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# OMB No 1545-0052

Department of the Treasury Internal Revenue Service

**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. Open to Public Inspection ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

		ndar year 2015, or tax year beginning 07-0	1-2015	, ar	nd ending 0				
W		MARY A STASTNY CHARITABLE				entification numb	er		
FO	UNDATIC	NC		-	26-1416886				
		street (or P O box number if mail is not delivered to street address) GREEN DRIVE	Room/suite		<b>B</b> Telephone nun	nber (see instructior	ns)		
33	II LVLIK	ONELN DIVIE			(541) 884-6577				
		state or province, country, and ZIP or foreign postal code LS, OR 97603	1		<b>C</b> If exemption	application is pendir	ng, check here		
G CI	neck all	that apply   Initial return   Initial return of a f	ormer public charity		<b>D 1.</b> Foreign or	ganizations, check h	ere <b>•</b>		
		Final return A mended return	,			<b>5</b>	Γ		
		Address change Name change				ganizations meeting k here and attach co			
<b>H</b> C h	neck typ	pe of organization  Section 501(c)(3) exempt privat	e foundation		E If private fou	indation status was in 507(b)(1)(A), che	terminated		
S	ection	4947(a)(1) nonexempt charitable trust Other taxab		n	under section	1 307(b)(1)(A), Gle	ck liefe		
			Cash <b>√</b> Accru	ıal		ition is in a 60-mont			
		om Part II, col (c),	be on cash basıs )		under section	n 507(b)(1)(B), che	ck nere		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessaily equal the amounts in column (a) (see instructions)	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach							
		schedule)	5,000						
	2	Check ► ☐ If the foundation is <b>not</b> required to attach							
	_	Sch B	1		1				
	3	Interest on savings and temporary cash investments  Dividends and interest from securities	51,637		51,637				
	5a	Gross rents							
	b	Net rental income or (loss)							
ce	6a	Net gain or (loss) from sale of assets not on line 10	-2,292						
Reverkie	ь	Gross sales price for all assets on line 6a 10,495							
~	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							
	Ь	allowances Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other Income (attach schedule)							
	12	Total.Add lines 1 through 11	54,346		51,638				
	13	Compensation of officers, directors, trustees, etc	,		,				
	14	Other employee salaries and wages							
Ş	15	Pension plans, employee benefits							
nse	16a	Legal fees (attach schedule)	300						
8	ь	Accounting fees (attach schedule)	1,450		1,087		363		
and Administrative Expenses	С	Other professional fees (attach schedule)							
Ĭ	17	Interest							
stra	18	Taxes (attach schedule) (see instructions)	5,807		8,196		1,452		
≦	19	Depreciation (attach schedule) and depletion							
重	20	Occupancy							
ΡÞ	21	Travel, conferences, and meetings							
a	22	Printing and publications							
E E	23	Other expenses (attach schedule)	70						
Operating	24	Total operating and administrative expenses.							
<u>8</u>		Add lines 13 through 23	7,627		9,283		1,815		
J	25	Contributions, gifts, grants paid	49,425				49,425		
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	57,052		9,283		51,240		
	27	Subtract line 26 from line 12	3,,332		3,200		51,210		
	a	Excess of revenue over expenses and disbursements	-2,706						
	b	Net investment income (If negative, enter -0-)			42,355				
	С	Adjusted net income(If negative, enter -0-)							

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		f year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	15,495	13,246	13,246
	2	Savings and temporary cash investments	13,493	13,240	13,240
	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 ▶			
S	8	Inventories for sale or use			
ASSets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U S and state government obligations (attach schedule)	27. 500	N1 050 050	
	ь	Investments—corporate stock (attach schedule)	871,692	858,360	1,227,511
	С	Investments—corporate bonds (attach schedule)			
	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	<b>Total assets</b> (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	887,187	871,606	1,240,757
	17	Accounts payable and accrued expenses	3,498	498	
'n	18	Grants payable	10,875	1,000	
Ē	19	Deferred revenue			
<u>=</u>	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)	14,373	1,498	
s		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
등	24	Unrestricted	872,814	870,108	
Fund Balance	25	Temporarily restricted			
Ξ	26	Permanently restricted			
₹		Foundations that do not follow SFAS 117, check here ▶			
5		and complete lines 27 through 31.			
şįs	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances(see instructions)	872,814	870,108	
	31	Total liabilities and net assets/fund balances(see instructions)	887,187	871,606	
Pa	rt 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 agi	ree	
		with end-of-year figure reported on prior year's return) $aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$			872,814
2		Enter amount from Part I, line 27a $\dots \dots \dots \dots$		2	-2,706
3		Other increases not included in line 2 (itemize) ▶		3	
4		Add lines 1, 2, and 3		4	870,108
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)—Pa	art II, column (b). lın	e 30 . <b>6</b>	870,108

the Part VI instructions

		e the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	· ·	P—Purchase	(0)	Date acquired (mo, day, yr)	Date sold (d) (mo , day, yr )
1a			<u> </u>	(b) D—Donation	+ -		
b					1		
С С					1		
d							
е е							
	<b>)</b> Gross sales price	Depreciation allowe  (f) (or allowable)		or other basis expense of sale			or (loss) (f) minus (g)
a		(**************************************	(3)			(, (,	(1)
ь							
С							
d							
e							
	mplete only for assets	showing gain in column (h) and owne	ed by the foundation	on 12/31/69	+	Gaine (Col	(h) gain minus
		A dijisted basis		cess of col (i)	$\dashv$		t less than -0-) <b>or</b>
(1)	FMV as of 12/31/69	<b>(j)</b> as of 12/31/69		rcol (j), ıfany	(1)	Losses	from col (h))
а							
b							
c							
d							
e							
2	Capital gain net inco	me or (net capital loss)	If gain, also enter If (loss), enter -0-		,   ,	2	
3	Net short-term capit	al gain or (loss) as defined in sectio	ns 1222(5) and (6)	)			
	·	Part I, line 8, column (c) (see instru			}   _		
Dout	·	Under Section 4940(e) for R	oduced Tax on	Not Investme		noomo	
Part '	Qualification	under Section 4940(e) for R	educed lax on	Net Investme	ent 1	ncome	
	ional use by domestic on 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ection 4940(a) tax	on net investment	incor	me )	
		ne section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod	7	├ Yes 🔽 No
<b>1</b> Ent	er the appropriate amo	ount in each column for each year, se	ee instructions befo	ore making any en	tries		
	(a) period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchar			(d) Distributio (col (b) divided	
y cur (c	2014	63,550		1,309,043		(cor (b) divided	0 048547
	2013	71,686		1,335,116			0 053693
	2012	61,742		1,200,900			0 051413
	2011	52,888		1,107,976			0 047734
	2010	77,853		1,053,643			0 073889
2	<b>Total</b> of line 1, colum	n (d)			2		0 275276
3	the number of years	ratio for the 5-year base period—div the foundation has been in existence	e ıf less than 5 year	rs	3		0 055055
4		of noncharitable-use assets for 2015	,	<u> </u>	4		1,119,416
5	Multiply line 4 by line	e 3			5		61,629
6	Enter 1% of net inve	stment income (1% of Part I, line 2	7b)	[	6		424
7	Add lines 5 and 6.			[	7		62,053
8	Enter qualifying disti	ributions from Part XII, line 4		[	8		51,240
	If line 8 is equal to o	r greater than line 7, check the box	in Part VI. line 1b. a	and complete that	nart	using a 1% tax	rate See

### 9 Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . . 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 10 73 10 Enter the amount of line 10 to be Credited to 2015 estimated tax 11 Part VIII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did Yes No it participate or intervene in any political campaign? **1**a No b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?............ 1b No If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities **1**c No d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ \_\_ **(2)** On foundation managers 🕨 \$ . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 No If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 No Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . . **4**a No If "Yes," has it filed a tax return on Form 990-T for this year? . . . . . . . . 4h Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . 5 No If "Yes," attach the statement required by General Instruction T 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? . . . . . . . . . . . . 6 Yes Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), 7 Yes 8a Enter the states to which the foundation reports or with which it is registered (see instructions) **▶**OR b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 8h Yes 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)? If "Yes," complete Part XIV 9 No . . . . . . . . . . . . . . . . . . . Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

and addresses

No

10

Par	rt 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 ha	₁d		
	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	7 13	Yes	
	Website address ►NONE			
14	The books are in care of ▶JEANNE S DUDY  Telephone no ▶(5)		-6577	
	Located at ►3511 EVERGREEN DR KLAMATH FALLS OR ZIP+4 ►97603			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶	_
	and enter the amount of tax-exempt interest received or accrued during the year		_	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	i	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	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 ▶			
В-	<u> </u>			
261	rt 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.	$\neg$	Yes	No
1a	During the year did the foundation (either directly or indirectly)		163	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	j	İ	İ
	a disqualified person?	ю		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	o	İ	Ì
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?    ▼Yes ▼ N	i	Ì	İ
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ĺ	İ	Ì
	for the benefit or use of a disqualified person)?	lo		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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 )	i		
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			١
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1b		No
	Organizations relying on a current notice regarding disaster assistance check here.	ı	l	I
С	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		No
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))			
а	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?	.		
	If "Yes," list the years ▶ 20, 20, 20			ì
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 )	2b		
c	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			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
h	any time during the year?	o   		
U	or disqualified persons after May 26, 1969, <b>(2)</b> 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			
	ıf the foundation had excess business holdings in 2015 )	3b		1
<b>4</b> a	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			<b></b> ,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? 	4b	<u> </u>	No

Part VIII-B Statements Reg	arding Activities for	Which Form 4720	May Be Required <i>(Con</i>	tinued)	Page <b>6</b>
<b>5a</b> During the year did the foundati			,		
(1) Carry on propaganda, or oth			45(e)) <sup>7</sup> <b>Yes</b> [	No.	
(2) Influence the outcome of an	·	-	1 100 1		
on, directly or indirectly, and	, , ,	`	<i>'</i>	✓ No	
(3) Provide a grant to an individ	_		1 .00 1	'' i i	
			☐ Yes ☐	<b>✓ N</b> o	
(4) Provide a grant to an organi in section 4945(d)(4)(A)? (		· · · · ·	scribed ····Yes [	✓ No	
(5) Provide for any purpose other educational purposes, or for	- · · · · · · · · · · · · · · · · · · ·		· · · · · · Tyes [	✓ No	
<b>b</b> If any answer is "Yes" to 5a(1)-	-(5), did <b>anv</b> of the transac	tions fail to qualify under	· · ·	'' i i	İ
Regulations section 53 4945 or	•	• •	•		
Organizations relying on a curre		_			
c If the answer is "Yes" to question	on 5a(4), does the foundat	ion claim exemption from	n the	· I I	
tax because it maintained expe	* **	•		_ <sub>No</sub>	
If "Yes," attach the statement req			163		
<b>6a</b> Did the foundation, during the ye	· -	• •	nremilims on		
a personal benefit contract?.	•		·	No	
			163	'' i i	No
	ear, pay premiums, unecci	y or munectry, on a perso	mar benefit contract	. 6b	140
If "Yes" to 6b, file Form 8870	was the foundation a part	v to a probabited tay chol	tor transaction? —		
<b>7a</b> At any time during the tax year,	·		1 105 1	'' i i	
<b>b</b> If yes, did the foundation receiv					
and Contractors			tion Managers, Highly	Paid Ellipi	
1 List all officers, directors, truste	es, roundation managers a	T .	(d)	Τ	
(a) Name and address	Title, and average hours per week  (b) devoted to position	(c) Compensation(If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	(e) other al	account, lowances
LOUISE S CRAWFORD	PRESIDENT	0	and deferred compensation		
2701 HILL RD		U		,	
	25 00		ď	)	0
TULELAKE,CA 96134	25 00				0
TULELAKE, CA 96134  JEANNE S DUDY	SECRETARY	0			0
		0			
JEANNE S DUDY 3511 EVERGREEN DRIVE	SECRETARY 25 00		0		
JEANNES DUDY 3511 EVERGREEN DRIVE KLAMATH FALLS,OR 97603	SECRETARY 25 00  id employees (other than Title, and avei	those included on line 1-	-see instructions). If none, e  Contributions to	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,
JEANNE S DUDY  3511 EVERGREEN DRIVE KLAMATH FALLS, OR 97603  2 Compensation of five highest-pa  (a) Name and address of each employee more than \$50,000	SECRETARY 25 00  id employees (other than Title, and aver hours per we	those included on line 1-	-see instructions). If none, e  Contributions to employee benefit plans and deferred	enter "NONE."  Expense	0 e account,

1

2

3

5

1

2a

3

4

5

6

7

1

2

4

5

Part XII

Part XI

1,123,554

1,136,463

1,119,416

17,047

55,971

55,971

847

55,124

55.124

55,124

51,240

51,240

51,240

Form **990-PF** (2015)

2 3

4

5

1

2c

3

4

5

6

7

1a

1h

2

3а 3b

4

5

12,909

## Minimum Investment Return

(All domestic foundations must complete this part, Foreign foundations, see instructions.)

Distributable Amount

check here ► and do not complete this part.)

Tax on investment income for 2015 from Part VI, line 5. . . . . .

**Qualifying Distributions** (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Income tax for 2015 (This does not include the tax from Part VI). . .

Recoveries of amounts treated as qualifying distributions. . . . . . . . . .

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,	
purposes	

- рu
- 1a
- 1b

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

- Fair market value of all other assets (see instructions). . . . . . . . . . . . . 1c

- 1d 1,136,463 Reduction claimed for blockage or other factors reported on lines 1a and

1e

2a

2b

(see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	Distributable amount for 2015 from Part XI, line 7	Сограз	rears prior to 2014	2014	55,124
	Undistributed income, if any, as of the end of 2015				,
	Enter amount for 2014 only				
	Total for prior years 20				
	Excess distributions carryover, if any, to 2015				
a					
	From 2011				
c	From 2012 3,663				
d	From 2013 6,048				
	From 2014				
f	<b>Total</b> of lines 3a through e	18,190			
4	Qualifying distributions for 2015 from Part				
	XII, line 4  \$ 51,240				
	Applied to 2014, but not more than line 2a				
	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
Ч	Applied to 2015 distributable amount				51,240
	Remaining amount distributed out of corpus				,
	Excess distributions carryover applied to 2015	3,884			3,884
_	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,306			
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				
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see				
f	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				C
7	A mounts 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)	4,595			
9	Excess distributions carryover to 2016.	0.711			
	Subtract lines 7 and 8 from line 6a	9,711			
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012 3,663 Excess from 2013 6,048				
	Excess from 2014				
	Excess from 2015				
_			1	F:	orm <b>990-PF</b> (2015)
					\ ,

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid		proved for Fi	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	Тестристе		
			▶ 3a	49,425
<b>b</b> Approved for future payment				
Total			▶ 3b	

Part XVI	-A Analysis of Income-Produc	ing Activitie	s			
Enter gross	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
<b>1</b> Program	n service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a						
b						
·						
						-
	and contracts from government agencies					_
_	rship dues and assessments					
<b>3</b> Interes	et on savings and temporary cash ments					1
<b>4</b> Divider	nds and interest from securities					51,637
<b>5</b> Net ren	ital income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal ty					
	nvestment income					
<b>8</b> Gain or	r (loss) from sales of assets other than ory.					-2,292
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue a					
	al Add columns (b), (d), and (e)					49,346
	dd line 12, columns (b), (d), and (e).				13	49,346
	orksheet in line 13 instructions to verify representations and activities to		plishment of E	xempt Purpos	es	
Line No. ▼	Explain below how each activity for wh the accomplishment of the foundation's	ich income is re	ported in column (	e) of Part XVI-A c	ontributed import	
	instructions )					
8	TO CARRY OUT THE CHARITABLE PU	RPOSE OF THE	FOUNDATION			

Part	the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations scribed in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?										
										Yes	No
org	anızat	ions?									
		. 5									
									1a(2)		NO
			ritable exi	empt organizatioi	n				1b(1)		No
(3)	Rent	al of facilities, equipme	nt, or othe	erassets					1b(3)		No
(4)	Reim	bursement arrangemer	its						1b(4)		No
(5)	Loan	s or loan guarantees.							1b(5)		No
(6)	Perfor	mance of services or m	embers hij	o or fundraising s	olicitations				1b(6)		No
	_		_								No
of t	he god	ods, other assets, or se	rvices giv	en by the reporti	ng foundation It	f the foundation re	eceived less than	faır marke	t value		
(a) Line	No	(b) Amount involved	(c) Name	of nonchantable exe	empt organization	(d) Description	of transfers, transaction	ons, and sha	rıng arra	ngemer	ıts
des	cribed	•	,	•	•		2		. [Ye	es	
		complete the following	a a b a dulla								
וו ט	res,	,		(b	) Type of organizat	cion	(c) Descript	on of relation	nship		
	the	best of my knowledge a	nd belief,	it is true, correct							
Sign Here	<b>.</b>	*****			2016-11-15	*****		return with th			
		Signature of officer or t	rustee		Date	Title		(see in	ıstr )?	Yes N	40
			name	Preparer's Sign	ature				00640	147	
Paid Prepa Use	arer		SOC LLP			•	Firm's EIN ▶ 93	3-092294	4		
Only	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based information of which preparer has any knowledge  ******  Signature of officer or trustee  Print/Type preparer's name A DARREL RUSTH  Print/Type preparer's name A DARREL RUSTH  Print/Type preparer's name A DARREL RUSTH  Print/Type preparer's Name A DARREL RUSTH  Firm's name  RUSTH SPIRES & ASSOC LLP  Firm's address >  Firm's eddress >  Fir				10		Phone no (541)	0			

	Purpose of grant or contribution	Foundation status of recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Recipient  Name and address (home or business)
				a Paid during the year
3,200	CHARITABLE		NONE,	BEAVER NATION FUND 134 GILL COLISEUM CORVALLIS,OR 97331
750	CHARITABLE		NONE	BUTTE VALLEY COMMUNITY COLLEGE BUTTE CAMPUS DR OROVILLE,CA 95965
750	CHARITABLE		NONE	BYU 525 SOUTH CENTER ST REXBURG,ID 83460
3,875	CHARITABLE		NONE	CALIFORNIA STATE UNIVER 400 W 1ST STREET CHICO,CA 95929
3,250	CHARITABLE		NONE	CALIFORNIA STATE UNIVERSITY 6000 J ST SACRAMENTO,CA 95819
500	CHARITABLE		NONE	FRIENDS OF PETS 4809 ALTAMONT DR KLAMATH FALLS,OR 97603
5,000	CHARITABLE		NONE	FRIENDS OF THE PARK PO BOX 1438 KLAMATH FALLS,OR 97603
3,750	CHARITABLE		NONE	KLAMATH COMMUNITY COLLEGE 7390 S 6TH ST KLAMATH FALLS,OR 97603
1,000	CHARITABLE		NONE	LINN BENTON COMMUNITY COLLEGE 6500 PACIFIC BLVD SW ALBANY,OR 97321
8,000	CHARITABLE		NONE	OIT 3201 CAMPUS DRIVE KLAMATH FALLS,OR 976018801
9,750	CHARITABLE		NONE	OREGON STATE UNIVERSITY 402 KERR ADMINISTRATION B CORVALLIS,OR 97331
2,000	CHARITABLE		NONE	SANTA BARBARA CITY COLLEGE 721 CLIFF DR SANTA BARBARA,CA 93109
500	CHARITABLE		NONE	
375	CHARITABLE		NONE	1801 E COTATI AVE
500	CHARITABLE		NONE	UNIV 1 GRAND AVE
<b>&gt;</b> 3a	CHARITABLE		NONE	740 MAIN ST KLAMATH FALLS, OR 97601  SONOMA STATE UNIVERSITY 1801 E COTATI AVE ROHNERT PARK, CA 94928  CALIFORNIA POLYTECHNIC STATE UNIV

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
<b>a</b> Paid during the year				
CASPER COLLEGE 125 COLLEGE DR CASPER,WY 82601	NONE		CHARITABLE	750
COLLEGE OF THE SISKIYOUS 800 COLLEGE AVE WEED,CA 96094	NONE		CHARITABLE	375
FAVELL MUSEUM ART PROGRAM 125 W MAIN ST KLAMATH FALLS,OR 97601	NONE		CHARITABLE	500
FLAT HEAD VALLEY COMMUNITY COLLEGE 777 GRANDVIEW DR KALISPELL,MT 59901	NONE		CHARITABLE	1,200
PAUL MITCHELL THE SCHOOL MTI COLL 5231 MADISON AVE SACRAMENTO, CA 95841	NONE		CHARITABLE	400
UNIVERSITY OF OREGON 1585 13TH AVE EUGENE,OR 97403	NONE		CHARITABLE	1,250
UNIV OF CALIFORNIA SANTA BARBARA UC SANTA BARBARA SANTA BARBARA,CA 93106	NONE		CHARITABLE	1,000
WALLA WALLA UNIVERSITY 204 S COLLEGE AVE COLLEGE PLACE, WA 99324	NONE		CHARITABLE	500
YOUTH WITH A MISSION-MAUI 1920 HAIKU RD HAIKU,HI 96708	NONE		CHARITABLE	250
Total			▶ 3a	49,425

cinc diddinize print. Be not i neezes	AS I lieu Butu		DEITH DO IDEOCUTEOUS
TY 2015 Accounting Fees Scho	edule		
Name:		A STASTNY CHARITABLE	
	FOUNDATION		

363

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ACCOUNTING FEES

	<b>EIN:</b> 26-1	1416886		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

1,087

1,450

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Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
TOTALSA	2013-05	PURCHASE	2016-01		10,495	12,787			-2,292	

Name of Stock	End of Vear Book	End of Year Fair
<b>EIN:</b> 26-1416886		
FOUNDATION		
Name: WALTER & MARY A S	TASTNY CHARITABLE	
TY 2015 Investments Corporate Stock Schedul	e	
efile GRAPHIC print - DO NOT PROCESS   As Filed Data -		DLN: 93491320032836

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCKS	858,360	1,227,511

TY 2015 Legal Fees Schedule	
Name:	WALTER & MARY A STASTNY CHARITABLE

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LEGAL FEES

	<b>EIN:</b> 26-1410			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

**ECHNIDATION** 

300

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<b>EIN:</b> 26-1416886	)		
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ROUNDING			

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<b>EIN:</b> 26-1416886							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
FEES	70						

TY 2015 Taxes Schedule							
Name:	WALTER & MARY A STASTNY CHARITABLE						
ETAL.	FOUNDATION 26 1416996						

960

FOREIGN TAXES PD

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	1,966	1,474		492

6,722

3,841

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Schedule B		Schedu	le of Contributors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information abo	out Schedule B (Fo	Form 990, 990-EZ, or 990-PF orm 990, 990-EZ, or 990-PF) and owwwww.irs gov/form990	its instructions is at	2015	
Name of the organizati		:		Employer	identification number	
FOUNDATION	ASTRI CHARITADEL	•		26-14168	386	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	┌─ 501(c)( )(	(enter number) org	anızatıon			
	T 4947(a)(1)	nonexempt charita	able trust <b>not</b> treated as a private	e foundation		
	☐ 527 politica	al organization				
Form 990-PF	Form 990-PF					
	T 4947(a)(1)	4947(a)(1) nonexempt charitable trust treated as a private foundation				
☐ 501(c)(3) taxable private foundation						
other property	_		hat received, during the year, co s I and II See instructions for de	_		
Special Rules						
under sections treceived from a	509(a)(1) and 170(b)(1	)(A)(vi), that chec ing the year, total o	form 990 or 990-EZ that met the 3 ked Schedule A (Form 990 or 99 contributions of the greater of (1) s I and II	0-EZ), Part II, line 13, 16	Sa, or 16b, and that	
during the year,		ore than \$1,000 ex	r (10) filing Form 990 or 990-EZ t x <i>clusively</i> for religious, charitable ete Parts I, II, and III			
during the year, this box is check purpose Do not	contributions exclusive ked, enter here the total complete any of the pa	ely for religious, chall contributions that arts unless the <b>Ge</b>	r (10) filing Form 990 or 990-EZ to iteratable, etc., purposes, but no some ere received during the year formal Rule applies to this organismore during the year	such contributions totale for an e <i>xclusively</i> religi ization because it recer	ed more than \$1,000 lf ous, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), but	ıt <b>must</b> answer "No" o	on Part IV, line 2, of	e and/or the Special Rules does r fits Form 990, or check the box o oes not meet the filing requirement	on line H of its		

Name of organization WALTER & MARY A STASTNY CHARITABLE FOUNDATION

Employer identification number 26-1416886

Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person 🗸
	STAUNTON FAMILY 20036 PAYGR RD		Payroll
	MALIN, OR97632	\$ 5,000	Noncash —
	MALIN, OR97032		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		s	Payroll
			Noncash —
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		s	Payroll
			Noncash —
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		<u>\$</u>	Noncash —
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		<u>\$</u>	Noncash —
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
		<u>\$</u>	Noncash —
			(Complete Part II for noncash contributions)

Page 3

	Employer identification number		
	26-1416886		
Noncash Property			
(see instructions) Use duplicate copies of Part II if additional space is needed			
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	s		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	s		
	Schedule B (Form 9	990, 990-EZ, or 990-PF) (	
	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given	A STASTNY CHARITABLE  Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed  (b)  Description of noncash property given  (c)  (c)  FMV (or estimate) (see instructions)  (b)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  (d)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  (d)  Description of noncash property given  (d)  (e)  FMV (or estimate) (see instructions)  (f)  FMV (or estimate) (see instructions)  (h)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  (d)  Description of noncash property given  (e)  FMV (or estimate) (see instructions)  (f)  FMV (or estimate) (see instructions)  (h)  Description of noncash property given  (g)  (h)  Description of noncash property given  (h)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)	

Schedule B (Form 990, 9	990-EZ, or 990-PF) (2015)		Page <b>4</b>	
lame of organization		Emp	loyer identification number	
/ALTER & MARY A ST OUNDATION	ASTNY CHARITABLE	26-1	416886	
total more line entry. of \$1,000 or	religious, charitable, etc., contribut than \$1,000 for the year from any or For organizations completing Part II r less for the year. (Enter this inforr e copies of Part III if additional space is r	tions to organizations described ne contributor. Complete columnil, enter the total of exclusively reluation once. See instructions.)	in section 501(c)(7), (8), or (10) that s (a) through (e) and the following igious, charitable, etc., contributions	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. =				
-	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rela	ationship of transferor to transferee	
(a)				
No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
-	Transferee's name, address, and		ationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
.  -				
-	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rela	ationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Rela	ft Relationship of transferor to transferee	
			Schedule B (Form 990, 990-EZ, or 990-PF) (20	