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### Form 990-PF

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

2016

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

					x year beginning	, 2016	, and ending			
	Name			•	. • _			A	Employer identification nur	nber
	The LouVin Foundation  Number and street (or PO box number if mail is not delivered to street a				f mail is not delivered to street	address)	Room/suite	В	26 - 2844097 Telephone number (see instr	uctions)
	P.O. Box 2297  City or town, state or province, country, and ZIP or foreign postal code					, , , , , , , , , , , , , , , , , , , ,			(406) 652-509	•
	City or town, state or province, country, and ZIP or foreign postal code Billings								If avametras application is	nonding shock born
					<del></del>	MT	59103-2297	C	If exemption application is	pending, check here.
	G	Chec	k ali	that apply	Initial return	Initial return of a forme	er public chanty	D	D 1 Foreign organizations, check here	
				}	Final return Address change	Amended return			2 Foreign organizations mee	ling the 85% test check
	<del></del>	`haa		be of organization		Name change		-	here and attach computation	
	п	JIIEC		•	nonexempt chantable tru	(c)(3) exempt private for	undation invate foundation	E	If prevate foundation status	was terminated
	<del></del>	air m		value of all assets a		counting method X C		=	If private foundation status under section 507(b)(1)(A)	
				i, column (c), line 16,	) Selid of year	Other (specify)	Accidar Maccidar	_	If the foundation is in a CO.	
	-	\$		52.	.648. (Part I,	column (d) must be on a	ash basis )	F	If the foundation is in a 60- under section 507(b)(1)(B)	, check here •
	Par	t:1.3	A	nalysis of Re		<u> </u>		<u>.                                     </u>		(d) Disbursements
					total of amounts in od (d) may not neces-	(a) Revenue and expenses per books	(b) Net investmen income	t	(c) Adjusted net income	for charitable
			coi	iumns (b), (c), an nlv equal the amo	ia (a) may not neces- ounts in column (a)	expenses per books	i income		income	purposes (cash basis only)
				ee instructions))			<u> </u>		<u> </u>	(Casil Dasis Offiy)
		T	1		s, etc., received (attach schedule)	N 3 * 100 N N N N N N N N N N N N N N N N N N	K XXXXXXXXX		13:15 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V	
			2	Check ► X if the four	ndation is <b>not</b> required to attach Sch. B			7 ,}		
			3	Interest on savings and te	imporary cash investments	}	j			
~.			4	Dividends and interest from	•				L	
2017		- 1	-	Gross rents	<i></i>					经营运机 医电子
7		- }	D	Net rental income or (loss)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	* *		
0	R	ì		Net gain or (loss) from sale Gross sales price for	e of assets not on line 10 · · · ·	N 0 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
أستحى	V		_	assets on line 6a	· · <del></del>		3 4 3 8 3 N N N	d N		
<del>≥</del>	E		7 8	· •	ne (from Part IV, line 2) I gain		22.5 \$ 2 2.5 2. 58 3	4 3		<u> </u>
MAY	N U		9	Income modifications	-			, 7, ,	<del> </del>	
	E		10 a	Gross sales less returns and	i	86 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W. 3838	*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
$\widetilde{\Pi}$			4.	allowances	<u> </u>			V.		
7.				Less Cost of goods sold	L	A A B A K A K				
Ê		- [	_		ch schedule)			1 - 3	·	
ロリズスマンケ			11	Other income (attach	schedule)	Į	l			
U			12	Total Add lines 1 th	hrough 11					
			13		cers, directors, trustees, etc			E	CEIVED	***************************************
		$\perp$	14	Other employee sal	lanes and wages				100	
		- 1	15		oyee benefits		181	LU	0 1 2017  0	
		~	-	-	hedule)			111	1 ~  (0)	
		D.		• .	ch sch)			_	JE I	
	0	Ņ	`		attach sch)	<b> </b>	<u> </u>	C	DEN, UT	<b> </b>
	P	ş	17 18		ee instrs)	<del></del>				<del> </del>
	E R A	Ř	19	Depreciation (attach		<del> </del>	<del> </del>		<del> </del>	*** ** * * * * * * * * * * * * * * * *
	Ţ	î		schedule) and deplet	ion	L	l		<u> </u>	
	N	<u>.</u> .	20	· ·						
		- 1	21 22	- •	and meetings	<b></b>	<b>}</b>		<del> </del>	
	Ñ	X	23	Other expenses (attac		<del></del>	<del> </del>		<del> </del>	<del></del>
		Εl			ual filing fee	20.	[			20.
		N S E	24	Total operating and	administrative					
		S	25	•	13 through 23	20.	Light Color To The Albertain Co	rapid	D TELEVISION NO TOTAL THE	<u> </u>
		- 1	25 26		spaid	48,300.	Processing a	13613		48,300.
			20	Total expenses and Add lines 24 and 25	dispursements.	48,320.			,3	48,320.
		+	27	Subtract line 26 from	line 12.	Wasan Market I	是多、农家·洛海里	्रेन् <u>त्</u>		
			а	Excess of revenue of		40.000				
			<b>.</b>	and disbursements		-48,320.	N X - X - X - X - X - X - X - X - X - X	35	To an an XVIII de Carlo To an	
					ome (if negative, enter -0-) e (if negative, enter -0-)			ila.		
	BAA	Eo:	_		tion Act Notice, see ins		TEEA0301 12/		<u></u> 6	Form <b>990-PF</b> (2016)
			. 4	pu. 1101.11 110440L	, , , , ,		- LLA0001 12/		-	. On 200-11 (2010)

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Page 2

Par	FIL 1	Balance Sheets column should be for end-of-year amounts only	Beginning of year	End o	i yeai		
	<u></u>	Balance Sheets column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash – non-interest-bearing	100,968.	52,648.	52,648.		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶	- 1				
		Less allowance for doubtful accounts					
	4	Pledges receivable	, , , , , , , , , , , , , , , , , , , ,	*	-		
	1	Less allowance for doubtful accounts					
-	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other	· · · · · · · · · · · · · · · · · · ·				
		disqualified persons (attach schedule) (see instructions)			<u> </u>		
A	7	Other notes and loans receivable (attach sch)		1			
		Less allowance for doubtful accounts		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
š	8	Inventories for sale or use			,		
A S E T	9	Prepaid expenses and deferred charges					
Ś	10 a	Investments – US and state government obligations (attach schedule)					
	l t	investments — corporate stock (attach schedule)					
		Investments — corporate bonds (attach schedule)					
	11						
		equipment basis					
	1	(attach schedule)					
	12	Investments – mortgage loans					
	13	Investments – other (attach schedule)					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)	ł i				
	15 16	Other assets (describe Total assets (to be completed by all filers —					
		see the instructions Also, see page 1, item I)	100,968.	52,648.	52,648.		
Ļ	17	Accounts payable and accrued expenses					
Ä	18	Grants payable					
В	19	Deferred revenue		<u> </u>			
Ŀ	20	Loans from officers, directors, trustees, & other disqualified persons					
Ţ	21	Mortgages and other notes payable (attach schedule)					
į E	22	Other liabilities (describe					
S	23	Total liabilities (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.					
NF	24	Unrestricted					
E U	25	Temporarily restricted					
D	26	Permanently restricted					
A B S L L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					
ĔĹ	27	Capital stock, trust principal, or current funds					
S N	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
O E	29	Retained earnings, accumulated income, endowment, or other funds	100,968.	52,648.			
ŔŠ	30	Total net assets or fund balances (see instructions)	100,968.	52,648.			
	31	Total liabilities and net assets/fund balances (see instructions)	100,968.	52,648.			
Par	t III	Analysis of Changes in Net Assets or Fund Balance		32,010.	<u> </u>		
		net assets or fund balances at beginning of year — Part II, column		uth			
1	end-	of-year figure reported on prior year's return)	(a), ime oo (must ayree w	1 1	100,968.		
2	Enter	r amount from Part I, line 27a		2	-48,320.		
3	Other	increases not included in line 2 (itemize) ▶		3			
4	4 Add lines 1, 2, and 3						
5	Decre	ases not included in line 2 (itemize)		5			
6_	Total	ases not included in line 2 (itemize)	art II, column (b), line 30	6	52,648.		

Form 990-PF (2016) The Louv	in Foundation d Losses for Tax on Investmen	t Income		26-2844097	Page 3
(a) List and describ	be the kind(s) of property sold (e g , real chouse, or common stock, 200 shares ML	estate,	b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr)
1a			D CONCLOSI		
b					
- c				<b></b>	
d				<del> </del>	
<u>e</u>	(f) Depreciation allowed	(a) Cost or other house		(h) Corn or	(laca)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	•	(h) Gain or i (e) plus (f) mir	
a		<del></del>			
b	<del></del>				
				<del></del>	<del></del>
e		<del></del>			<del></del>
<del></del>	wing gain in column (h) and owned by the	foundation on 12/31/69		Ø Carra (Ca)	0-)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	ti	(1) Gains (Col gain minus col (k), bu ian -0-) <b>or</b> Losses (fro	it not less
a	<del> </del>		<del>+-</del>		
b					
С		<del></del>		<del></del>	<del></del>
d					
е					
Part V . Qualification Und (For optional use by domestic privat If section 4940(d)(2) applies, leave t	·	d Tax on Net Investment ind	come )		
	ction 4942 tax on the distributable amount lify under section 4940(e) Do not complete.	* *	iod? 	Yes	<u>X</u>  No
1 Enter the appropriate amount	in each column for each year, see the ins	structions before making any	entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use asse	ts	(d) Distribution (col (b) divided	
2015	61,117.	86	,576.		0.705935
2014	114,015.		,091.		2.322523
2013	87,000.		,586.		1.079592
2012	94,100.		,440.		1.942609
2011	60,700.	45	,805.	<del></del>	1.325183
2 Total of line 1, column (d)			2	ļ	7.375842
	ne 5-year base period — divide the total on has been in existence if less than 5 year				1.475168
•	ritable-use assets for 2016 from Part X, Ii		<del></del>		71,361.
·					
					105,269.
·	come (1% of Part I, line 27b)		<u> </u>	<u>                                     </u>	
7 Add lines 5 and 6	. <i></i>		7	1	105,269.

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

Form	1990-PF (2016) The LouVin Foundation	26-	2844	097		F	Page 4
	t:VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see	instr	uction	15)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here · · · · • and enter 'N/A' on line 1		L				
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)		İ	l			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,		1	L			
	check here . • and enter 1% of Part I, line 27b		l	Į .			,
- 0	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				.~	····	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		1	l			
_	foundations only Other's enter -0-)			L_			
3	Add lines 1 and 2						0.
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) .		4	<u> </u>			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5	<u> </u>			0.
6	Credits/Payments			l		* 3 ,	
	2016 estimated tax pmts and 2015 overpayment credited to 2016		ļ.	[	2%	,	٠.
	Exempt foreign organizations — tax withheld at source		*	> 5			*******
	Tax paid with application for extension of time to file (Form 8868) 6 c		1 3				A &:
_	Backup withholding erroneously withheld		نقينا	سد ثقُّد،	<u></u>	1	
7	Total credits and payments Add lines 6a through 6d		7	<u> </u>			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	<u> </u>			0.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded .	<u>· · · · · · · · · · · · · · · · · · · </u>	11	l			
Par	t VII-A Statements Regarding Activities				Baks >	<del></del> -	т
1 a	Dunng 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?				1 a		No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?				1 b		x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials public or distributed by the foundation in connection with the activities	lished			**		
d	Did the foundation file Form 1120-POL for this year?		• • •		1 c		X
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers • \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2	\$	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes				J		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?						Х
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?				4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х
	If 'Yes,' attach the statement required by General Instruction T					* 4	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or				1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that co	nflict					
	with the state law remain in the governing instrument?				6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV				7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>		_	X A	1	1 2
	MONTANA				7 19		
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			 	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete	4942(j <i>Part )</i>	)(5) (IV .		9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nand addresses	ames	<u></u>		10		х
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	1990-1 (2010) The Louvin Foundation 26-284409	7		aye o
Pai	TEVII: 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	Yes	No X
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
14	Website address	652		
-	Located at 3102 Solar Blvd Billings MT ZIP+4 59102	_0_5_2	_302	<u>~</u>
15				
	and enter the amount of tax-exempt interest received or accrued during the year			<u>니</u>
16	At any time during calendar year 2016, 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?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes,' enter the name of the foreign country			
Pai	rtWII-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.	1/2 4	Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			Ų.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes		Au, "	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		<b>*</b> *	
	(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)?			
	(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 )			
Ł	olf 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)?	1 b		). · L
	Organizations relying on a current notice regarding disaster assistance check here	<b>4</b>		
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 2016?	1 c	\\\dagge\).\!\!	X
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	t At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	X		
	If 'Yes,' list the years  20 , 20 , 20 , 20 , 20		"A . "	
t	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 all years listed, answer 'No' and attach statement — see instructions)	2 b		
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	*		· 1
	► 20, 20, 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
t	olf 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year penod (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 2016)	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		
	Chantable purposes 7	48	10 July 2 1 1	<u> X</u>
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 2016?	4 b	1	X
	mounty on organing according to the contract of the contract o	70	1	Λ

Form **990-PF** (2016)

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Form 990-PF (2016) The LouVin Founda	tion		26-28	44097 Page 6					
Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continued)	· · · · · · · · · · · · · · · · · · ·					
5 a During the year did the foundation pay or incur a			О., С						
(1) Carry on propaganda, or otherwise attempt	to influence legislation (se	ection 4945(e))?	Yes X	No ,					
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	No								
(3) Provide a grant to an individual for travel, str	No The second								
(4) Provide a grant to an organization other that in section 4945(d)(4)(A)? (see instructions)	No San								
(5) Provide for any purpose other than religious educational purposes, or for the prevention	No No								
described in Regulations section 53.4945 or in a	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 regard			_	5b					
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsit	foundation claim exemplication for the grant?	tion from the	_ ∏Yes □	l No					
If 'Yes,' attach the statement required by Regula									
6 a Did the foundation, during the year, receive any on a personal benefit contract?	funds, directly or indirect	ly, to pay premiums	Yes X	No					
b Did the foundation, during the year, pay premiur	ns, directly or indirectly, o	on a personal benefit con	tract?	6b X					
If 'Yes' to 6b, file Form 8870.		44	□v . □	]No					
7 a At any time during the tax year, was the foundat b If Yes,' did the foundation receive any proceeds				No 25 20 30					
Part VIII Information About Officers, D									
and Contractors		······································							
1 List all officers, directors, trustees, foundation	<del></del>			<del>,</del>					
(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					
Dennis C McGinnis			<del></del>						
P.O.Box 20598	Pres/Treas/Director								
Billings MT 59104	1.00	0.	0.	0.					
Louise F Larsen		'	•	}					
910 Cobourn Rd	Vice Pres./Director	'		}					
Billings MT 59101	1.00	0.	0.	0.					
Tonya Appelt		ļ							
2436 Southridge Dr.	Sec'y/Director	,		1					
Billings MT 59102	1.00	0.	0.	0.					
Paige Spalding			•	ţı.					
105 O'Malley Dr.	Director 1.00	0.							
Billings MT 59102  2 Compensation of five highest-paid employee			0.	nter 'NONE '					
	(b) Title, and average	idea on inic 1 see ii	(d)Contributions to	T					
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances					
None				,					
			ı	<u> </u>					
		<del> </del>							
			<u> </u>						
	· <b> </b>								
	].								
	1								
		<del></del>	<del></del>	<del> </del>					
	.[								
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u> </u>	None					

3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
•		
-,	ł	
<del></del>		
	İ	
Total number of others receiving over \$50,000 for professional services		None
		NOITE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical info organizations and other beneficianes served, conferences convened, research papers produced, etc	ormation such as the number of	Expenses
1 None		
		0.
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction		
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1 None		
		0
2		0.
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<u>······</u>	None Form <b>990-PF</b> (2016)
D44		

Pai	see instructions.)	gn roui	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc., purposes  Average monthly fair market value of securities	1 a	
t	Average of monthly cash balances	1 b	72,448.
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 a	72,448.
	Reduction claimed for blockage or other factors reported on lines 1a and		
-	1c (attach detailed explanation)	النائد شعد ا	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	72,448.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,087.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	71,361.
6	Minimum investment return. Enter 5% of line 5	6	3,568.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here Pand do not complete this part.)	found	lations
1	Minimum investment return from Part X, line 6	1	3,568.
2 a	Tax on investment income for 2016 from Part VI, line 5	2 3.	
t	Income tax for 2016 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2 c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,568.
4	Recoveries of amounts treated as qualifying distributions	4	<del></del>
5	Add lines 3 and 4	5	3,568.
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	3,568.
Par	t XII Qualifying Distributions (see instructions)		
а	Amounts paid (including administrative expenses) to accomplish chantable, etc , purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	48,320.
b	Program-related investments — total from Part IX-B	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	48,320.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,320.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years	undation	1
BAA			Form <b>990-PF</b> (2016)

## Part XIII Undistributed Income (see instructions)

			(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
	Distributable amount for	or 2016 from Part XI			2013	2016
•	line /		•			2 560
	2 Undistributed income, if any	y, as of the end of 2016				3,568
-		only	•		0.	İ
	b Total for prior years 20 3 Excess distributions carrow	, 20, 20				
•	3 Excess distributions carryoval From 2011	1				, , , , , , , , , , , , , , , , , , ,
	<b>b</b> From 2012	30,410.	<b>↓</b> `,	}	, ,	, · ·
	c From 2013	<u> </u>	<b>」</b> ′		, , ,	
	<b>d</b> From 2014	02,371.				* :
	e From 2015	<u> </u>		* *		ر . رسان در این از این از این از این از این از این از این از این از این از این از این از این از این از این از این ا
	f Total of lines 3a throug	jn e	401,407.	Carlo A St. C. C. C. C.		
	Qualifying distributions XII, line 4 S			a de final de		
	XII, line 4 \$ a Applied to 2015, but no	48,320. t more than line 2a				
	b Applied to undistributed	I Income of prior years			\$ 18 100 A C 10 W	
	(Election required - se	e instructions)				
	<ul> <li>Treated as distributions</li> <li>(Election required — see</li> </ul>	e instructions)				
	d Applied to 2016 distribu	table amount				
	<ul> <li>Remaining amount distr</li> </ul>	buted out of corpus	44,752.			3,568.
5	Excess distributions carryove	er applied to 2016				
	(If an amount appears in same amount must be s	n column (d), the	11 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			2 % × 1,00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	annount made by a	mown in column (a) )				
6	Enter the net total of e	ach column as		* * } } } ? ? * *		
	indicated below:	i				
	a Corpus Add lines 3f, 4c, and	4e Subtract line 5	446,159.			
	b Prior years' undistributed line 4b from line 2b	d income Subtract		* * * * * * * * * * * * * * * * * * * *		
	C Enter the amount of prior	r vears' undistributed		0.		
	income for which a notic been issued, or on which	e of deficiency has				
	tax has been previously	assessed	1411111			
	Subtract line 6c from line	<u> </u>				
	amount - see instruction	is				
•	Undistributed income for 2015	Subtract line 4a from	S S S - 10 S - 2 10	<u> </u>		
	line 2a Taxable amount — se	e instructions			3.3	
	I Indictability of the second		ANDARANA	- 1	0.	. 3 3 " 8 4
'	Undistributed income for 4d and 5 from line 1. This	2016 Subtract lines s amount must be				
_	distributed in 2017					
7	Amounts treated as distri	butions out of				O.
	corpus to satisfy requirent section 170(b)(1)(F) or 49	942(a)(3) (Election				
	may be required - see in	structions)				
8	Excess distributions carry applied on line 5 or line 7	over from 2011 not	3			
	applied on line 5 or line 7	(see instructions)	58,410.			
9	Excess distributions ca	rryover to 2017.	li ,			
10	Subtract lines 7 and 8 from Analysis of line 9	m line 6a	387,749.	<u> </u>		
	Excess from 2012				1 2 30 Vist 3 19	
	Excess from 2012	91,678.				
	Excess from 2013	82,971.				(1) (1) (1)
	Excess from 2015	111,560.		。		
	Excess from 2015	56,788.	* * * * * * * * * * * * * * * * * * * *			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
BAA	EA0000 HOIII 2010	44,752.	* 4 . * * * * * * * * * * * * * * * * *			

Form 990-PF (2016) The LouVin Founda	ation			26-284409	7 Page <b>10</b>
Part XIV   Private Operating Foundations (see instructions and Part VII-A, question 9)					
1 a If the foundation has received a ruling or det is effective for 2016, enter the date of the rul	ermination letter tha ing	t it is a private opera	iting foundation, and	the ruling	
b Check box to indicate whether the foundation	_			4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
income from Part I or the minimum investment return from Part X for each year listed	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
<b>b</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	i		
(1) Value of all assets		<del> </del>	<del> </del>	ļ	<del></del>
(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					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties)</li> </ol>					
(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	F				
(4) Gross investment income	<del>. , , , , .</del>			<u> </u>	
Part XV Supplementary Information	(Complete this	part only if the	foundation ha	d \$5,000 or more	in
assets at any time during th	_ <u></u>	structions.)			
Information Regarding Foundation Manag     List any managers of the foundation who have close of any tax year (but only if they have compared to the comp	e contributed more	than 2% of the total (\$5,000) (See section	contributions receive on 507(d)(2))	ed by the foundation b	efore the
Louise F Larsen					
b List any managers of the foundation who own	10% or more of the	stock of a corporat	ion (or an equally la	rge portion of the own	ership of
a partnership or other entity) of which the fou None	ndation has a 10% (	or greater interest			
	4 0'8 1 - 0 :				
2 Information Regarding Contribution, Gran Check here  X if the foundation only ma requests for funds If the foundation makes g complete items 2a, b, c, and d	kes contributions to	preselected charital	ble organizations an	d does not accept uns ons under other condi	olicited tions,
a The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed	
· · · ·		·			
b The form in which applications should be sub	mitted and informat	on and materials the	ey should include	<del></del>	
c Any submission deadlines					
d Any restrictions or limitations on awards, such	h as by geographica	ıl areas, chantable fi	elds, kinds of institut	tions, or other factors	
DAA	Tri	TA0210 12/16/16		E	orm 000 DE /2016)

Form 990-PF (2016) The LouVin Foundation

[PartXV | 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	Purpose of grant or contribution	Amount
Name and address (home or b	business)	or substantial contributor	recipient	Contribution	
<ul> <li>a Paid during the year</li> </ul>					
Amer.Educational Trust	=	:	1		
P.O. Box 53062				(	
Washington	DC 20009	L.	501 (c) (3)	Education	5,000.
Americans for Middle East U	Understanding	Į.		ĺ	
475 Riverside Dr.				1	
New York	NY 10115		501(c)(3)	Education	5,100.
Angela'a Piazza, Inc.		1	1	j .	
420 Grand Avenue		1		i	
Billings	MT 59101		501(c)(3)	Welfare & Education	1,000.
Billings Public Library	Foundation		1	(	
510 North Broadway		ļ	İ	į	
Billings	MT 59101	ļ	[501 (c) (3)	Welfare & Education	7,000.
Jewish Voice for Peace	9				
1611 Telegraph Avenue		}	]	] ]	
Oakland	CA 94612	}	501(c)(3)	Education	3,000.
Middle East Childen's	Alliance	}			
901 Parker Street	CA 94710	{	501 (-) (2)	Walsan s na anti-	2 000
Berkeley Montana Rescue Mission		·	  201(C)(3)	Welfare & Education	3,000.
P.O. Box 3232	1		į.		
Billings	MT 59103		501 (0) (3)	Humanitarian aid	E 000
Yellowstone Art Museum		}	1501(0)(3)	Humanicarian aid	5,000.
401 N. 27th Street	ıı	}	}		
Billings	MT 59101		E01 (a) (2)	Education	2,000.
Yellowstone River Park			1301 (6) (3)	Education	2,000.
P.O. Box 1201	as Assoc.		}		
Billings	MT 59103		[501 (c) (3)	Education	5,000.
See Line 3a statement					3,000.
			ļ		
			-		12,200.
		1		}	
Total	<u> </u>		<u> </u>	3a	48,300.
<b>b</b> Approved for future payment					
			,		
			ļ		
			ļ		
			•		
			{	ļ	
			}		
		}			
				1	

Par	taxvira Analysis of Income-Producin	g Activities				
	gross amounts unless otherwise indicated.		ed business income	Exclude	ed by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
	Program service revenue	<u> </u>	ļ	code		
	None	_		<b> </b>		
. b	<del></del>			<del> </del> -	<del> </del>	<u> </u>
C		<del>-}</del>	<del> </del>	<del> </del>	<del> </del>	
d · e			<del></del>	<del></del>	<del> </del>	
f		<del></del>		<del> </del>	<del> </del>	
, a	Fees and contracts from government agencies .			<del> </del>	<u> </u>	
_	Membership dues and assessments	<u> </u>	<del></del>	<del>                                     </del>	<del> </del>	<del> </del>
	Interest on savings and temporary cash investments			<del> </del>	<del> </del>	
	Dividends and interest from secunties		<del>                                     </del>	<del>                                     </del>	<del> </del>	<del></del>
	Net rental income or (loss) from real estate			36/8/40		KARATA
а	Debt-financed property		***************************************		1	V W. 1 W. 1 W. 1 W. 1 W. 1
b	Not debt-financed property	.			<del> </del>	
	Net rental income or (loss) from personal property			<u> </u>		<del></del>
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	<b>1</b> , <b>1</b> , 1		3.17		
а						
ь						
C			<u> </u>			
ď			ļ			
е	<del></del>			ļ		
	Subtotal Add columns (b), (d), and (e)			\$5,5		<u> </u>
	Total. Add line 12, columns (b), (d), and (e)		• • • • • • • • • • • • • • • • • • • •		13	
	worksheet in line 13 instructions to verify calculation		<del> </del>			
	XVI-B Relationship of Activities to t	<del></del>				
Line	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report	ed in column (e) of Part	XVI-A co	ontributed importantly to	the
		t purposes (our	er triair by providing fund	15 IOI Sui		
N/A		<del>.</del>			<del></del>	<del></del>
	<del></del>		<del></del>			<del></del>
			<del></del>			<del></del>
	<del></del>		<del></del>			
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	<del></del>	<del></del>	<del>"</del>			<del></del>
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					·	
			·			
			<del></del>			

# Form 990-PF (2016) The LouVin Foundation 26-2844097 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

																			Yes	No
1 D	ld the o	rganization dire	ectly or	ındirec	tly enga	age in a	iny of th	e follow	ving with	any other	ег ог	ganızation	1						103	<del>  140</del> -,
d	escribe	d in section 501 o political organ	(c) of t	the Cod	e (othe	r than s	section 5	501(c)(3	3) organi	zations)	or in	section 5	27,							!
	_	s from the repor					dabla a		!									+	_	
																		<u> </u>	سنسنا	أعسسنا
		1												· · ·		• •		1 a (1)	ļ	X
(2	2) Othe	r assets							• • • • •									1 a (2)	<u> </u>	X
ρO	ther tra	nsactions																	45"	2
(1	I) Sale	s of assets to a	nonch	antable	exemp	ot organ	ızatıon.			<i>.</i>								1 b (1)		X
		hases of assets																1 b (2)		Х
		al of facilities, e																1 b (3)	<b>-</b>	X
•		nbursement arra		-												• •			ł —	<del>                                     </del>
			·													• •		1 b (4)	<del> </del>	X
•		is or loan guara														• • •		1 b (5)	<u> </u>	X
-	•	ormance of serv			•		•											1 b (6)	<u> </u>	X
¢ S	haring o	of facilities, equi	ipment	t, mailin	g lists, e	other a	ssets, o	r paid e	mployee	s								1 c		X
													_				_			
th	ne good:	wer to any of the s, other assets, action or shann	or ser	vices gi	ven by	the rep	orting fo	oundatio	on If the	foundat	tion re	eceived le	ess tha	an fai	ir mar	ket va	ket v alue	alue of in		
(a) Line		(b) Amount involve							anization	T		Description (					and c	hanna arran	nomoni	-
(a) cinc	- 110	(D) Amount myon	*CG	(0)	Tadific O	THOTICITA	IIIabic CX	ciript org	anization		(u) :	Description	UI (I all	31613,	uaisa	Julions,	aliu 5	namy arran	igenieni	<u> </u>
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									-											
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								-		<del></del>										<del></del>
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		<del></del>																		
	<del></del>		——-}-																	
		<del></del>				-														
de	escribed	ndation directly in section 501 omplete the follo	(c) of t	he Code	e (other	l with, c r than s	or related ection 5	d to, on 501(c)(3	e or mor 3)) or in s	e tax-ex ection 5	empi 27?	t organiza	tions					. Yes	з Х	No
		Name of organi	<u></u>		<u> </u>		(b) Tvn	e of or	ganizatio	n	Т		(c	) Des	criptio	on of	relati	onship		
							(-7-77		<u></u>		-			,						
		<del></del>			<del> </del>															
		<del></del>									$\dashv$									
											-									
											Щ,									
Sign	Under pe correct, a	nalties of perjury, I d and complete Declar	leclare the ration of p	nat i have o preparer (o	examined other than	this retur taxpayer	n, includin r) is based	g accomp on all info	anying schormation of	edules and which prep	d stater parer h	ments, and to las any knowl	the be ledge	st of m	ıy know	ledge a	and be	May the	RS disc	JSS
Here	_	Do		pn	145	· ~	`	4	-17-2	2017		~~~	n= /·	T	a = · · ·	×		this return preparer	shown b	elow
	Signati	ure of officer or truste		w.///	, <u>, , , , , , , , , , , , , , , , , , </u>			Date	1 4 4	<u> </u>	Title	reside	nt/	rre	asu	rer		(see instr	uctions)	<u> </u>
	Signati					- т	D '				1106					-,-			Yes	X No
		Print/Type preparer	rs name			ł	Preparer's	signature	Э			Date			Check	L	ų	PTIN		
Paid		ļ					<b></b>					<u> </u>		s	elf-emp	oloyed				
Prepa	rer	Firm's name	• N	on	- Pa	$\overline{a}\overline{a}$	a E	re	pa	rei	$\subseteq$			Firm's	EIN I	>				
•		Firm's address	• <u> </u>																	
Use O	riiy		_											Phone	e no					
BAA								-			_			FIGH	3 110			Form 99	0.55	2040
DAA																		PULM 00	.ı.₽⊊ /	/H161

Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement** 

Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year Yellowstone Valley Animal Shelter 1735 Monad Road Billings MT 59101 Big Brothers & Big Sisters of Yell.Co. 2123 - 2nd Ave.N #B Billings MT 59101 Habitat for Humanity 201 North 15th Street		501 (c) (3)  501 (c) (3)		Person or Business X 1,000. Person or Business X 1,000. Person or Business X
Billings MT 59101		501 (c) (3)	Humanitarian aid	10,000.
Montana Audubon  324 Fuller Ave. #N5  Helena MT 59624		501 (c) (3)	Education	Person or Business X
The Family Tree Center 2520 - 5th Ave. South Billings MT 59101		501 (c) (3)	Humanitarian aid	Person or Business X 100.

Total

12,200.