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## Form **990-PF**

### **Return of Private Foundation**

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

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

Department of the Treasury Internal Revenue Service

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

For	caler	ndar year 2016 or tax year beginning		, and ending		
		foundation			A Employer identification	on number
		STEAD FOUNDATION				_
		JERRE L STEAD	<del> </del>	<del></del>	30-602299	7
		and street (or P O box number if mail is not delivered to stree		Room/suite	B Telephone number	170
		40 E. HAPPY VALLEY ROAL		674	480-483-1	
	-	own, state or province, country, and ZIP or foreign ; TTSDALE, AZ 85255	postal code		C If exemption application is	s pending, check here
		TTSDALE, AZ 85255 (all that apply: Initial return	Initial return of a fo	rmar nublic charity	D 1 Foreign organizatio	no obook horo
u	CHECK	Final return	Amended return	inner public charity	P I Foreign organizatio	iis, check here
		Address change	Name change		2 Foreign organizations r check here and attach	meeting the 85% test,
н	Check	type of organization: X Section 501(c)(3) e			7	-
ï	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation s under section 507(b)(	·
l F		arket value of all assets at end of year   J Account		Accrual	F If the foundation is in	
		Part II, col. (c), line 16)	ther (specify)		under section 507(b)(	
	<b>\$</b>	520 , 703 . (Part I, colu	ımn (d) must be on cash b	oasis)	`	
P	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
_	Τ.	necessarily equal the amounts in column (a)	9,343,454.		<del></del>	(cash basis only)
	1 .	Contributions, gifts, grants, etc., received  Check it is the foundation is not required to attach Sch. B	9,343,434.		N/A	<del></del>
	2	Interest on savings and temporary	91.	91.	<del> </del>	STATEMENT 1
	4	Dividends and interest from securities	3.	3.		STATEMENT 2
	1	Gross rents	j	<u>~</u>	•	DIMILIMENT Z
	1	Net rental income or (loss)		<del></del>	<del> </del>	
	62	Net gain or (loss) from sale of assets not on line 10	2,212,076.	· <del>,,,,,,,,</del>		†
ä	Ь	Gross sales price for all assets on line 6a 6,379,150.		<del></del>		
Revenue	7	Capital gain net income (from Part IV, line 2)		2,212,076		
ã	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances FOE VLD				
		Less Cost of goods soid	ļ		ļ	
	ļ	Gross plofit or (loss) Other incomeMAY 1 3 2017 Total And lines 1 through 11			ļ	<del></del>
	11	Other income MAY 1 3 2017	11 555 604	0.010.150	<del> </del>	<u> </u>
	12		11,555,624.	2,212,170	<del> </del>	+
- -	13	Compensation of officers directors, trustees, etc Other employee salaries and wages	0.	<u>U</u> ,	·	0.
2	14	Pension plans, employee benefits			<del> </del>	<del></del>
S C.		Legal fees		<del></del>	<del> </del>	
MAT 2 U	, b	Accounting fees STMT 3	1,000.	1,000	,	0.
i i	C	Other professional fees				
<u>≩</u> §	17	Interest				
Z <u>‡</u>	17 18 19 20 21 22	Taxes				
OCAININED O	19	Depreciation and depletion				<u> </u>
<b>7</b>	20	Occupancy			 	<del></del>
> 8	21	Travel, conferences, and meetings			<del> </del>	<del></del>
		Printing and publications			<del> </del>	+
i.	23	Other expenses STMT 4	22.	22.		0.
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	1,022.	1,022		0.
ő	25	Contributions, gifts, grants paid	9,194,665.	1,022	•	9,194,665.
	26	Total expenses and disbursements.	7,131,000	<del></del>		7,11,1003.
	-	Add lines 24 and 25	9,195,687.	1,022	,	9,194,665.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	2,359,937.		<u></u>	<u></u>
	b	Net investment income (if negative, enter -0-)		2,211,148		
		Adjusted net income (if negative, enter -0-)			N/A	
623	501 11	-23-16 LHA For Paperwork Reduction Act Notice	e, see instructions.		(1)	Form <b>990-PF</b> (2016)

$\alpha / \alpha$	JERRE	T	תגישויים
	UERRE		SIEAD

	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Ena of	
-	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4.	500,094.	500,094.
	2	Savings and temporary cash investments			
	1	A			<del></del>
	ľ	Accounts receivable  Less: allowance for doubtful accounts			
	4	Diadaga recountle		<del></del>	
	} *		1	•	
		Less: allowance for doubtful accounts		<del></del>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	1	ŀ	
	(	disqualified persons			
	7	Other notes and loans receivable			
	}	Less: allowance for doubtful accounts -			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
	l	Investments - corporate stock			
	1	Investments - corporate bonds			<del></del>
	1 -	Investments - land, buildings, and equipment basis			
	' '				
	40	Less accumulated depreciation			
	ì	Investments - mortgage loans Investments - other STMT 5		10 126	20 600
	13		0.	19,136.	20,609.
	14	Land, buildings, and equipment. basis	ì		
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	4.	519,230.	520,703.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ý	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe			
		Other habilities (describe)			
	00	Tatal liabilities (add lings 17 through 22)	_ 0.	0.	
	23	Total liabilities (add lines 17 through 22)	<del></del>	<del></del>	
	}	Foundations that follow SFAS 117, check here		)	
es	Ì	and complete lines 24 through 26 and lines 30 and 31.	1		
ဥ	,	Unrestricted			
a a	25	Temporarily restricted			
8	26	Permanently restricted			
Ĕ	Ì	Foundations that do not follow SFAS 117, check here	1		
or Fund Balanc		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	4.	519,230.	
ét	30	Total net assets or fund balances	4.	519,230.	
_					
	31	Total liabilities and net assets/fund balances	4.	519,230.	
P	art	Analysis of Changes in Net Assets or Fund B	aidiices		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	4
	•	r amount from Part I, line 27a		2	2,359,937.
		r increases not included in line 2 (itemize) ADJUST GRAN	חשם בשם משים חשים		534,687.
		lines 1, 2, and 3	חז מתאשוני חדי		2,894,628.
			מוואסים מיוון	1 POOK 5	
		eases not included in line 2 (itemize)  ADJUST CONTRIB			2,375,398.
6	ı ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numin (b), line 30	6	519,230.
					Form <b>990-PF</b> (2016)

Form 990-PF (2016) C/O JERRE L STEAD

Part IV Capital Gains a	nd Losses for Tax on Ir	nvestment	t Income					<b>,</b>
<ul> <li>(a) List and description</li> <li>2-story brick war</li> </ul>	be the kınd(s) of property sold (e.g ehouse; or common stock, 200 sh:	,, real estate, s. MLC Co.)		P-F	w acquired Purchase Donation		te acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1a IHS MARKIT LTD	<del></del>	<u>-</u>	<del></del>	1-5-	P			07/13/16
b IHS MARKIT LTD		<del></del>		†	P	07/	13/16	07/18/16
C C	<del></del>			<del> </del> -	<del>-</del>	0,,	<u> </u>	07/10/10
d				<del>                                     </del>				<del> </del>
e				T				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) (e) p	Gain or (loss lus (f) minus	(g)
a 6,379,132.		<u> </u>	4,167,05	7.				2,212,075.
b 18.				7.			<del></del>	1.
C								
d								
e								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69				(Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (յ), ıf any		C	ol. (k), bu Losse	t not less that es (from col. (	n -0-) <b>or</b> (h))
a								2,212,075.
b								1.
С								
d								
e								
2 Capital gain net income or (net cap	If gain, also enter of If (loss), enter -0	r in Part I, line I- in Part I, line	7 7	}	2			2,212,076.
3 Net short-term capital gain or (loss	) as defined in sections 1222(5) ar	nd (6):						
If gain, also enter in Part I, line 8, c		. ,		}				
If (loss), enter -0- in Part I, line 8	1 0 0 0 0 0 0	<del></del>	<del></del>	بالل	3		<u> N/A</u>	·
<del></del>	nder Section 4940(e) for				stment in	come		
(For optional use by domestic private	·	4940(a) tax on	net investment in	ісогпе.)				
If section 4940(d)(2) applies, leave thi	s part mark.							
Was the foundation liable for the section	on 4942 tax on the distributable am	nount of any ye	ar in the base per	riod?				Yes X No
If "Yes," the foundation does not qualif				<del></del>				<del></del>
1 Enter the appropriate amount in ea		nstructions bei	ore making any e	intries.				(4)
(a) Base period years Calendar year (or tax year beginnin	Adjusted qualifying dis		Net value of no	(c) incharita			Distrib (col. (b) div	(d) oution ratio orded by col. (c))
2015		0.				4.		.000000
2014		0.				4.		.000000
2013		0.				4.		.000000
2012		500.				4.		125.000000
2011		500.				4.		<u>125.000000</u>
2 Total of line 1, column (d)						2		250.000000
3 Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of years	3	- {	}	
the foundation has been in existen	ce if less than 5 years					3	<del> </del>	50.000000
4 Enter the net value of noncharitable	e-use assets for 2016 from Part X,	line 5				4	<del> </del>	3,498,790.
5 Multiply line 4 by line 3						5	17	4,939,500.
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6		22,111.
7 Add lines 5 and 6						7	17	4,961,611.
	Dart YII line A						-	
8 Enter qualifying distributions from		46	tare de la la			8_	ــــــ	9,194,665.
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	ib, and comp	iete that part usin	ıg a 1% i	tax rate.			
623521 11-23-16			<del></del>				F	orm <b>990-PF</b> (2016)

THE STEAD FOUNDATION

	990-PF (2016) C/O JERRE L STEAD  † VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b)	, 4940(e), or 4	30-602 <b>948 - see</b>	2997 instru	ıctio	Page 4 ns)
1a E	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line	1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instru					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter	l l	1	4	4,2	23.
C	of Part I, line 27b					
c A	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12,	col. (b).				
<b>2</b> T	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0.
_	Add lines 1 and 2		3	4	4, 2	23.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4		<del></del>	<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	4	4,2	23.
	Credits/Payments:					
	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Exempt foreign organizations - tax withheld at source	<del></del>				
	Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld  Table and the sad assessment Add have Set through Set		_			^
	Total credits and payments. Add lines 6a through 6d  Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached		7		1 0	<u> </u>
		_	8		1,0	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	4	5,2	04.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded >	10			
	t VII-A Statements Regarding Activities	Retunded				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it par	ticinate or intervene		Ţ	Yes	No
	any political campaign?	noipate of missiveme		1a		Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction	ns for the definition	)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an		•	1		
	distributed by the foundation in connection with the activities	,				ĺ
	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.			•	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
r	managers. ► \$ 0 .					
2 F	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
1.	If "Yes," attach a detailed description of the activities					
3 H	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	s of incorporation, c	r			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		_X_
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		_X_
	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      Description of the selection that affects also are added to a construction of the selection of the select	معالمة والمطابعة	la			,
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that common the source in the source product of the common that it is not considered.</li> </ul>	onnict with the state	iaw		v	
	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, cc</i>	ul (a) and Dart VI		7	X	
7 [	Uiu the foundation have at least \$5,000 in assets at any time during the year in tres, Complete Fart II, Co	ii (C), and Part Av		-	Λ	
	Enter the states to which the foundation reports or with which it is registered (see instructions)					
b l	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (o	r designate)		}		
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
	ls the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o		ndar			- <del></del>
-	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XI			9		X
10 [	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	and addresses		10		
			Fo	rm <b>990</b>	)-PF	(2016)

Pa	art VII-A Statements Regarding Activities (continued)	_		
		T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	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?	13	X	
	Website address ► NA			
14	The books are in care of ► HENRY & HORNE LLP  Telephone no. ► 480 - 48	33-1	170	
	Located at ► 7098 E. COCHISE ROAD, SUITE 100, SCOTTSDALE, AZ ZIP+4 ►8			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>•</b>	-
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	<u> </u>		
	foreign country	1		}
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	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?			ľ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			}
	(5) Transfer any income or assets to a disqualified person (or make any of either available	}		
	for the benefit or use of a disqualified person)?			
	(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.)		ì	
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1 1	Ì	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? $N/A$	1b		
	Organizations relying on a current notice regarding disaster assistance check here		}	
C	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?	1c	1	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	}	
	defined in section 4942(j)(3) or 4942(j)(5)):		]	
а	a 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? Yes X No	1 1	ł	
	If "Yes," list the years	1 1	į	
D	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		ļ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	.	1	
	statement - see instructions.)  N/A	2b		
C	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.		į	
•	Pull the foundation held many them a COV divisation individual to the state of the			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  during the year?  Yes X No		- 1	
			- {	
C	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after		ł	
	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	1 1	{	
	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)  N/A	,	{	
4-	Form 4720, to determine if the foundation had excess business holdings in 2016)  a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		v
	b Did the foundation livest during the year any amount in a mainter that would jeopardize its charitable purposes?  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		<u>X</u>
U	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	- }	v
		m <b>990</b>	-PF	X 2016)
	$\Gamma U$			eu ini

SCOTTSDALE, AZ 85255	0.00	<u> </u>	<u> </u>	0
2 Compensation of five highest-paid employees (other than those in	icluded on line 1). 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, othe allowances
NONE	1			
		<del> </del>		
		<b> </b>		<u> </u>
	-			
	_			
	<del></del>	<del> </del>	<del> </del>	
	-			
Total number of other employees paid over \$50,000	<del></del>		<b>D</b>	

623551 11-23-16

Form 990-PF (2016)

10040 EAST HAPPY VALLEY ROAD,

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Fignly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta number of organizations and other beneficiaries served, conferences convened, research papers process.	itistical information such as the roduced, etc.	Expenses
1 NONE		
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of N/A	on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,256,238
ь	Average of monthly cash balances	1b	295,833.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,552,071.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .	!!	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,552,071.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	53,281.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,498,790.
6	Minimum investment return Enter 5% of line 5	6	174,940.
P	foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	174,940.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	44,223.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	130,717.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	130,717.
6	Deduction from distributable amount (see instructions)	_6_	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	130,717.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	9,194,665.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,194,665.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,194,665.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	jualifies fo	
	4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	00,700	70010 \$1101 to 2010	2010	2010
line 7				130,717.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:				-
,,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 500.				
<b>b</b> From 2012 500.				
c From 2013				
d From 2014	1			
e From 2015	1 000			
f Total of lines 3a through e	1,000.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 9,194,665.			0	
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)				<u></u>
c Treated as distributions out of corpus (Election required - see instructions)	0.			
, , ,				130,717.
d Applied to 2016 distributable amount e Remaining amount distributed out of corpus	9,063,948.			130,/1/.
5 Excess distributions carryover applied to 2016	0.	·		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,064,948.			
<b>b</b> Prior years' undistributed income. Subtract	<u> </u>	·		<del></del>
line 4b from line 2b		0.	}	
c Enter the amount of prior years'		<del>-</del>		
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				<del></del>
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	F00			
not applied on line 5 or line 7	500.	<del></del>		<del></del>
9 Excess distributions carryover to 2017.	9,064,448.			
Subtract lines 7 and 8 from line 6a	3,004,440.			
Analysis of line 9:  a Excess from 2012 500.	}			
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 9,063,948.				
			<del></del>	5 000 DE (2010)

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orm **990-PF** (2016

Part XIV Private Operating Fo	oundations (see in	structions and Part V	/II-A, question 9)	N/A	22991 raye i
1 a If the foundation has received a ruling of	<del></del>		<del></del>	11/11	
foundation, and the ruling is effective for					
<b>b</b> Check box to indicate whether the found		=	I in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	I G TOURISH GOODINGS	Prior 3 years	10-12())(0) 01 +0	72())(0)
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	<u> </u>		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	1	(5) (5)
each year listed				į	
<b>b</b> 85% of line 2a	<del></del>	<del> </del>	<del></del>	<del> </del>	
c Qualifying distributions from Part XII,		<del> </del>	<del></del>	<del> </del>	
line 4 for each year listed				}	
d Amounts included in line 2c not	<del></del>	<del></del>	<del> </del>	<del> </del>	<del></del>
used directly for active conduct of				Į į	
exempt activities			ļ	{	
e Qualifying distributions made directly	<del></del>				
for active conduct of exempt activities.		}		}	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the	<del></del>		<del> </del>		
alternative test relied upon:				{	
a "Assets" alternative test - enter: (1) Value of all assets				1	
``'	<del></del>	<del></del>		<del> </del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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:	<del></del>	<del></del>	<del> </del>		
(1) Total support other than gross	ı				
investment income (interest,					
dividends, rents, payments on		)		1	
securities loans (section 512(a)(5)), or royalties)	ı				
(2) Support from general public					
and 5 or more exempt		ı			
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization		I		ĺ	
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)		<del></del>	
1 Information Regarding Foundation	•				
a List any managers of the foundation who			tributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	iore man 55,000). (See S	ection 507 (a)(2).)			
NONE	<del></del>		<del></del>		
<ul> <li>b List any managers of the foundation who other entity) of which the foundation has</li> </ul>			(or an equally large portio	n of the ownership of a pa	rtnership or
**	a 1070 of grouter interes				
NONE	an Coopt Citt Loop	Cabalarahın ata E		<del></del>	
2 Information Regarding Contribution Check here ► X if the foundation of				at accept upoplicated requi	note for funda. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb				<del></del>	<del></del>
a The hame, address, and telephone home	or or coman address or the	ne person to whom app	ilications should be addres	ocu.	
b The form in which applications should be	e submitted and informat	ion and materials they	should include.		
a The form which applications should be	o odominioù ana imorniar	ion and materials mey	modia molado.		
c Any submission deadlines:			<del></del>	<del></del>	
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields	, kinds of institutions, or o	ther factors:	
			<del></del>		<del></del>

Form 990-PF (2016) C/O JERRE L STEAD

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MERICAN WRITERS MUSEUM 80 N MICHIGAN AVE	NONE	EXEMPT	GENERAL FUNDS	
CHICAGO, IL 60601		<del></del>		742,07
BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE #160	NONE	EXEMPT	GENERAL FUNDS	
PHOENIX, AZ 85012	-			3,032,97
CHURCH OF RESURRECTION 13720 ROE AVE	NONE	EXEMPT	GENERAL FUNDS	
LEAWOOD, KS 66224				1,505,01
SARRETT EVANGELICAL THEOLOGICAL	NONE	EXEMPT	GENERAL FUNDS	
SEMINARY 2121 SHERIDAN ROAD EVANSTON, IL 60201				996,23
57121010N, 12 00201				550,250
INDIANA UNIVERSITY FOUNDATION 1500 STATE RD 46	NONE	EXEMPT	GENERAL FUNDS	
BLOOMINGTON IN 47408	NTINUATION SHEE	-m/α\	<u> </u>	905 978
total SEE CO b Approved for future payment	NIINOATION SHEE		<b>▶</b> 3a	9,194,665
NONE				
	<del> </del>			
		t.		
	<u> </u>			
Total			<b>▶</b> 3b	0

Part XVI-A	Analysis	of Income	e-Producing	Activities

Enter gross amounts unless otherwise indicated.	1	ousiness income		d by section 512, 513, or 514	(e)	
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
a	_	<del></del>				
b	_					
c	_					
d	_					
e	_		+-+			
f	_		$\perp$			
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash	1					
investments			14	91.		
4 Dividends and interest from securities		<del></del>	14	3.		
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			1 . 1			
than inventory	ļ		18	2,212,076.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a		<del></del>				
b						
C	-					
d	-					
e	_	<del></del>				
2 Subtotal. Add columns (b), (d), and (e)		0		2,212,170.	0	
13 Total Add line 12, columns (b), (d), and (e)				13	2,212,170	
See worksheet in line 13 instructions to verify calculations.	<u> </u>				<del></del>	
Part XVI-B Relationship of Activities	to the Accom	plishment of I	Exempt I	Purposes		
Line No Explain below how each activity for which in	come is reported in c	olumn (e) of Part XVI	-A contribut	ed importantly to the accomp	dishment of	
the foundation's exempt purposes (other than			71001111001	oo iiiportantiy to tilo accomp	MOMINIONE OF	
ALL LINES-SUPPORT EXEL				<del></del>		
		<del>-</del>		<del></del>		
				<del></del>		
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		· · · · · · · · · · · · · · · · · · ·		<del></del>		
				<del></del>		
				<del></del>		
			<del></del> -			

623621 11-23-16

Form 99	N-DE (2		JERRE L S					30-	6022997	, D	10
Part					and Transaction	ns an	nd Relations	ships With No	ncharitabl	<u> </u>	age 13
	,	Exempt Organ						ompo viiti iio	monar Rabi	•	
1 Dic	the or	ganization directly or ind		v of the following	ng with any other organ	ızatıon	described in sec	tion 501(c) of		Yes	No
		other than section 501(c			-			55 1(5) 51		1	
		from the reporting found				n game	ations				1
	Cash	non the reporting rooms	anon to a nononana	able exempt of	gumzanon or.				1a(1)	}	x
		assets									X
									1a(2)	├	<u> </u>
		sactions:	able average organize	otion					45/41	1	- T
		of assets to a noncharita							1b(1)		X
, ,		nases of assets from a no	•	organization					1b(2)		X
		I of facilities, equipment,							1b(3)	<del> </del>	X
` '		bursement arrangements	š						1b(4)	<del> </del>	X
٠,		s or loan guarantees							1b(5)	<del> </del>	X
٠,		rmance of services or mi		=					1b(6)		X
	-	f facilities, equipment, ma							<u> 1c</u>	<u> </u>	_X_
		ver to any of the above is								sets,	
		s given by the reporting to			ed less than fair marke	t value	in any transactio	n or snaring arrange	ement, show in		
	<del></del>	) the value of the goods,			e exempt organization		(4) -	<del></del>			
(a) Line r	10	(b) Amount involved	(c) Name o		e exempt organization		(u) Description	n of transfers, transacti	ons, and sharing a	rangeme	nts
			<del> </del>	N/A			<del> </del>				
			<del></del>				<del>}</del>				
			<del> </del>				<del> </del>				
			<del> </del>				<del> </del>				
			<del> </del>				<del> </del>				
			<del> </del>				<del> </del>				
			<del> </del>		<del> </del>		<del> </del>				
							<del> </del>				
			<del> </del>				<del> </del>				
			<del> </del> -				<del> </del>				
							<b></b>				
					<del> </del>		<b>.</b>				
	_L_		<u> </u>				L	<del></del>			
2a ist	he four	idation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt or	ganıza	tions described				
ın s	section	501(c) of the Code (other	r than section 501(c	c)(3)) or in sect	tion 527?				Yes	X	] No
<u>b</u> If "	Yes," co	implete the following sch	iedule.		<del>,</del>						
		(a) Name of or	ganization		(b) Type of organizat	ion		(c) Description of re	elationship		
		N/A						· <del></del>			
						_					
		penalties of perjury, I declare lief, it is true, correct, and co							■ May the IRS of	discuss t	his
Sign	and be	eller, it is true, correct, and co	There Declaration of pr	reparer (ourier tha	n taxpayer) is based on all	mormat	<b>N</b>		return with th shown below	e prepare	er :
Here		1	7		151817		PRESI	DENT	X Yes		Νο
	Sign	ature of officer or trustee	}		Date		Title				
		Print/Type preparer's n	ame	Preparer's s	ignature	] [	Date	Check if	PTIN		
		CHUCK J. I	NDERIEDEN	V./"len	CPS	1	Į	self- employed			
Paid		CPA		CHUCK	J. INDERIE	0 Q	5/02/17		P00038	206	

Firm's EIN ► 86-0133881

Phone no. (480)483-1170

Preparer

**Use Only** 

Firm's name ► HENRY & HORNE, LLP

Firm's address > 7098 E. COCHISE SUITE 100 SCOTTSDALE, AZ 85253-4517

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Employer identification number

	E STEAD FOUNDATION	
	<del></del>	30-6022997
Organization type (check or	ne)	
Filers of:	Section:	
riicis oi.	Section.	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
	- OZI Political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	10.77(.)41	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Chock if your organization is	covered by the General Rule or a Special Rule.	
	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
General Rule		
X For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or
	one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
For an organization	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t	rest of the regulations under
	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, o	=
	r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount	
or (II) Form 990-EZ,	line 1 Complete Parts I and II	
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	invione contributor, during the
	tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educa	
the prevention of ci	ruelty to children or animals Complete Parts I, II, and III	
For an organization	described in section E01(o)(7) (9) or (10) filing Form 000 or 000 F7 that recovered from	and and another desired to
-	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo	, ,
• .	ere the total contributions that were received during the year for an exclusively religious,	
	nplete any of the parts unless the <b>General Rule</b> applies to this organization because it re	eceived nonexclusively
religious, charitable	e, etc., contributions totaling \$5,000 or more during the year	<b>\$</b>
Caution: An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	orm 990, 990-EZ, or 990-PF)
•	Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Foi	
certify that it doesn't meet th	ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization .

THE STEAD FOUNDATION

C/O JERRE L STEAD

Employer identification number

30-6022997

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JERRE L STEAD  10040 EAST HAPPY VALLEY ROAD, #674  SCOTTSDALE, AZ 85255	\$_7,130,823.	Person X Payroll  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

THE STEAD FOUNDATION

C/O JERRE L STEAD

Employer identification number

30-6022997

Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		•	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
{		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I			
\			
		\$	

Name of orga	anization FOUNDATION		<del></del>	Employer identification number
	RRE L STEAD  Exclusively religious, charitable, etc., contithe year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the following	ng line entry. For organization	ne
	Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 of le al space is needed	ess for the year (tiller ulls lillo oill	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			_	
-		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Pailti				
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar		Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
}				

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
AMBDA CHI ALPHA EDUCATION FUND	NONE	EXEMPT	GENERAL FUNDS	
3741 FOUNDERS RD				
INDIANAPOLIS, IN 46268			<del> </del>	500,00
NURSE FAMILY PARTNERSHIP	NONE	EXEMPT	GENERAL FUNDS	
2850 NORTH 24TH ST PHOENIX, AZ 85008				200,00
SALVATION ARMY	NONE	EXEMPT	GENERAL FUNDS	
2707 E. VAN BUREN ST.	NONE	EXEMPT	GENERAL FUNDS	
PHOENIX, AZ 85008				408,40
ST. ANDREWS METHODIST CHRUCH 5801 W. PLANO PARKWAY	NONE	EXEMPT	GENERAL FUNDS	
PLANO, TX 75093				406,41
UNITED METHODIST CHURCH FOUNDATION	NONE	EXEMPT	GENERAL FUNDS	
1 MUSIC CIRCLE NORTH				407 57
NASHVILLE, TN 37203	<del></del>			497,57
		<del> </del>		
		1	1	

THE STEAD FOUNDATION TRUST DTD 2/25/2002 J L STEAD M J STEAD J A STEAD JOEL STEAD TTEES 10040 E HAPPY VALLEY RD 674 SCOTTSDALE AZ 85255-2360 ACCOUNT NUMBER:

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Page 3 of 6

### Schedule of Realized Gains and Losses

This section includes a summary of the short-term or long-term gain or loss from the sale of selected securities in this account. "Short-term" refers to securities held for one year or less "long-term" refers to securities held more than one year RBC provides the following Schedule of Realized Gains and Losses as a service to its clients; the information may not be accurate for tax reporting or other purposes and may rely on information, such as the original cost basis for a security, that you or another source at your direction provided to RBC.

Market discount, acquisition premium and life to date OID are only provided for covered securities. Cost basis information may reflect a change in the value of certain fixed income and other securities that return or amortize principal over time. In the case of bonds purchased at a premium, cost basis information may be amortized. In addition, cost basis information may reflect accretion for zero coupon and OID bonds. Please refer to IRS Publications 1212 and 550 or consult your tax advisor for additional information.

For more information on original cost and other tax attributes reported on fixed income securities, please see the enclosed insert. Please see Form 1099-B for information reported to the IRS.

		Sho	rt-Tenn				The same of the service of
QUANTITY	DESCRIPTION	NON- COVERE	OPEN D DATE	CLOSE DATE	NET PROCEEDS	NET COST	REALIZED GAIN/LOSS
0.530	IHS MARKIT LTD SHS SYMBOL: INFO, CUSIP: G47567105	_	07/13/16	07/18/16	18.54	17.43	1.11
	Short-Term Subtotal				18.54		1.11
177 777 777		Lon	g-Term	9- "			
QUANTITY	DESCRIPTION	NON- COVERED	OPEN DATE	CLOSE	NET PROCEEDS	NET COST	REALIZED GAIN/LOSS
2,512.000	IHS INC CL A CUSIP: 451734107		01/13/12	07/13/16	293,755.81	230,551.36	63,204.45
4,909.000	IHS INC CL A CUSIP: 451734107	a	02/01/12	07/13/16	574,063 41	441,122.74	132,940.67
4,909.000	IHS INC CL A CUSIP 451734107		02/01/1 <b>1</b>	07/13/16	574,063.41 .	· 400,967 12	173,096.29
7,365.000	IHS INC CL A CUSIP: 451734107		01/13/12	07/13/16	861,270.52	513,193 20	348,077,32
10,961.000	IHS INC CL A CUSIP: 451734107	Ø	01/15/08	07/13/16	1,281,790 39	687,145.09	594,645.30
23,894.000	IHS INC CL A CUSIP: 451734107	С	01/13/11	07/13/16	2,794,188.45	1,894,077 38	900,111.07
	Long-Term Subtotal				6,379,131.99		2,212,075.10
Total Gains an	d Losses	<del></del> -		<del> </del>	6,379,150.53		2,212,076.21
	Short-Term						1.11
	Long-Term						2,212,075.10
	Term Unknown						0.00

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	REVE	(A) REVENUE NET IN PER BOOKS IN		(C) ADJUSTED NET INCOME	
INTEROCEAN CAPITAL	<del></del>	91.	91.		
TOTAL TO PART I, LI	NE 3		91.	91.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE		
INTEROCEAN CAPITAL	3		0.	3.	3.
TO PART I, LINE 4	3		0.	3.	3.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
HENRY & HORNE, LLP	<del></del>	1,000.	1,000	•	0.
TO FORM 990-PF, PG	1, LN 16B =	1,000.	1,000	·	0.
FORM 990-PF		OTHER E	XPENSES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
BROKERAGE FEES		22.	22	•	0.
TO FORM 990-PF, PG	1, LN 23	22.	22	•	0.
	:		<del></del>	= <del></del>	

FORM 990-PF O	THER 1	NVESTMENTS		STATEMENT 5
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INTEROCEAN CAPITAL		COST	19,136.	20,609.
TOTAL TO FORM 990-PF, PART II, L	INE 13	-	19,136.	20,609.