00		
	Shelter Brief Exam			1.00	\$15.00		
	Clavamox Drops 62 5mg 15ml			1.00	\$28.40		
	FELV/FIV/HWT Test (Shelter/Rescue)			1.00	\$23.75		
				Patient Subtotal:	\$67.15		
Reminder							
12/07/2011	FVRCP 1 Year						
04/22/2015	Annual Exam						
				Invoice Total:	\$67.15		
				40% Medication discount:	(\$11.36)		
				Total:	<u>\$55.79</u>		
				Invoice Balance Due:	<u>\$55.79</u>		
				Balance Due:	\$0.00		

SALAZAR ROAD VETERINARY CLINIC

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1025 Salazar Road
 Taos, NM 87571
 (575) 758-9115

Animal League Questa Animals Four Corner
 Pennie Herrera Wardlow
 P.O. Box 1163
 Taos, NM 87571

Client ID: 18783
 Invoice #: 310892
 Date: 12/26/2015

Patient ID	18783-6	Species	FELINE	Weight			
Patient Name	FELINE EXAM	Breed	OTHER BREED	Birthday	00/00/0000	Sex	Other
				Quantity	Total		
12/26/2015	"MIMI"			1.00		\$0.00	
	Clavamox Drops 62 5mg 15ml			1.00		\$28.40	
	"POTTERY CAT"			1.00		\$0.00	
	Physical Exam (Shelter/Rescue)			1.00		\$0.00	
	FELV/FIV/HWT Test (Shelter/Rescue)			1.00		\$23.75	
	Amoxi Drops 50mg/ml 30mls			1.00		\$20.20	
					Patient Subtotal:		\$72.35

Instructions

KEEP REFRIGERATED

Reminder

12/07/2011 FVRCP 1 Year

04/22/2015 Annual Exam

Invoice Total:	\$72.35
40% Medication discount	(\$19.44)
Total:	\$52.91
Invoice Balance Due:	\$52.91

Balance Due: **\$0.00**

FOUR CORNERS ANIMAL LEAGUE QUESTA

MONTH November YEAR 2015

Date	Owner/rep from FCAL who brought animal	Name of animal	\$
11/19/15	Audrey Medina	Gcazilla	687.81

See invoices attached

FOUR CORNERS ANIMAL LEAGUE QUESTA

MONTH Sept YEAR 2015

Date	Owner/rep from FCAL who brought animal	Name of animal	\$
9/15/15	Suzanne	?	123.48

See invoices attached

FOUR CORNERS ANIMAL LEAGUE QUESTA

MONTH August YEAR 2015

Date	Owner/rep from FCAL who brought animal	Name of animal	\$
8/8/15	Suzanne?	? kitten	\$ 55.79

See invoices attached

prev bal \$ 240.75

Total \$ 294.54

U

FOUR CORNERS ANIMAL LEAGUE QUESTA

MONTH June/July YEAR 2015

Date	Owner/rep from FCAL who brought animal	Name of animal	\$
4/6/15	Nutri-eal	?	9.95
5/22/15	Milena Vukovic	Schmucci	102.08
6/12/15	Alberta Baykin	Anouk	55.51
7/24/15	Stephanie Tkach	Pepper	73.41

See invoices attached

240.75

FOUR CORNERS ANIMAL LEAGUE QUESTA

MONTH April YEAR 2015

Date	Owner/rep from FCAL who brought animal	Name of animal	\$
4/20/15	Nach Snyzen	Mikey	\$ 63.60

See invoices attached

Total = \$ 63.60

SALAZAR ROAD VETERINARY CLINIC

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1025 Salazar Road
 Taos, NM 87571
 (575) 758-9115

Carmen Arellano
 P. O. Box 81
 Questa, NM 87556

Client ID: 17595
 Invoice #: 294707
 Date: 1/31/2015

Patient ID	17595-7	Species	FELINE	Weight			
Patient Name	ZIPPER	Breed	DMH	Birthday	07/13/2014	Sex	Spay
	Description			Quantity		Total	
1/13/2015	Radiograph - Initial View			1.00		\$80.00	T
	Physical Exam/Consult			1.00		\$40.00	T
	IV Catheter			1.00		\$34.00	T
	IV Set			1.00		\$6.50	T
	IV Fluids			1.00		\$20.00	T
	INJECTABLE ANESTHESIA-1/2 hr to 1 hr			1.00		\$59.50	T
	EXPLORATORY LAPAROTOMY			1.00		\$200.00	T
	Baytril Injection			1.00		\$20.00	T
					Patient Subtotal:		\$460.00
					Invoice Total:		\$460.00
					Default Tax Rate		\$37.67
					Total		\$497.67
					Invoice Balance Due:		\$497.67
					Balance Due:		\$0.00

\$400.30 transferred
 to UGAL Questa
 on 3/17/15

SALAZAR ROAD VETERINARY CLINIC

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1025 Salazar Road
 Taos, NM 87571
 (575) 758-9115

Milena Vukovic
 P O Box 1414
 Questa, NM 87556

Client ID: 23141
 Invoice #: 297778
 Date 3/26/2015

Patient ID	Species	Weight	
Patient Name	Breed	Birthday	Sex
23141-10	FELINE		
SCHMUCI	DOMESTIC SHORT HAIR	01/07/2007	Neuter
Description		Quantity	Total
3/24/2015 Wound Care		1.00	\$35.00 T
Rabies 1 year Feline		1.00	\$13.50 T
Clavamox Drops 62.5mg 15ml		1.00	\$28.40 T
		Patient Subtotal:	\$76.90

Reminder

03/24/2016 Rabies 3 Year Feline

Invoice Total:	\$76.90
Default Tax Rate	\$6.31
Total:	\$83.21
Invoice Balance Due:	\$83.21
	\$83.21

Balance Due: \$0.00

Transferred
 to 46AL
 Questa

FOUR CORNERS ANIMAL LEAGUE QUESTA

MONTH February YEAR 2015

Date	Owner/rep from FCAL who brought animal	Name of animal	\$
2/25/15	Suzanne	Amelia Dog Heart	\$ 45.77

See invoices attached

Total \$ 45.77

Client Account History

Client ID	12955	Current	30 Days	60 Days	90 Days	Account Balance
Client Name	FOUR CORNERS-ANIMAL TREATMENT	\$228.71	\$0.00	\$0.00	\$0.00	\$228.71
Date	Transaction Description		Debit	Credit	Balance	
9/22/2015	Transfer From 23788 By 9	<i>-Denise & Hugo Rosales</i>	\$73.27	\$0.00	\$1,258.96	\$1,185.69
9/22/2015	Transfer From 23936 By 9	<i>-Gustavo & Quenda Rosales</i>	\$80.00	\$0.00	\$1,338.96	
10/6/2015	Payment: Check, Check # 4522		\$0.00	\$1,338.96		<u>(\$0.00)</u>
10/8/2015	Transfer From 26107 By SAN	<i>-Marine Caraveo</i>	\$83.32	\$0.00	\$83.32	
10/13/2015	Invoice # 307700 - Closed		\$17.50	\$0.00	\$100.82	
10/15/2015	Invoice # 307810 - Closed		\$13.20	\$0.00	\$114.02	
10/19/2015	Transfer From 358 By KAT	<i>-Penny Wardlow</i>	\$141.51	\$0.00	\$255.53	
10/22/2015	Transfer From 24680 By MIK	<i>-Jason Jr. Padilla</i>	\$75.73	\$0.00	\$331.26	
10/23/2015	Transfer From 26162 By 9	<i>-Liah Reel</i>	\$37.50	\$0.00	\$368.76	
11/6/2015	Payment Check, Check # 4541		\$0.00	\$368.76		<u>(\$0.00)</u>
11/13/2015	Transfer From 26206 By KAT	<i>-Everett & Rosalie Romero</i>	\$18.93	\$0.00	\$18.93	
11/20/2015	Invoice # 309383 - Closed		\$22.00	\$0.00	\$40.93	
11/20/2015	Discount for Invoice #309383		\$0.00	\$8.80	\$32.13	
11/21/2015	Transfer From 2685 By 6	<i>-Yolanda & Stan Padilla</i>	\$102.78	\$0.00	\$134.91	
11/28/2015	Transfer From 25670 By MIK	<i>-Michelle Mather</i>	\$78.19	\$0.00	\$213.10	
12/4/2015	Transfer From 19835 By SN	<i>-Eugene Cordova</i>	\$70.32	\$0.00	\$283.42	
12/5/2015	Transfer From 13859 By MIK	<i>-Lisa Rosales / Judd Ward</i>	\$144.05	\$0.00	\$427.47	
12/9/2015	Payment Check, Check # 4556		\$0.00	\$231.10	\$196.37	
12/9/2015	Payment Check		\$231.10	\$0.00	\$427.47	
12/9/2015	Payment Check, Check # 4556		\$0.00	\$213.10	\$214.37	
12/11/2015	Invoice # 310300 - Closed		\$23.13	\$0.00	\$237.50	
12/13/2015	Transfer From 26269 By 6	<i>-Aversus Nelson</i>	\$224.85	\$0.00	\$462.35	
12/14/2015	Transfer From 8088 By SN	<i>-Lawren Nero Oest</i>	\$75.00	\$0.00	\$537.35	
12/14/2015	Transfer From 25820 By SN	<i>-Frank Morales</i>	\$154.49	\$0.00	\$691.84	
12/15/2015	Transfer From 13859 By KAT	<i>-Lisa Rosales / Judd Ward</i>	\$48.68	\$0.00	\$740.52	
12/24/2015	Transfer From 19265 By RAE	<i>-Maria P Melo</i>	\$122.96	\$0.00	\$863.48	
12/26/2015	Transfer From 6052 By MIK	<i>-Jane Odlin</i>	\$26.75	\$0.00	\$890.23	
1/5/2016	Payment Check, Check # 4574		\$0.00	\$890.23		<u>(\$0.00)</u>

11/6/2015 - chkd 4541

\$368.76

12/11/15 chkd # 4560

321.38

11/6/2015

SALAZAR ROAD VETERINARY CLINIC
1025 Salazar Road
Taos, NM 87571
(575) 758-9115

Payment On Account

FOUR CORNERS-ANIMAL TREATMENT
Pennie Herrera Wardlow
P O Box 1163
Taos, NM 87571

Client ID 12955

Previous Balance	\$368.76
Check, Check # 4541	(\$368.76)
Subtotal	\$0.00
Change Given	
Balance Due	\$0.00

Thank You!

Current	30 Days	60 Days	90 Days
\$0.00	\$0.00	\$0.00	\$0.00

SALAZAR ROAD VETERINARY CLINIC

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1025 Salazar Road
 Taos, NM 87571
 (575) 758-9115

Ms. Pennie Wardlow
 P O. Box 263
 Arroyo Seco, NM 87514

Client ID. 358
 Invoice #. 307962
 Date. 10/19/2015

Patient ID	358-22	Species	CANINE	Weight	17 80	pounds
Patient Name	BABY BOY MESA	Breed	MIX	Birthday	10/19/2012	Sex Neuter
Description					Quantity	Total
10/19/2015 DENTAL PROPHY DOG SM 0-30#					1.00	\$0 00
SCALE AND POLISH, DOG SMALL					1.00	\$127.00 T
Pre-Anesthesia Exam					1.00	\$0.00
ANESTHESIA FOR ELECTIVE SURG.					1.00	\$0.00
PULSE OX MONITOR - ANESTHESIA					1.00	\$0 00
Pedicure Complimentary					1.00	\$0 00
Dental Call Back					1.00	\$0.00
Rabies 3 Year Canine VC					1 00	\$7 50 T
DEMAT--REMOVE MATTS					0 33	\$10.00 T
					Patient Subtotal:	\$144.50

Instructions

DO NOT FEED YOUR PET UNTIL THE NEXT MORNING. WATER AFTER 7 00pm IS FINE, IF YOUR PET CAN HOLD IT DOWN

AFTER DENTAL MOUTH MAY BE SORE MONITOR EXCESSIVE CHEWING

Observe your pet for vomiting, diarrhea, or extreme lethargy for 30 minutes If any of these signs occur, return your pet to the clinic immediately Any injectable medication or vaccine can rarely cause an allergic reaction which requires prompt attention

Reminder

10/19/2018 Rabies 3 Year Canine

Invoice Total:	\$144.50
10% Preferred discount	(\$13 70)
Default Tax Rate .	\$10.71
Total:	\$141 51
Invoice Balance Due:	\$141.51

Balance Due: **\$0.00**

Scheduled Appointments:

Appt for ROSIE on 12/10/2015 at 09:00 am

SALAZAR ROAD VETERINARY CLINIC

Page 1 / 1

1025 Salazar Road
Taos, NM 87571
(575) 758-9115

Maxine Caraveo
110 Gusdorf PI
Taos, NM 87571

Client ID. 26107
Invoice #. 307309
Date 10/5/2015

Open Invoice

Patient ID	26107-1	Species	CANINE	Weight	98.00	pounds
Patient Name	SHORTY	Breed	MIX	Birthday	04/05/2006	Sex Male
	Description			Quantity		Total
10/5/2015	Chem 10 Panel			1.00		\$47.25 T
	Annual Exam			1.00		\$30.00 T
	Rabies 1 Year Canine VC			1.00		\$7.50 T
				Patient Subtotal:		\$84.75
Reminder						
10/05/2016	Annual Exam			Invoice Total:		\$84.75
	Rabies 3 Year Canine			10% Preferred discount:		(\$7.73)
				Default Tax Rate:		\$6.30
				Total:		\$83.32
				Balance Due:		\$83.32
				Previous Balance:		\$0.00
				Balance Due:		\$83.32

- Veto Rx Rx Rx

FOUR CORNERS

PLEASE NOTE; That Four Corners Animal League will only financially assist with the payment of Veterinary bills of spayed or neutered animals. If the animal is not spayed or neutered at the time of treatment, Four Corners Animal League will require the animal to be spayed or neutered at the time of treatment.

PLEASE INITIAL _____.

DATE: 10 - 15 - 15

Owner's Name(s): Malvina Corriveau

Person who contacted Four Corners Animal League: _____

Animal's Name: Shorty

Mailing Address: 110 Gussdorf Pl

Physical Address: 110 Gussdorf Pl T4S 1N1

Home Phone Number: 8751-9045

Work Phone Number: _____

Cell Phone Number: _____

OFFICE USE ONLY

Client ID: 26107

Estimate Cost of Treatment ?

Amount Owner can pay toward bill: 0

Amount Okayed by Pennie: _____

Amount Four Corners is willing to cover: For the Exam

Person who spoke with Pennie: Sandra

SALAZAR ROAD VETERINARY CLINIC

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1025 Salazar Road
 Taos, NM 87571
 (575) 758-9115

FOUR CORNERS-ANIMAL TREATMENT
 Pennie Herrera Wardlow
 P O Box 1163
 Taos, NM 87571

Client ID 12955
 Invoice # 307700
 Date 10/13/2015

Patient ID	VACCINES	Species	OTHER SMALL	Weight			
Patient Name	VACCINES	Breed	OTHER BREED	Birthday	00/00/0000	Sex	Other
<u>Description</u>				<u>Quantity</u>	<u>Total</u>		
10/13/2015	"Brownie" Peggy Duran DA2PP 1 Year VC Rabies 1 Year Canine VC			1 00 1 00 1 00	\$0 00 \$10 00 \$7 50		
				Patient Subtotal:	\$17.50		

Instructions

Observe your pet for vomiting, diarrhea, or extreme lethargy for 30 minutes. If any of these signs occur, return your pet to the clinic immediately. Any injectable medication or vaccine can rarely cause an allergic reaction which requires prompt attention.

Reminder

07/10/2010 FVRCP 1 Year
 04/01/2011 FELV 1 year
 04/02/2011 FELV 1 year
 04/20/2011 Rabies 3 Year Feline
 10/13/2016 DA2PP 1 Year
 Rabies 3 Year Canine

Invoice Total:	\$17.50
Total	\$17 50
Balance Due	\$17 50
Previous Balance	\$83 32
Balance Due:	\$100.82

SALAZAR ROAD VETERINARY CLINIC

Page 1 / 1

1025 Salazar Road
Taos, NM 87571
(575) 758-9115

FOUR CORNERS-ANIMAL TREATMENT
Pennie Herrera Wardlow
P O Box 1163
Taos, NM 87571

Client ID: 12955
Invoice #: 307810
Date: 10/15/2015

Patient ID 358-45	Species FELINE	Weight	
Patient Name JINGLES	Breed DSH	Birthday 10/27/2011	Sex Female
<u>Description</u>		<u>Quantity</u>	<u>Total</u>
10/15/2015 Methylprednisolone Inj.		1.00	\$22.00
		Patient Subtotal:	\$22.00

Instructions

THIS MEDICATION MAY CAUSE AN INCREASE IN APPETITE AND WATER INTAKE

Please do not give Prednisone or any steroid with aspirin, or any other NSAIDS like Rimadyl, Metacam or Previcox

Reminder

09/11/2016 Rabies 3 Year Feline

Invoice Total:	\$22.00
40% Medication discount	(\$8.80)
Total	\$13.20
Balance Due.	\$13.20
Previous Balance:	\$100.82
Balance Due:	\$114.02

FOUR CORNERS

PLEASE NOTE; That Four Corners Animal League will only financially assist with the payment of Veterinary bills of spayed or neutered animals. If the animal is not spayed or neutered at the time of treatment, Four Corners Animal League will require the animal to be spayed or neutered at the time of treatment.

PLEASE INITIAL JH.

DATE: Oct 21-15

Owner's Name(s): Joetta Arguello

Person who contacted Four Corners Animal League: _____

Animal's Name: ODIT

Mailing Address: 107 Arguello Ln

Physical Address: 107 Arguello

Home Phone Number: 751-7189

Work Phone Number: _____

Cell Phone Number: _____

OFFICE USE ONLY

Client ID: _____

Estimate Cost of Treatment ~\$70.00

Amount Owner can pay toward bill: _____

Date Okayed by Pennie: 10-21-15

Amount Four Corners is willing to cover: \$70.00

Person who spoke with Pennie: Raeann

SALAZAR ROAD VETERINARY CLINIC

Page 1 / 1

1025 Salazar Road
 Taos, NM 87571
 (575) 758-9115

Jason Jr. Padilla
 P.O Box 489
 Taos, NM 87571

Client ID: 24680
 Invoice #: 308109
 Date: 10/22/2015

Patient ID:	5276-25	Species	CANINE	Weight	7 00	pounds
Patient Name:	SOPHIE	Breed.	YORKSHIRE TERRIER	Birthday	05/21/2010	Sex Spay
Description		Quantity			Total	
10/22/2015 CANINE OVH <25lbs		1.00			\$0.00	
CANINE OVH < 25		1.00			\$0.00	
Pre-Anesthesia Exam		1 00			\$0.00	
PULSE OX MONITOR - ANESTHESIA		1 00			\$0.00	
ANESTHESIA FOR ELECTIVE SURG.		1 00			\$0.00	
POST SURGERY HOSPITALIZATION		1.00			\$0.00	
Pedicure Complimentary		1.00			\$0.00	
Pain Injection with Surgery		1.00			\$0.00	
HERNIA, UMBILICAL with Spay/Neuter		1 00			\$70.00 T	
					Patient Subtotal:	\$70.00

Instructions

RETURN IN 14 DAYS FOR SUTURE REMOVAL

Reminder

10/21/2016 DA2PP 3 year
 Rabies 3 Year Canine

Invoice Total:	\$70.00
Default Tax Rate	\$5.73
Total.	<u>\$75.73</u>
Balance Due.	\$75.73
Previous Balance	\$0.00
Balance Due:	\$75.73

Scheduled Appointments:

Appt for SOPHIE on 12/17/2015 at 08:45 am.

FOUR CORNERS

PLEASE NOTE; That Four Corners Animal League will only financially assist with the payment of Veterinary bills of spayed or neutered animals. If the animal is not spayed or neutered at the time of treatment, Four Corners Animal League will require the animal to be spayed or neutered at the time of treatment.

PLEASE INITIAL JR.

DATE: 10-23-15

Owner's Name(s): Jiahrze

Person who contacted Four Corners Animal League: Martine / Pennie Waterlow

Animal's Name: Zephux

Mailing Address: P. B. 145 Taos NM
87571

Physical Address: 1416 blueberry hill
Taos NM 87571

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: 575-374-3139

OFFICE USE ONLY

Client ID: 240162

Estimate Cost of Treatment \$75.00

Amount Owner can pay toward bill: 37.50

Date Okayed by Pennie: 10/23/15

Amount Four Corners is willing to cover: 37.50

Person who spoke with Pennie: Mitka

SALAZAR ROAD VETERINARY CLINIC

Page 1 / 1

1025 Salazar Road
Taos, NM 87571
(575) 758-9115

Liah Rael
P O Box 45
Taos, NM 87571

Client ID: 26162
Invoice #: 308213
Date: 10/23/2015

Patient ID	26162-1	Species	CANINE	Weight:	81 00	pounds
Patient Name	ZEPHYRE	Breed	CHOW CHOW MIX	Birthday	10/23/2006	Sex Male
Description						Quantity
10/23/2015 Physical Exam/Consult						1.00
Cephalexin 500 mg						\$45.00 T
Prednisone 10 mg						\$15.08 T
						17.00
						\$9.25 T
						Patient Subtotal:
						\$69.33

Instructions

THIS MEDICATION MAY CAUSE AN INCREASE IN APPETITE AND WATER INTAKE

Please do not give Prednisone or any steroid with aspirin, or any other NSAIDS like Rimadyl, Metacam or Previcox

Invoice Total:	\$69.33
Default Tax Rate	\$5.67
Total	<u>\$75.00</u>
Invoice Balance Due.	<u>\$75.00</u>
Cash .	(\$37.50)
Less Payment	(\$37.50)
Invoice Balance Due:	<u>\$37.50</u>
Balance Due:	\$0.00

INVOICE

Taos Veterinary Clinic, P.C.

41 North Highway 522
P O. Box 2678
Taos, NM 87571
575-758-7310

FOR: SN Dogs >40# Four Corners
Po Box 1163
Taos, NM 87571
(505) 751-0150

Printed: 12-11-15 at 3.19p
Date: 12-11-15
Account: 5717
Invoice: 80626

Date	For	Qty	Description	Net Price
			Total charges, this invoice.	0 00
			Your old balance ..	321 38
			Total payment(s) received	321 38
			12-11-15 Check payment #4560	321 38
			Your new balance ..	0 00

We appreciate the opportunity to provide service for you and look forward to providing care for your pet in the future.

NEW!!! Make sure we have your email address on file so you can check your pets' vaccination records reminders, and request prescription refills ONLINE!

"LIKE" us on Facebook for updates and alerts!

Date: 12-11-15
 Client: SN Dogs >40# Four Corners
 Po Box 1163
 Taos, NM 87571
 (505)751-0150

Taos Veterinary Clinic, P.C.
CLIENT ACCOUNT REGISTER

Page: 1
 Account: 5717

Date	Type	For	Code	Description	Qty	Amount	Balance
11-29-15	B			Balance brought forward			321.38
11-23-15	I			Invoice No. 80130	Tax: 5.70	80.00	321.38
11-23-15	T	Arellano-Blanca	SP4CDU9	Spay Non-Profit Dog <90		80.00	321.38
11-23-15	I			Invoice No. 80129	Tax: 4.99	70.00	235.68
11-23-15	T	Monaghan-Django	C4CDU90	Castration Non-Profit Dog <90		70.00	235.68
11-23-15	I			Invoice No. 80121	Tax: 0.00	0.00	160.69
11-06-15	I			Invoice No. 79719	Tax: 5.70	80.00	160.69
11-06-15	T	Voelker-Cuate	SP4CDU9	Spay Non-Profit Dog <90		80.00	160.69
11-06-15	I			Invoice No. 79718	Tax: 4.99	70.00	74.99
11-06-15	T	Devlin-CB Radio	C4CDU90	Castration Non-Profit Dog <90		70.00	74.99
11-05-15	I			Invoice No. 79704	Tax: 0.00	0.00	0.00
11-05-15	P		4536	Check payment	0	-257.10	0.00

ACCOUNT TOTALS (since 11/1/2015)

Non-Taxable 0.00	Taxable 300.00	Tax 21.38	Late fees 0.00	Payments 257.10	Adjustments 0.00	Discount 0.00
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INVOICE

Taos Veterinary Clinic, P.C.

41 North Highway 522
P O Box 2678
Taos, NM 87571
575-758-7310

FOR: Four Corners K9 S/N <40#
PO Box 1163
Taos, NM 87571
(575) 751-0150

Printed: 03-03-16 at 3 42p
Date: 03-03-16
Account: 7467
Invoice: 82958

Date	For	Qty	Description	Net Price
			Total charges, this invoice	0 00
			Your old balance .	428 50
			Total payment(s) received	428 50
			03-03-16 Check payment #4619	428 50
			Your new balance .	0 00

We appreciate the opportunity to provide service for you and look forward to providing care for your pet in the future

NEW!!! Make sure we have your email address on file so you can check your pets' vaccination records reminders, and request prescription refills ONLINE!

"LIKE" us on Facebook for updates and alerts!

Date: 03-03-16
Client: Four Corners K9 S/N <40#
PO Box 1163
Taos, NM 87571
(575)751-0150

Taos Veterinary Clinic, P.C.
CLIENT ACCOUNT REGISTER

Page: 1
Account: 7467

Date	Type	For	Code	Description	Qty	Amount	Balance
03-03-16	I			Invoice No. 82958		0.00	0.00
03-03-16	P		4619	Check payment	0	-428.50	0.00
03-01-16	I	①		Invoice No. 82839		80.00	428.50
03-01-16	T	Trujillo, Saphira	✓	SP4CDU9 Spay Non-Profit Dog <90		80.00	428.50
02-25-16	I	②		Invoice No. 82721		80.00	342.80
02-25-16	T	Pacheco-Baba	✓	SP4CDU9 Spay Non-Profit Dog <90		80.00	342.80
02-25-16	B			Balance brought forward			257.10
02-15-16	I	③		Invoice No. 82314		80.00	257.10
02-15-16	T	Young-Raisin	✓	SP4CDU9 Spay Non-Profit Dog <90		80.00	257.10
02-03-16	I	④		Invoice No. 82001		80.00	171.40
02-03-16	T	Quintana, Wiggles	✓	SP4CDU9 Spay Non-Profit Dog <90		80.00	171.40
02-03-16	I			Invoice No. 81996		80.00	85.70
02-03-16	T	Pappas, "June"	✓	SP4CDU9 Spay Non-Profit Dog <90		80.00	85.70

ACCOUNT TOTALS (since 2/1/2016)

Non-Taxable 0.00	Taxable 400.00	Tax 28.50	Late fees 0.00	Payments 428.50	Adjustments 0.00	Discount 0.00
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Quintana & Pappas
Paid for these

Chapman? Feb 16