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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

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▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2015**

Open to Public Inspection

For calendar year 2015 or tax year beginning

, 2015, and ending

, 20

Name of foundation

**JAMES & WANDA HOLLENSTEINER FNDTN**

A Employer identification number

**84-1395820**

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

**22993 ROLLINS LAKESHORE DR**

B Telephone number (see instructions)

**406-844-2976**

City or town, state or province, country, and ZIP or foreign postal code

C If exemption application is pending, check here ☐**ROLLINS MT 59931**

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☐ Name change

D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ **\$2,383,688**

J Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐**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))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

SCANNED Revenue MAY 27 2016	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	79789	79789	79789	
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	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				
Operating and Administrative Expenses	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	<b>Total.</b> Add lines 1 through 11	79789	79789	79789	
	13	Compensation of officers, directors, trustees, etc.				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	1494	1494	1494	1494
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	992	992	992	992
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	9798	9798	9798	9798
	22	Printing and publications	420	420	420	420
	23	Other expenses (attach schedule)	646	646	646	646
	24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	13350	13350	13350	13350
	25	Contributions, gifts, grants paid	96954			96954
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	110304	13350	13350	110304
	27	Subtract line 26 from line 12:				
	a	<b>Excess of revenue over expenses and disbursements</b>	(30515)			
	b	<b>Net investment income</b> (if negative, enter -0-)		66439		
	c	<b>Adjusted net income</b> (if negative, enter -0-)		66439		

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2015)

15 623

<b>Part II Balance Sheets</b>		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
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	39927	21272	21272
	2 Savings and temporary cash investments . . . . .			
	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 . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule) . . . . .			
	b Investments—corporate stock (attach schedule) . . . . .	2396729	2362416	2362416
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis ▶ . . . . .			
<b>Liabilities</b>	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 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	2436656	2383688	2383688
	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
<b>Net Assets or Fund Balances</b>	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ . . . . . ) . . . . .			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	- 0 -	- 0 -	
	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .			
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .	2436656	2383688	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	2436656	2383688	
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	2436656	2383688	

**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	2436656
2 Enter amount from Part I, line 27a . . . . .	2	(30515)
3 Other increases not included in line 2 (itemize) ▶ <i>gifts of stock to charity</i> . . . . .	3	(22453)
4 Add lines 1, 2, and 3 . . . . .	4	2383688
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	2383688

**Part IV Capital Gains and Losses for Tax on Investment Income**

(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.)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col. (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> 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 }	<b>2</b>
<b>3</b> 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 . . . . . }	<b>3</b>

**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? ☐ Yes ☐ No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(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			
2013			
2012			
2011			
2010			

<b>2</b> Total of line 1, column (d) . . . . .	<b>2</b>
<b>3</b> 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 . . . . .	<b>3</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 . . . . .	<b>4</b>
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	<b>6</b>
<b>7</b> Add lines 5 and 6 . . . . .	<b>7</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . . 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.	<b>8</b>

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	1329
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2	<b>3</b>	1329
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	1329
<b>6</b>	Credits/Payments:		
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	1329
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <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>		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ _____ <b>(2)</b> On foundation managers. ► \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
<b>3</b> 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>		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
<b>6</b> 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?	X	
<b>7</b> 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>	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ► MONTANA		
<b>b</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> See Subpart B		X
<b>9</b> 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>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
<b>11</b> 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)		<input checked="" type="checkbox"/>
<b>12</b> 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)		<input checked="" type="checkbox"/>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Website address <b>▶</b> <u>Long notice published in Lake County Leader</u>		
<b>14</b> The books are in care of <b>▶</b> <u>JAMES HOLLENSTEINER</u> Telephone no. <b>▶</b> <u>406-849-2976</u>		
Located at <b>▶</b> <u>22993 ROLLINS LAKESHORE DR. ROLLINS, M</u> ZIP+4 <b>▶</b> <u>55931</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here. <b>▶</b> <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the year <b>▶</b> <u>15</u>		
<b>16</b> 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?		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>▶</b>		

**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
<b>1a</b> 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 type="checkbox"/> Yes <input checked="" 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? ( <b>Exception.</b> 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>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <b>▶</b> <input type="checkbox"/>	<b>1b</b>	
Organizations relying on a current notice regarding disaster assistance check here <b>▶</b> <input type="checkbox"/>		
<b>c</b> 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?	<b>1c</b>	<input checked="" type="checkbox"/>
<b>2</b> 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)):		
<b>a</b> 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 type="checkbox"/> No		
If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.)	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b> 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		
<b>b</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.)	<b>3b</b>	<input checked="" type="checkbox"/>
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</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?	<b>4b</b>	<input checked="" type="checkbox"/>

**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)? ☐ Yes ☒ NoOrganizations 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? ☐ Yes ☒ No

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? ☐ Yes ☒ No**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).

(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
See Exhibit A	minimal	-0-	-0-	\$450 per meeting for travel & other expenses incurred as a Director

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
N D N F				

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

**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		
<b>Total</b> number of others receiving over \$50,000 for professional services . . . . . ►		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2 NONE	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2 NONE	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	2318176
<b>b</b>	Average of monthly cash balances	<b>1b</b>	30360
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	2348536
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	- 0 -
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	2348536
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	35228
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	2313308
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	115665

**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.)

<b>1</b>	Minimum investment return from Part X, line 6		<b>1</b>	115665
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5	<b>2a</b>	1329	
<b>b</b>	Income tax for 2015. (This does not include the tax from Part VI.)	<b>2b</b>		
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1329	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	114336	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>		
<b>5</b>	Add lines 3 and 4	<b>5</b>	114336	
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>		
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	114336	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	110304
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	110304
<b>5</b>	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)	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	110304

**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
<b>1</b> Distributable amount for 2015 from Part XI, line 7 . . . . .				119336
<b>2</b> Undistributed income, if any, as of the end of 2015:				
<b>a</b> Enter amount for 2014 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010 . . . . .				
<b>b</b> From 2011 . . . . .				
<b>c</b> From 2012 . . . . .				
<b>d</b> From 2013 . . . . .				
<b>e</b> From 2014 . . . . .	10851			
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	10851			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ <u>110304</u>				
<b>a</b> Applied to 2014, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2015 distributable amount . . . . .				110304
<b>e</b> Remaining amount distributed out of corpus . . . . .				
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	10851			10851
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	-0-			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 . . . . .				(6819)
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2016.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011 . . . . .				
<b>b</b> Excess from 2012 . . . . .				
<b>c</b> Excess from 2013 . . . . .				
<b>d</b> Excess from 2014 . . . . .				
<b>e</b> Excess from 2015 . . . . .				

**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 foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 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 . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>b</b> 85% of line 2a . . . . .				
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:				
<b>a</b> "Assets" alternative test—enter:				
<b>(1)</b> Value of all assets . . . . .				
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
<b>b</b> "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed . . . . .				
<b>c</b> "Support" alternative test—enter:				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .				
<b>(3)</b> Largest amount of support from an exempt organization . . . . .				
<b>(4)</b> Gross investment income . . . . .				

**Part XV Supplementary Information** (Complete this part only if the foundation 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).)

JAMES A. HOLLENSTEINER

**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 e-mail 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:

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2015)

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 . . . . .					
5	Net rental income or (loss) from real estate:					
a	Debt-financed property . . . . .					
b	Not debt-financed property . . . . .					
6	Net rental income or (loss) from personal property					
7	Other investment income . . . . .					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events . . . . .					
10	Gross profit or (loss) from sales of inventory . . . . .					
11	Other revenue: a					
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e) . . . . .					
13	Total. Add line 12, columns (b), (d), and (e) . . . . .					

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

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

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**(1) Cash** . . . . .

**(2) Other assets** . . . . .

**(1) Sales of assets to a noncharitable exempt organization** . . . . .

**(2) Purchases of assets from a noncharitable exempt organization . . . . .**

**(3) Rental of facilities, equipment, or other assets** . . . . .

**(4) Reimbursement arrangements . . . . .**

**(5) Loans or loan guarantees** . . . . .

**(6) Performance of services or membership or fundraising solicitations . . . . .**

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .

☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship
--------------------------	--------------------------	---------------------------------

**Sign  
Here**

Signature of officer or trustee: James A. Hollenstines Date: 5-13-16 Title: President

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Pnnt/Type preparer's name

Preparer's signature

Date	
------	--

Check ☐ if self-employed

PTIN	
------	--

Firm's name ▶

Firm's EIN ►

Firm's address ►

Phone no

EXHIBIT A

JAMES & WANDA HOLLENSTEINER FOUNDATION (84-1395820)

Names and addresses of officers and directors

James A. Hollensteiner,, President  
22993 Rollins Lakeshore Drive  
Rollins MT 59931

Wanda Hollensteiner, Vice President  
22993 Rollins Lakeshore Drive  
Rollins MT 59931

Jena Hollensteiner, Treasurer  
5903 N. Kostner  
Chicago IL 60646

John Hollensteiner, Secretary  
3409 Lower Valley Road  
Kalispell MT 59901

Lisa Hollensteiner ~~James~~, Director  
4006 Grimes Ave. S.  
Edina MN 55416

James F. Hollensteiner, Director  
25585 Wagon Wheel Drive  
Barrington IL 60010

Andrew Hollensteiner, Director  
10460 North Fork Road  
Polebridge MT 59928

Steve Cummings, Director  
1150 N. Somers Rd.  
Kalispell MT 59901



EXHIBIT B

Natural Resource &  
Corporation Tax Division  
Sam W. Mitchell Building

Montana Department of  
**REVENUE**

P. O. Box 202701  
Helena, Montana 59620-2701

July 9, 1998

FEIN : 041335820

JAMES AND WANDA HOLLENSTEINER FOUNDATION  
299 LAKESHORE DR  
ROLLINS, MT 59931

Re: Nonprofit Tax Exempt Status for JAMES AND WANDA HOLLENSTEINER  
FOUNDATION

Dear Taxpayer:

This letter will acknowledge receipt of your request for non-profit exempt status for your organization. Upon review of the submitted information, we have determined JAMES AND WANDA HOLLENSTEINER FOUNDATION to be a nonprofit corporation under Montana Code Annotated (MCA), §15-31-102(1)(d).

An organization exempt from tax is only required to file a return when it has any unrelated business income earned which results in a federal unrelated business income tax liability of more than \$100. An exempt corporation subject to tax on unrelated business income must file a copy of its federal exempt organization business income tax return on which it reports its unrelated business income with the Department of Revenue (§15-31-102(3), MCA).

Please feel free to contact our office at (406) 444-3574, if you have any further questions.

Sincerely,

Sharon Blunn, Administrative Assistant  
Corporate Tax Bureau



Exhibit C

CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS FROM THE  
JAMES & WANDA HOLLENSTEINER FOUNDATION (84-1305820)

2015

Northwest Montana Historical Society  
P.O. Box 2293  
Kalispell MT 59903

\$5000

Flathead Land Trust  
P.O. Box 1913  
Kalispell MT 59901

2000

Flathead Lakers  
P.O. Box 70  
Polson MT 59860

2000

Glacier Institute  
P.O. Box 1887  
Kalispell MT 59903

1000

Glacier National Park Conservancy  
P.O. Box 2749

1000

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Columbia Falls MT 59912

Doctors Without Borders  
333 7<sup>th</sup> Ave., 2<sup>nd</sup> Floor  
New York NY 10001

1000

Rush University Medical Center  
Office of Philanthropy  
1700 W. Van Buren, Suite 250  
Chicago IL 60612

5000

Glacier Symphony & Chorale  
P.O. Box 2491  
Kalispell MT 59903

2000

Conrad Mansion Museum  
P.O. Box 1041  
Kalispell MT 59903

500

Foys to Blacktail Bike Trail  
P.O. Box 81  
Kalispell MT 59903

100

Kalispell Regional Medical Center Foundation  
310 Sunnyview Lane  
Kalispell MT 59901

55,339

Loppet Foundation  
1301 Theodore Wirth Parkway  
Minneapolis MN 55422

5500

Night Ministry  
4711 Ravenswood Ave.  
Chicago IL 60640

500

Flathead Lake Biological Station  
32125 Bio Station Lane  
Polson MT 59860

1000

Crossroads Christian Fellowship Church  
7454 Hwy 35  
Bigfork MT 59911

500

Somers Middle School  
Big Creek Project  
Somers MT 59932

500

Parkinson's Disease Foundation  
1359 Broadway, Suite 1509  
New York NY 10018

250

Kalispell Montesorri Elementary  
349 Willow Glen Dr.  
Kalispell MT 59901

500

Big Mountain Firefighters Assn.  
3790 Big Mountain Rd.  
Whitefish MT 59937

500

Stumptown Art Studios  
145 Central Ave.  
Whitefish MT 59937

1000

Calling All Crows  
1330 Beacon St., Suite 231  
Brookline MA 02446

250

Lakeview Food Pantry  
3831 N. Broadway  
Chicago IL 60613

250

Somers Company Town Project  
P.O. Box 130  
Somers MT 59932

250

Bob Marshall Wilderness Foundation  
P.O. Box 190688  
Hungry Horse MT 59919

2000

National Parkinson Foundation  
200 SE 1<sup>st</sup> St., Suite 800  
Miami FL 33131

250

United States Naval Academy Foundation  
291 Wood Road,  
Beach Hall  
Annapolis MD 21402

250

Old Friends  
1841 Paynes Depot Road  
Georgetown KY 40324

250

Somers Schoold District 29  
P.O. Box 159  
Somers MT 59931

Friends of Hospice  
42 Bruyer Way  
Kalispell MT 59901

500

Lakeside Somers PTA  
Lakeside MT 59922

265

Gray Bear Land Trust  
P.O. BOX 682  
Hohenwald TN 38462

500

Light House  
2590 Hwy 2  
Kalispell MT 59901

1000

A Place to Bark  
P.O. Box 649  
Portland TN 37148

750

Flathead Valley Community College  
777 Grandview Dr.  
Kalispell MT 59901

2000

Methodist Camp—Flathead Lake  
21339 Methodist Camp Road  
Rollins MT 59931

1000

Dayton Presbyterian Church  
P.O. Box 188  
Dayton MT 59914

250

Lyric Opera of Chicago  
20 N. Wacker  
Chicago IL 60640

1000

Citizens for a Better Flathead  
P.O. Box 771

250

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Kalispell MT 59903

Upper West Shore Quick Response Unit  
P.O. Box 911  
Lakeside MT 59922

500

Humane Society of Northwest Montana  
P. O. bOX 221  
Kalispell MT 5993

250

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96954



Schwab One® Account of  
**JAMES & WANDA HOLLENSTEINER FN**

Account Number  
**7068-8215**

Statement Period  
**January 1-31, 2015**

### Change In Account Value

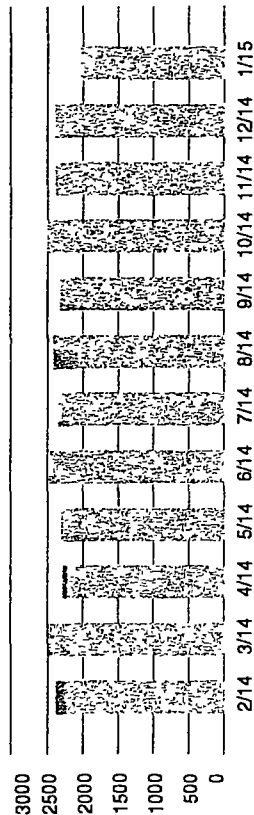
	This Period	Year to Date
<b>Starting Value</b>	<b>\$ 2,396,729.42</b>	<b>\$ 2,396,729.42</b>
Cash Value of Purchases & Sales	0.00	0.00
Investments Purchased/Sold	0.00	0.00
Deposits & Withdrawals	0.00	0.00
Dividends & Interest	15,356.09	15,356.09
Fees & Charges	0.00	0.00
Transfers	0.00	0.00
Income Reinvested	(0.29)	(0.29)
Change in Value of Investments	(367,021.43)	(367,021.43)
<b>Ending Value on 01/31/2015</b>	<b>\$ 2,045,063.79</b>	<b>\$ 2,045,063.79</b>
Accrued Income <sup>d</sup>	2,178.45	
<b>Ending Value with Accrued Income<sup>d</sup></b>	<b>\$ 2,047,242.24</b>	

Total Change In Account Value  
Including Deposits and Withdrawals  
Including Deposits, Withdrawals, and  
Accrued Income

### Asset Composition

	Market Value	% of Account Assets
Money Market Funds [Sweep]	\$ 27,583.55	1%
Equities	2,017,480.24	99%
<b>Total Assets Long</b>	<b>\$ 2,045,063.79</b>	
Total Account Value	\$ 2,045,063.79	100%
Accrued Income	2,178.45	
<b>Total Value with Accrued Income</b>	<b>\$ 2,047,242.24</b>	

### Account Value (\$) Over Last 12 Months [in Thousands]



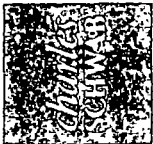
### Gain or (Loss) Summary

Realized Gain or (Loss) This Period	
Short Term	\$0.00
Long Term	\$0.00
<b>Unrealized Gain or (Loss)</b>	<b>\$23,176.42<sup>1</sup></b>
All Investments	\$23,176.42 <sup>1</sup>
Values may not reflect all of your gains/losses.	

### Account Notes

- Accrued Dividend is \$2,178.45

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.



Schwab One® Account of  
JAMES & WANDA HOLLENSTEINER FN

Account Number  
7068-8215

Statement Period  
December 1-31, 2015

## Change in Account Value

	This Period	Year to Date
<b>Starting Value</b>	<b>\$ 2,554,002.17</b>	<b>\$ 2,396,729.42</b>
Cash Value of Purchases & Sales	0.00	7,644.00
Investments Purchased/Sold	0.00	(7,644.00)
Deposits & Withdrawals	(25,000.00)	(65,000.00)
Dividends & Interest	12,093.07	79,789.31
Fees & Charges	0.00	0.00
Transfers	0.00	0.00
Income Reinvested	(3.73)	(30.16)
Change in Value of Investments	(178,728.19)	(49,125.25)
<b>Ending Value on 12/31/2015</b>	<b>\$ 2,362,363.32</b>	<b>\$ 2,362,363.32</b>
<i>Accrued Income<sup>d</sup></i>	<i>52.48</i>	
<b>Ending Value with Accrued Income<sup>d</sup></b>	<b>\$ 2,362,415.80</b>	

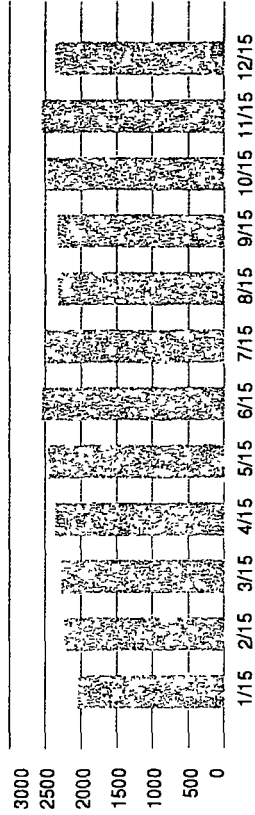
## Total Change in Account Value

Total Change in Account Value	\$ (191,638.85)	\$ (34,366.10)
Including Deposits and Withdrawals	(7.50)%	(1.43)%
Including Deposits, Withdrawals, and Accrued Income <sup>d</sup>	\$ (191,586.37)	

## Asset Composition

	Market Value	% of Account Assets
Cash and Money Market Funds [Sweep]	\$ 34,660.77	1%
Equities	2,327,702.55	99%
<b>Total Assets Long</b>	<b>\$ 2,362,363.32</b>	
<b>Total Account Value</b>	<b>\$ 2,362,363.32</b>	<b>100%</b>
<i>Accrued Income<sup>d</sup></i>	<i>52.48</i>	
<b>Total Value with Accrued Income<sup>d</sup></b>	<b>\$ 2,362,415.80</b>	

## Account Value (\$) Over Last 12 Months [in Thousands]



## Gain or (Loss) Summary

Realized Gain or (Loss) This Period	
Short Term	\$0.00
Long Term	\$0.00
<b>Unrealized Gain or (Loss)</b>	
All Investments	\$26,821.95 <sup>1</sup>
Values may not reflect all of your gains/losses	

## Account Notes

- Accrued Dividend is \$52.48

SCHEDULES TO ACCOMPANY THE 2015 990 PF FOR THE JAMES & WANDA  
HOLLENSTEINER FOUNDATION: TAX ID: 84-1395820

Part 1, Line 16a: Legal fees of \$1494 consist of \$15 paid to the Montana Secretary of State with the filing of our Annual Corporate Registration, \$22 paid to the Lake Counter Leader to publish a Legal Notice, and \$1457 paid to a local law firm to assist in amending and preparing documents. No fees were incurred for accounting or other professional fees. I am a licensed attorney and skilled in financial and accounting matters. I prepare this return without compensation.

Line 18: Taxes of \$992 were paid with the 2014 return.

Line 23: Other expenses of \$646 consist of \$450 paid for administrative expenses such as postage, printing, telephone, etc. and \$196 paid for the rental of a post office box.

Part II: See enclosed statements from Charles Schwab & Co. for information as to the amounts of corporate stock owned by the Foundation as of the beginning and end of the year.

Part VII-A, Line 8 b. See enclosed letter from the Montana Department of Revenue dated July 8, 1998 indicating our Foundation is exempt from state tax. (Exhibit B)

See Exhibit A for a listing of directors and officers.

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See Exhibit C for a listing of contributions given in 2015.