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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.

2016

OMB No 1545-0052

Department of the Treasury

Internal	Revenu	Service Information about	rorm 990-PF and its separate i	nstructions is at www.irs	s.gov/torm990pt.	pen to Public Inspection
For ca	lenda	r year 2016 or tax year beginning	, 2016,	and ending	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
				A		mber
		D DIANNE MENSCH FOUNDATI	ON	<u> </u> _	<u>45-4015961</u>	·
2943		LOOKOUT RIDGE		Į B		•
GOTI	CA	NYON, AZ 85118		-	480-844-7363)
				į c	If exemption application i	is pending, check here. >
G Ch	eck al	I that apply: Initial return	Initial return of a forn	ner public charity		–
_		Final return	Amended return		1 Foreign organizations, ch	eck here . •
		Address change	Name change		2 Foreign organizations me	eting the 85% test, check
H Ch	eck ty	pe of organization: X Section 5	01(c)(3) exempt private for	oundation	here and attach computat	ion ► 📋
-		ction 4947(a)(1) nonexempt charitable		private foundation	If private foundation state	us was terminated
i Fai	r marke	t value of all assets at end of year J A	counting method: X C		under section 507(b)(1)(/	A), check here
		II, column (c), line 16)	Other (specify)	I Notice	If the foundation is in a 6	O month termineties
▶ :	\$	49,230. (Part	I, column (d) must be or		under section 507(b)(1)(8	
Part	I A	nalysis of Revenue and	(a) Revenue and	(b) Net investment	1	
<u> </u>	— Е	xpenses (The total of amounts in	expenses per books	income	(c) Adjusted net income	(d) Disbursements for charitable
	CC	olumns (b), (c), and (d) may not neces arily equal the amounts in column (a)	1			purposes
	Sa (S	ee instructions).)				(cash basis only)
	TÌ	Contributions, gifts, grants, etc., received (attach schedule)	25,000.	Part of the Company of the	1. 中,在海南北北京一种地域的	Control Control
	2	Check rif the foundation is not required to attach Sch. B	And the first state of the second	医原理性神经 经产品		1000 COMPANY
						and the special deposits of the state of the special state of the stat
	3	Interest on savings and temporary cash investments Dividends and interest from securities	10.	10	. 10	
	5.	Gross rents.				and the same of th
		Net rental income	then the first the part of the second	19 (p. 12 (p. 14 to 15 to 14 t		The second second
R	6.	or (loss) . Net gain or (loss) from sale of assets not on line 10	When I'm is the transfer the stage of the stage on	The state of the main again the		
Ë		Gross sales price for all	1 fin the first house the state of the	with the state of the state of		PECEN/FIDM4
E V	7	assets on line 6a Capital gain net income (from Part IV, line 2).	The state of the s	1 2 2 1 12 W. 4 2 4 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	P42 4 18, P 31 3 18	
E N U	8	Net short-term capital gain	The state of the s	A P A A TO ONE SO THE THE PROPERTY OF A SALE		CEP TACTURE
	9	Income modifications	· 大小小小小小小小小小小小小小			
E	10a	Gross sales less returns and	企业性证明的 从图象性			AND THE RESERVE AND THE RESERV
	1	allowances Less. Cost of	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	表表,因为以来通知者	TO TONE PROPERTY
	1	goods sold .	《李明·李明·李明》			
		Gross profit or (loss) (attach schedule)		了起港的影響等等。	vo.	のなる。対象の主義の
	'''	Other income (attach schedule)				
	1,,					Section Section 1988
	113	Total. Add lines 1 through 11 . Compensation of officers, directors, trustees, etc.	25,010.	10	. 10	· Company of the second
	14	Other employee salaries and wages	-			
	15	Pension plans, employee benefits .				
	I -	Legal fees (attach schedule)				
Ô		Accounting fees (attach sch). See St	600.	 		
M	1	Other professional fees (attach sch)				
0 i	17	Interest				
O I S	18	Taxes (attach schedule)(see instrs) .				
	19	Depreciation (attach				The state of the state
ŶŶ		schedule) and depletion				17.15 省市
N Ý G E	20	Occupancy				
	22	Printing and publications.	· 		 	
A E N X D P	23	Other expenses (attach schedule)				
Ë		See Statement	2 80.			
E N S E S	24	Total operating and administrative		†		
E S		expenses. Add lines 13 through 23	680.		<u></u>	
	25	Contributions, gifts, grants paid. Part XV	6,975.	· 神龙· 概·神·	3 mars 21.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,975.
	26	Total expenses and disbursements. Add lines 24 and 25 .	7 (55			6 075
	27	Subtract line 26 from line 12:	7,655.	<u> </u>	0	. 6,975.
	1	Excess of revenue over expenses	and a second	[12] · 最下 新海道	\$ 100 (A) (A) (A)	1、一个四种美国
	1	and disbursements .	17,355.			· 100 / 100
	1	Net investment income (if negative, enter -0-)	The style pare	10		2000年時
	1 (Adjusted net income (if negative, enter -0-)		1, 1, 1, 1, 2	10	1 1 1 1 2 2 2 2 1 1 1

G20

Divi	धार्क ।	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	f year
<u>Far</u>	(iii)	Attached schedules and amounts in the description 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	44,165.	49,230.	49,230.
i	2	Savings and temporary cash investments			
	3	Accounts receivable	THE STATE OF THE S	Constitute Property	
		Less: allowance for doubtful accounts		Contraction of the Contraction o	Principal of the part of the p
	4	Pledges receivable	· Programme Annie Anderson (S. S.	Verse View (Care)	
	~	Less: allowance for doubtful accounts	The state of the s		
	ے ا		 		
	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 sch)		ASSESSMENT OF THE PARTY OF THE	Section 200
Ą	ļ	Less: allowance for doubtful accounts			
Š	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
S	10 a	Investments – U.S. and state government obligations (attach schedule)			
	۱ ۲	Investments — corporate stock (attach schedule).			<u> </u>
		: Investments — corporate bonds (attach schedule)			
	l	•		america de la companya della companya della companya de la companya de la companya della company	ALMANA (F. TARRING MARKATAN AND AND AND AND AND AND AND AND AND A
	11	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)	<u> </u>		
	12	3 3			\
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis		THE RESIDENCE OF THE PERSON OF	
		Less: accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I).	44,165.	49,230.	49,230.
L	17	Accounts payable and accrued expenses			
I A	18	Grants payable			
Ê	19	Deferred revenue			
- [20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)		 	
Ţ	22	Other liabilities (describe > See Statement 3	14,645.	2,355.	
Ė	_	Dec Degrement 3			
	23	Total liabilities (add lines 17 through 22)	14,645.	2,355.	
		and complete lines 24 through 26 and lines 30 and 31.	J 		
NF	24	Unrestricted			
E U	25	Temporarily restricted		<u> </u>	
D	26	Permanently restricted	, L	<u> </u>	
A B S A L T A		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds	19,189.	29,520.	
SNC	28	Paid-in or capital surplus, or land, bldg., and equipment fund	<u> </u>	 	
OE	29	Retained earnings, accumulated income, endowment, or other funds	10,331.	17,355.	
RS	30	Total net assets or fund balances (see instructions)	29,520.	46,875.	
	31	Total liabilities and net assets/fund balances (see instructions).	44,165.	49,230.	
Par	•====	Analysis of Changes in Net Assets or Fund Balan		13,230.	H. Strategick and Control of the Con
1	end-	l net assets or fund balances at beginning of year – Part II, colu of-year figure reported on prior year's return)	umn (a), line 30 (must a)	gree with	29,520.
2		r amount from Part I, line 27a		2	17,355.
3		increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3			46,875.
5		ases not included in line 2 (itemize)		5	20,0,0.
_		net assets or fund balances at end of year (line 4 minus line 5)) - Part II, column (b). I		46,875.
<u> </u>	,		, , , , , , , , , , , , , , , , , , , ,		

2-story br	d describe the ki rick warehouse; (nd(s) of property or common stock	sold (e.g., re k, 200 shares	eal estate, MLC Company)	[(b) How acq P — Purcha D — Dona	se	(C) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.
1 a N/A		.=-							
b									
С									
d					T T				
e					<u> </u>				
(e) Gross sales prid	ce	(f) Depreciation a (or allowabl		(g) Cost or ot plus expense				(h) Gain or (e) plus (f) m	
а									
b									
С									
d									
e	"								
Complete only for as	sets showing ga	ın ın column (h)	and owned by	the foundation on 1	2/31/69	,		(I) Gains (Col.	(h)
(i) F.M.V. as of 12/		(j) Adjusted b as of 12/31/	asis	(k) Excess of over col. (j),	col. (i)		g tha	ain minus col. (k), b an -0-) or Losses (fr	ut not less
a					·				
b	- - 							····	
С									
d									
									· · · · ·
	<u></u>			enter in Part I, line	7 7			1	
2 Capital gain net incor	me or (net capit	alloss) —		ter -0- in Part I, line			2		
3 Net short-term capita	al gain or (loss)	as defined in sec	 tions 1222(5)	and (6):	_	l			
•	•		• •	• •	\neg				
If gain, also enter in in Part I, line 8	Part I, line 8, co	lumn (c) (see in	structions) If	(loss), enter -U-	<u> </u>		3	1	
								1	
室rt*V総制 Qualificatio	on Under Sec	tion 4940(e)	for Reduci	ed Tax on Net In	vestn	nent Inc		<u> </u>	
or optional use by dome	estic private foun	dations subject t					ome	N/A	
or optional use by dome section 4940(d)(2) applie as the foundation liable 'Yes,' the foundation does	estic private foun es, leave this pai for the section 4 es not qualify un	dations subject t rt blank. 942 tax on the di der section 4940	o the section istributable an I(e) Do not co	4940(a) tax on net in nount of any year in complete this part.	the bas	ent income se period?	om(☐ No
artive Qualification or optional use by dome section 4940(d)(2) applied as the foundation liable of the control	estic private founces, leave this parties for the section 4 es not qualify unce amount in each	dations subject t rt blank. 942 tax on the di der section 4940	o the section istributable an i(e) Do not co th year; see th	4940(a) tax on net in nount of any year in complete this part.	the base making	ent income se period? g any ent	ome	N/A	ratio
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Form 990-PF (2016) BILL AND DIANNE MENSCH FOUNDATION	45-4015961 Page 4
Partiving Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 – see instructions)
1 a 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 instruction	is)
b Domestic foundations that meet the section 4940(e) requirements in Part V,	<u> </u>
check here. ▶ ☐ and enter 1% of Part I, line 27b	
c 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 foundations only. Others enter -0-)	2
3 Add lines 1 and 2	3 0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter	er -0-) 4 0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5 0.
6 Credits/Payments:	
a 2016 estimated tax pmts and 2015 overpayment credited to 2016 6 a	
b Exempt foreign organizations — tax withheld at source 6 b	
c Tax paid with application for extension of time to file (Form 8868)	
d Backup withholding erroneously withheld 6 d	
7 Total credits and payments. Add lines 6a through 6d	7 0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9 0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	• 10
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	ed
ParteVIII Statements Regarding Activities	
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation of participate or intervene in any political campaign?	r did it
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	<u>16 X</u>
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any ma or distributed by the foundation in connection with the activities.	aterials published
c Did the foundation file Form 1120-POL for this year?	1c X
d 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 ►\$	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed on
foundation managers . ▶\$ 0.	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
If 'Yes,' attach a detailed description of the activities	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrume of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the ch	nt, articles angles 3 X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u>5 X</u>
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 direction with the state law remain in the governing instrument? 	ons that conflict 6 X
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.	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) .	
AZ 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 494 for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule list and addresses	
ВАА	Form 990-PF (2016)

	m 990-RF (2016) BILL AND DIANNE MENSCH FOUNDATION [ALVIEAN Statements Regarding Activities (continued)	45-401596	1	P	age 5
المجازر	(INVIEW 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 disqualifie advisory privileges? If 'Yes,' attach statement (see instructions)	d person had	12		Х
13	We have address	•	13	Х	
14	The books are in care of PACKARD & APPLEBY, P.C. Telephone	no. ► 480-8	34-3	550	
	Located at ► 2158 N GILBERT ROAD, SUITE 117 MESA AZ ZIP + 4 ►	85203			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		N/A		
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15		V 1	N/A
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other autibank, securities, or other financial account in a foreign country?	nority over a	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 ▶				
Рã	[武汉][:B建 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.		100	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?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X No		Secretary of	
1	b If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u>··</u>	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	► ∐			
•	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		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 $4942(j)(5)$):				
;	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			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20		1 i		- 2
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions)	(2) to	2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years her	e.			
	► 20 , 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?	Yes X No			
	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 May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.)		3 b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a		_x
	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		X

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Form **990-PF** (2016)

Form 990-PF (2016) BILL AND DIANNE ME			45-40	15961 Page 6
ParkVIEB Statements Regarding Activit		1 4720 May Be Red	juired (continued)	
5 a During the year did the foundation pay or incur(1) Carry on propaganda, or otherwise attemp	•	(section 4945(e))? .	Yes X	No
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	c election (see section 4	4955); or to carry	·· ·· · Yes X	No
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?		No September 1
(4) Provide a grant to an organization other th in section 4945(d)(4)(A)? (see instructions)	an a charitable, etc., or	ganızatıon described	Yes X	No and and and
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or r animals?	···· Yes X	No Signatura
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in (see instructions)?				5 b N/A
Organizations relying on a current notice regar	ding disaster assistance	check here	▶ [30 Sep 201
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure response	ibility for the grant? .		N/A Yes] No
If 'Yes,' attach the statement required by Regu 6 a Did the foundation, during the year, receive an	v funds, directly or indir	ectly, to pay premiums	_	
on a personal benefit contract? b Did the foundation, during the year, pay premi			∐Yes X	No 6b X
If 'Yes' to 6b, file Form 8870.				
7 a At any time during the tax year, was the found	• •			No Maria
b If 'Yes,' did the foundation receive any proceed				N/A 7b
RartiVIII Information About Officers, Directors	ectors, Trustees, Fo	undation Managers	, Highly Paid Emp	loyees,
			.	
1 List all officers, directors, trustees, foundation				T
(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
WILLIAM D. MENSCH JR.	Pres & CEO	0.	0.	0.
2943 S LOOKOUT RIDGE GOLD CANYON, AZ 85118	0			
DIANNE MENSCH	TREAS & SEC	0.	0.	0.
2943 S LOOKOUT RIDGE GOLD CANYON, AZ 85118-1708	0			
			L <u></u>	
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1 - see ins		er 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
				-
Total number of other employees paid over \$50,000	1	L	L	0
Total number of other employees paid over \$50,000	·		·	<u> </u>

Ratting 3 Junitary of Program-Related Investments (See Instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
N/A	
2	
All other program-related investments. See instructions.	
3	
Total, Add lines 1 through 3.	

Form 990-PF (2016)

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Form 990-PF (2016)

Form 990-PF (2016) BILL AND DIANNE MENSCH FOUNDATION 45-4015961 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities.	1 a	
	Average of monthly cash balances	1 b	27,965.
	Fair market value of all other assets (see instructions)	1 c	21,303.
	1 Total (add lines 1a, b, and c)	1 d	27,965.
	Reduction claimed for blockage or other factors reported on lines 1a and	72.73	21,303.
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	n
3	Subtract line 2 from line 1d	3	27,965.
_		 - - 	21,505.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	419.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	27,546.
6	Minimum investment return. Enter 5% of line 5	6	1,377.
Pa	↑XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ☐ and do not complete this part.)	ating four	ndations
1	Minimum investment return from Part X, line 6	1	1,377.
2 :	Tax on investment income for 2016 from Part VI, line 5 2 a	Language Sign	
ı	Income tax for 2016 (This does not include the tax from Part VI.)		
(Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,377.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,377.
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	1,377.
Pa	TiXII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	112	4 000
	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	6,975.
	Program-related investments — total from Part IX-B	1 b	
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:	3 a	
	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	6,975.
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,975.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	the foundati	ion

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, line 7				1 255
2 Undistributed income, if any, as of the end of 2016:			,	1,377.
a Enter amount for 2015 only			0.	
b Total for prior years: 20 , 20 , 20	,	0.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2016:			·	'
a From 2011	•	1		
b From 2012 32,880.				,
c From 2013		, , , , , , , , , , , , , , , , , , ,		, , ,
d From 2014 11, 623.				
e From 2015				
f Total of lines 3a through e	95,128.			
4 Qualifying distributions for 2016 from Part		,		,
XII, line 4: ► \$ 6,975.			- m	n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Applied to 2015, but not more than line 2a			0.	in the state of th
b Applied to undistributed income of prior years				
(Election required – see instructions)	min of the state	0.		
c Treated as distributions out of corpus (Election required – see instructions).	•		- 4	
d Applied to 2016 distributable amount	0.		1 ° 1' , 1 ' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1'	
e Remaining amount distributed out of corpus		and the second s	7 - 72-7	1,377.
5 Excess distributions carryover applied to 2016	5,598.			
(If an amount appears in column (d), the	0.			<u> </u>
same amount must be shown in column (a).)				
		7.	3	
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	100,726.			
b Prior years' undistributed income. Subtract	100,720			
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed	in the state of th		1 1964	
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	-fire			
amount – see instructions		0.	4.0	,
e Undistributed income for 2015. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	, '1
f Undistributed income for 2016. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2017	W		, ,	
7 Amounts treated as distributions out of	<u> </u>			0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	٥.			
,			474	
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	0.			,
9 Excess distributions carryover to 2017.				-
Subtract lines 7 and 8 from line 6a	100,726.			
10 Analysis of line 9:		i 5 5 5		,
a Excess from 2012 32,880.			'-	
b Excess from 2013 17, 947.	5,,		14.4	
c Excess from 2014 11, 623.				·- · · · ·
d Excess from 2015 32, 678.	the second			
e Excess from 2016 5,598.		2 10 10 10 10 10		*
BAA				Form 990-PF (2016)

Form 990-PF (2016) BILL AND DIANNE M				45-401596	1 Page 10
Rart XIV Private Operating Foundat	<u>-</u>			 	N/A
1 a If the foundation has received a ruling or de is effective for 2016, enter the date of the ru	uling			.	
b Check box to indicate whether the foundation		rating foundation de		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	41.0045	Prior 3 years	1	(e) Total
investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	·····
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.					
 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:		Ì			
(1) Value of all assets (2) Value of assets qualifying under			}	 	
section 4942(j)(3)(B)(i)		 	<u> </u>		
minimum investment return shown in Part X, line 6 for each year listed		<u> </u>			
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
		+		 	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization.					
(4) Gross investment income		<u></u>	<u> </u>	<u> </u>	
Part:XV Supplementary Information assets at any time during the	(Complete thi	s part only if th	e foundation h	ad \$5,000 or moi	re in
Information Regarding Foundation Manage List any managers of the foundation who h close of any tax year (but only if they have None	ers: ave contributed m	ore than 2% of the	total contributions re section 507(d)(2).)	eceived by the founda	ation before the
b List any managers of the foundation who o a partnership or other entity) of which the fine None	wn 10% or more of foundation has a 1	f the stock of a cor 0% or greater intere	poration (or an equalest.	ally large portion of the	ne ownership of
2 Information Regarding Contribution, Grant Check here X if the foundation only makes requests for funds. If the foundation makes complete items 2a, b, c, and d.	nakes contributions s gifts, grants, etc.	s to preselected cha (see instructions) t	iritable organization o individuals or orga	anızatıons under othe	
a The name, address, and telephone numbe	r or e-mail addres	s of the person to w	thom applications sl	nould be addressed:	
b The form in which applications should be s	submitted and infor	mation and materia	ils they should inclu	de:	
c Any submission deadlines:					
d Any restrictions or limitations on awards, s	such as by geograp	phical areas, charita	able fields, kinds of	nstitutions, or other f	actors.
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3 Grants and Contributions Paid During the Yea	ar or Approved for Futu	re 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 business)	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year See Statement 4	or substantial contributor	recipient		
Total			► 3a	6,975.
b Approved for future payment			► 3t	
1 Otal		_ •		' 1

er gross a	mounts unless otherwise indicated.	I Unrelate	d business income	1 Excluded	by section 512, 513, or 514	
	m service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a						
b						
c						
d						
e						
f						
g Fees a	nd contracts from government agencies .					
Membe	ership dues and assessments					
Interest o	on savings and temporary cash investments			14	10.	
Dividen	nds and interest from securities					
Net ren	ntal income or (loss) from real estate:	75%	以一个本个人的企业	建筑	新年的地域的	THE REPORT OF THE PERSON NAMED IN
a Debt-fii	nanced property					
Not del	bt-financed property	-				
Net renta	I income or (loss) from personal property					
Other i	nvestment income					<u> </u>
Gain or (loss) from sales of assets other than inventory					
Net inc	come or (loss) from special events					
Gross	profit or (loss) from sales of inventory					
	revenue:	1 Me and the	A CONTRACTOR OF THE SECOND		STANCE AND A STANCE	CANCEL AND MANAGEMENT
1						
					·	· · · · · · · · · · · · · · · · · · ·
		1		-		
<u> </u>						i
		+				
•		1	i			
	al. Add columns (b), (d), and (e)				10	
Subtota	al. Add columns (b), (d), and (e)			in the		10
Subtota Total.	Add line 12, columns (b), (d), and (e)				<u>10.</u> 13	10.
Total. e worksh	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation	ns.)			13	10.
Subtota Total. e worksho	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the	ns.) e Accomp l	ishment of Exemp	t Purp	13 oses	
Subtota Total. e workship rt:XVI.	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtota Total. e workshi rt:XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the ructions.)
Subtotal. workshiptixVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
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Subtotal. workshiptixVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workship thXV[.]	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt ttXVI:	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt t:XVI:	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt ttXVI:	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Total. worksho XVI.	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt XVI:	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt XVI:	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt t:XVI:	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt XVI:	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt*XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt*XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
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Subtotal. workshiptixVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. workshiptixVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtota Total. workshirt:XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. Total. workshirt*XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtotal. workshiptixVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtota Total. workshirt*XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtota Total. workshirt*XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtota Total. workshirt*XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the
Subtota Total. workshirt*XVI-I	Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which in	ns.) e Accompl	ishment of Exemp	t Purp	oses	o the

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Form 990-PF (2016) BILL AND DIANNE MENSCH FOUNDATION 45-401596

[Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								[]	100	res	No
1	Did desi	the organization directly cribed in section 501(c)	y or indirectly ei of the Code (of	ngage in any of t ber than section	he following with 501(c)(3) organic	any other organiza zations) or in sectio	tion n 527.	Į.			40 A
	rela	ling to political organiza	ations?			•		ĵ			
i	Trai	nsfers from the reportin	g foundation to	a noncharitable	exempt organiza	tion of		Ì,			
	(1)	Cash .			•				1 a (1)		Х
	(2)	Other assets						[1 a (2)		Х
	b Oth	er transactions						5		X20x	
	(1)	Sales of assets to a no	incharitable exe	mpt organization	١.			1	16(1)		X
		Purchases of assets fro						٠, [1 b (2)		X
	(3)	Rental of facilities, equ	ipment, or othe	rassets		•	•	٦.	1 b (3)		X
	(4)	Reimbursement arrang	ements					. [1 b (4)		X
	(5)	Loans or loan guarante	es					[16(5)		Х
	(6)	Performance of service	es or membersh	up or fundraising	solicitations	•		. [1 b (6)		X
•	c Sha	ring of facilities, equipr	nent, mailing lis	its, other assets,	or paid employe	es , ,,	•		1 c		X
								-			
•	difth the	e answer to any of the goods, other assets, or	above is 'Yes,'	complete the following	lowing schedule	Column (b) should	always show the	fair mar	ket value	of	
	any	transaction or sharing	arrangement, s	how in column (a	i) the value of the	goods, other asse	ts, or services re	eceived	alue III		
(a) (Line no	(b) Amount involved	(c) Name	of noncharitable exen	npt organization	(d) Description of	f transfers, transaction	ons, and sh	aring arran	gements	
N/2	A										
							"				
					·						
					· · · · · · · · · · · · · · · · · · ·			· ·			
							· · · · · · · · · · · · · · · · · · ·				
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		<u> </u>	- 								
							· · · · · · · · · · · · · · · · · · ·				
		- 	· 								
											
											
	le th	e foundation directly of	r indirectly affilia	ated with or rela	ted to one or me	ve lav evernet orga	nizations				
20	des	cribed in section 501(c)	of the Code (of	ther than section	501(c)(3)) or in s	section 527?	inzauons		Yes	1[X]	Vo
ŧ	if 'Y	es, complete the follow	ving schedule.						لسا		
		(a) Name of organiza	tion	(b) Type	e of organization		(c) Description	of relati	onship		
N/A	<u>, </u>						- `				
		······································		t							
											
				<u> </u>							
		······································							· · · · · · · · · · · · · · · · · · ·		
	Ur	ider penalties of penury, I declar	e that I have examine	d this return, including a	accompanying schedule	s and statements, and to the	e best of my knowledge	and belief, i	t is true,		
Sig		rrect, and complete Declarate	of preparer (other	r than taxpayer) is bas	sed on all information	of which preparer has any	Fnowledge				
Her		1 I N N A	Maria	IA.	· alali-	7			May the li	with the	e i
ici		X / COLLYN	Muna	ov/	X8/7/6	Pres & C	CEO		preparer :	shown be actions):	ikow
		Signature of officer or trustee		//	Date	Tale			1	Yes	No
		Print/Type preparers r	v	Preparer s	•	My Date	Check	LJ"	TIN		
Paid	d	ROBERT L. E	PACKARD, CP		T L. PACKAI	RD, CPA 8/1/17	self-emplo	yed I	00161	106	
?re	pare	Firm's name	Packard &		P.C	,	Føm's EIN	86-09	75987		
	On		2158 N. G	ilbert Rd.	, Suite 117	7]				
			Mesa, AZ	35203			Phone no	480-8	34-355	0	
AAE									Form 99 0		2016)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization		Employer identification number				
BILL AND DIANNE MENSCH FOUNDA	45-4015961					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a p	private foundation				
527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation				
	501(c)(3) taxable private foundation	to roundation				
Check if your organization is covered by the Ge	neral Rule or a Special Rule.					
	·					
Note. Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule and a Spi	aciai Rule. See instructions.				
General Rule X For an organization filing Form 990, 990-EZ property) from any one contributor. Complete	, or 990-PF that received, during the year, contributions totali te Parts I and II. See instructions for determining a contributo	ng \$5,000 or more (in money or				
property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
a containment						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 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 any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational						
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	•				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than					
	e total contributions that were received during the year for an					
charitable, etc., purpose. Don't complete an	y of the parts unless the General Rule applies to this organiz	ation because				
it received nonexclusively religious, charitab	le, etc., contributions totaling \$5,000 or more during the year	. • •				

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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)

•.`			
	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
Name of org BILL <i>B</i>	AND DIANNE MENSCH FOUNDATION		identification number
Partil M	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM D. MENSCH JR		Person X Payroll
	2943 S LOOKOUT RIDGE	\$ <u>12,</u> 500.	Noncash
	GOLD CANYON, AZ 85118		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DIANNE MENSCH 2943 S LOOKOUT RIDGE GOLD CANYON, AZ 85118	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Payroll Noncash

(Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

BILL AND DIANNE MENSCH FOUNDATION

45-4015961

Employer identification number

v avam	Troncasi Froperty (see instructions). Ose duplicate copies of Fart II il additional spa	acc is necueu.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
	<u> </u>	\$	
(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
		-	
	<u></u>	†	
]\$	
BAA	Sal	hadula B (Form 990, 990.F	7 or 990 PE (2016)

1 to

1 of Part III

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

BILL AND DIANNE MENSCH FOUNDATION

Partitude Fyclusively religious charitable et

Employer identification number 45-4015961

rein(III)	or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. (If Use duplicate copies of Part III if additional states.)	the year from any one conti mpleting Part III, enter the total Enter this information once. See	r ibutor. Comp of <i>exclusivel</i> y	elete columns (a) through (e) and religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres:	(e) Transfer of gift s, and ZIP + 4	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, addres	Relationship 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, addres	s, and ZIP + 4	Keia	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, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee

2016	Federal Statements	Page 1
E	BILL AND DIANNE MENSCH FOUNDATION	45-4015961
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		
ACCOUNTINGDEPARTMENT.COM.	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income Total \$ 600. \$ 0. \$ 0.	(d) Charitable Purposes 0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
ARIZONA CORPORATION COMMISBANK FEES	(a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income SSION. \$ 10. 70. 70. \$ Total \$ 0.	(d) Charitable Purposes
Statement 3 Form 990-PF, Part II, Line 22 Other Liabilities CHASE CREDIT CARD #3604	\$ Total <u>ই</u>	2,355. 2,355.
Statement 4 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year		
Name and Address	Found- Donee ation Purpose of Relationship Status Grant	Amount
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK MD 21705	501(C)(3) GENERAL FUND	\$ 1,200.
THE UNIVERSITY OF ARIZONA FOUNDATION 1111 NORTH CHERRY AVE TUCSON AZ 85721	501(C)(3) DA VINCI CIRCLE	1,000.
TEMPLE UNIVERSITY DEVELOPMENT P.O. BOX 827651 PHILADELPHIA PA 19122	501(C)(3) SCHOLARSHIP FUND	1,110.

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2016	Federal Stat	tements		Page 2
BIL	L AND DIANNE MEN	SCH FOUNDA	TION	45-401596
Statement 4 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
PENNRIDGE SCHOOL DISTRICT 1228 N 5TH ST PERKASIE PA 18944		501 (C) (3)	SCHOLARSHIP FUND	\$ 1,000.
XAVIER COLLEGE PREPARATORY 4710 NORTH FIFTH ST PHOENIX AZ 85012		501 (C) (3)	SCHOLARSHIP FUND	1,000.
COMPUTER HISTORY MUSEUM 1401 N SHORELINE BLVD MOUNTAIN VIEW CA 94043		501 (C) (3)	GENERAL FUND	1,200.
ALTERNATING HEMIPLEGIA OF CHILDHOOD FDN TOWN CENTER SUITE 1900 SOUTHFIELD MI 48075		501 (C) (3)	GENERAL FUND	100.
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST TEMPE AZ 85281		501 (C) (3)	GENERAL FUND	120.
FRIENDS OF EIGHT, ARIZONA PBS 555 N CENTRAL AVE, SUITE 500 PHOENIX AZ 85004		501 (C) (3)	GENERAL FUND	120.

TAU BETA PI ASSOCIATION P.O. BOX 2697 KNOXVILLE TN 37901

Total \$ 6,975.

125.

501(C)(3) GENERAL FUND