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Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury	▶ Do not enter social security numbers on this form as it may be made public.				
Internal Revenue Service	▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pt				

	· 2016 or tax year begin	nning		, 2016, and	d ending				, 20
Name of foundation						AE	mployer identifi	cation numb	er
	SFIELD ANIMAL WE					45-6956846			
Number and street (c	or PO box number if mail is no	t delivered t	o street address)	Roc	m/suite	B 1	elephone numbe	r (see instruc	ctions)
,									
P.O. BOX 3							8.8	8-791-	4075
City or town, state or	province, country, and ZIP or fo	oreign post	al code						
							exemption applicate . ending, check here .		▶ 📗
BILLINGS,						`			
G Check all that a	apply: Initial retui	rn	Initial return	of a former publi	c charity	/ D 1	Foreign organization	ons, check her	e. , ▶॑
	Final retur		Amended ret	urn		2	Foreign organization		ne
	X Address ch		Name change			_	85% test, check he computation		▶□
H Check type of	organization: X Secti	on 501(c	(3) exempt private for	oundation		l _{E 11}	private foundation	status was terr	minated
	(a)(1) nonexempt charitable		Other taxable pri			l l	nder section 507(b)		► i
I Fair market v	alue of all assets at	J Accou	nting method X Ca	ash 💹 Accrual		F II	the foundation is in	a 60-month to	ermination
	om Part II, col (c), line	l —	ner (specify)			_ "	inder section 507(b)	(1)(B), check h	ere . ►
16) ▶ \$	771,802.		olumn (d) must be on cas	sh basis)					
	of Revenue and Expens		(a) Revenue and	(b) Net investme	ent	(c) Ad	justed net		ursements arītable
may not no	ecessarily equal the amount		expenses per books	income			icome	pur	poses
column (a)	(see instructions))		DOURS					(cash b	asis only)
1 Contributions,	gifts, grants, etc., received (attach so X if the foundation is not req	hedule) .							
	and on other b.								
	ivings and temporary cash inve	Г	10 001	1 17 /	11 -				
	nd interest from securities		18,991.	17,5	111.				
	• • • • • • • • • • • • •								
1	come or (loss)		(040						
6a Net gain or (I b Gross sales p	oss) from sale of assets not on I		6,842.						
assets on line	69	5,248		6,8	242	$-\Gamma$	DECE	11 /55	
7 Capital gair	net income (from Part IV, I	ine 2) .			944.	+-	VECE	INFD	
8 Net short-te	rm capital gain	}				띪			78
9 Income mo	ss returns				+-		- NOV-1-6	- 2017 -	 Ö
1	es					171			18
b Less Cost of	or (loss) (attach schedule)					+	OGDE	1 117	
1	ne (attach schedule)							7, ∪	
l l	lines 1 through 11 · · ·		25,833.	24,	753.				
13 Compensation	n of officers, directors, trustees		12,458.		344.				3,114
	oyee salaries and wages .	- 1			NONE		NONE		
15 Pension pla	ns, employee benefits			1	ONE		NONE		
16a Legal fees (attach schedule) STN		1,486.	1	ONE		NONE		1,486
b Accounting	fees (attach schedule)STN	1T.2	1,138.		ONE		NONE		1,138
c Other profe	ssional fees (attach schedul								
17 Interest		[
18 Taxes (attac	h schedule) (see instru c tio	457.3.L	772.		148.				<u> </u>
E 19 Depreciation	n (attach schedule) and dep	oletion .							
20 Occupancy		[_							,
21 Travel, conf	Travel, conferences, and meetings				ONE		NONE		
22 Printing and	d publications			<u> </u>	ONE		NONE		
23 Other exper	nses (attach schedule) STM	Г	25.		4.				21
E1 .	ting and administrative ex	- 1					,,,,,,		<i>-</i>
Add lines 1	3 through 23	Г	15,879.	9,	/96.		NONE		5,759
	ns, gifts, grants paid		31,916.		100				31,916
	and disbursements Add lines 24	4 and 25	47,795.	9,	796.		NONE		-37,675
	e 26 from line 12	1	24 262		ĺ				
1	nue over expenses and disbursem		-21,962.	7.4	\ <u>.</u>				
	nent income (if negative, er	-		14,	15 / .				
	et income (if negative, ente uction Act Notice, see inst							Form QC	0-PF (2016)

JSA For Paperwork Reduction Act Notice, see Instructions FFP587 R25D 11/09/2017 13:52:17

		Attached schedules and amounts in the	Beginning of year	End o	of year
Par	rt II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	1	Cash - non-interest-bearing			
		Savings and temporary cash investments			
		Accounts receivable		With the State of the State of	
		Less, allowance for doubtful accounts ▶			
		Pledges receivable ▶			
		Less allowance for doubtful accounts		4.44	
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)		**************************************	ACCUPATION OF THE SAME
		Less allowance for doubtful accounts NONE	- Charles and the State of the	The same in the same state of	Service of the Control of the Contro
S		Inventories for sale or use			
וט					
ASI		Prepaid expenses and deferred charges			
]'			400 007		
		Investments - corporate stock (attach schedule)	000 604		
1	1	Investments - corporate bonds (attach schedule)	-1. 18 10 18 18 18 18 18 18 18 18 18 18 18 18 18	" 974 M 1 4 6 6 4 6 7 15 6 16 16 16 16 16 16 16 16 16 16 16 16 1	
		and equipment basis Less accumulated depreciation	* 16565 254 2 3 1	NEW YORK AND	MA PARAMETER AND A STATE OF THE
		(attach schedule)			
		Investments - mortgage loans		707 720	771,802
	4	Investments - other (attach schedule)	37,203.	707,730.	7/1,002
		equipment basis Less accumulated depreciation			
		(attach schedule)			
- 1		Other assets (describe ►)			
1		Total assets (to be completed by all filers - see the		207 710	777 000
+		instructions Also, see page 1, item I)	729,903.	707,730.	771,802
		Accounts payable and accrued expenses			
		Grants payable			
<u>.</u>		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
de 2		Mortgages and other notes payable (attach schedule)			
<u>ء</u> ا	2	Other liabilities (describe			
	_			17017	
12	•	Total liabilities (add lines 17 through 22)		NONE NONE	
6		Foundations that follow SFAS 117, check here . >			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
등 2		Unrestricted			내용 시민이에 가는 다르다.
E 2		Temporarily restricted			
2 2	6	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, $\blacktriangleright X$			
		check here and complete lines 27 through 31.			
		Capital stock, trust principal, or current funds	729,903.	707,730.	
Net Assets		Paid-in or capital surplus, or land, bldg , and equipment fund			
AS 2		Retained earnings, accumulated income, endowment, or other funds			
# 3		Total net assets or fund balances (see instructions)	729,903.	707,730.	THE CONTRACTOR OF THE PROPERTY.
Ž 3	1	Total liabilities and net assets/fund balances (see			
		instructions)	729,903.	707,730.	
		Analysis of Changes in Net Assets or Fund Bala			
		I net assets or fund balances at beginning of year - Part of-year figure reported on prior year's return)			
		729,903.			
	Ente	-21,962.			
		lines 1, 2, and 3			707,941.
			TEMENT 5	5), line 30 6	211.
6	Tota	I net assets or fund balances at end of year (line 4 minus I	707,730.		

45-6956846

(a) List ar	s and Losses for Tax on Invided describe the kind(s) of property sold	(e g , real estate,	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo, day, yr)
	orick warehouse, or common stock, 20	0 shs MLC Co)	D - Donation	(mo,day,yr)	(IIIO , day, yr)
1 a PUBLICLY TRADED	SECURITIES		 	 	
b c					
			1		
e			1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
a 166,248.		159,406.	 		6,842.
b					
С					
_ d					·
_ e	<u> </u>		ļ		
Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a					6,842.
b			J		
С			_		
<u>d</u>					
If gain, also enter in Part I, line 8	pain or (loss) as defined in sections Part I, line 8, column (c) (see in	structions) If (loss), enter -0- in	3		6,842.
Part V Qualification (<u> Jnder Section 4940(e) for Rec</u>	duced Tax on Net Investment	Income		
f "Yes," the foundation does	not qualify under section 4940(e).				Yes No
	mount in each column for each ye	ar, see the instructions before mak	ing any en		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
2015					
2014			 		
2013	ļ		 		
2012		 	 		
2011	<u> </u>		+		
3 Average distribution ra	tio for the 5-year base period - dıvı	de the total on line 2 by 5, or by the ess than 5 years.	e _		
4 Enter the net value of n	concharitable-use assets for 2016	from Part X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)	6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution of fine 8 is equal to or Part VI instructions.	utions from Part XII, line 4 greater than line 7, check the bo	ox in Part VI, line 1b, and complete	8 that par	t using a 1% ta	x rate See th

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see in	struc	tions	
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	99.
	here and enter 1% of Part I, line 27b			
С	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		N	<u>IONE</u>
3	Add lines 1 and 2	_	2	99.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		2	<u> 99.</u>
6	Credits/Payments Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 247.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		2	<u>47.</u>
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			<u>52.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ► NONE Refunded ► 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	ļ	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	l		
С	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	ļ		
	(1) On the foundation ► \$ (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	i		}
	on foundation managers > \$			
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 instrument, articles of			.,,
	incorporation, or 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
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_		
_	conflict with the state law remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u></u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MT			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	Х	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	60	 ^ -	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	l		
	4942()(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			x
	complete Part XIV	9		$-^{\Lambda}$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		x
	names and addresses	10 m 99	0-PF	(2016)
	FO	m 33	7-r-r	2010)

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Par	/II-A Statements Regarding Activities (continued)			
11	t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	١	/es	No
	eaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	1		<u> </u>
12	d the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		ĺ	
	erson had advisory privileges? If "Yes," attach-statement (see instructions)	2		<u> </u>
13	id the foundation comply with the public inspection requirements for its annual returns and exemption application? 1	3	X	
	/ebsite address ► N/A			
14	ne books are in care of ► THE FOUNDATION Telephone no. ► (406) 248-1	681		
	ocated at ► 401 N 31ST STREET, BILLINGS, MT ZIP+4 ► 59101			
15	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	• •	. ▶	Ш
	nd enter the amount of tax-exempt interest received or accrued during the year		/es	No
16	t any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		63	X
	ver a bank, securities, or other financial account in a foreign country?	0	أهند	=
	ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Dar	e foreign country ▶ /ILB Statements Regarding Activities for Which Form 4720 May Be Required	-		
r ai			/es	No
4	ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
14	uring 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?	¥.	ï	
	B) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	i) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	- ∤	1	
	3) Agree to pay money or property to a government official? (Exception. Check "No" if the	Ì		
	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)			
b	any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	}		
	ection 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	b		
	rganizations relying on a current notice regarding disaster assistance check here			
C	d the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	ere not corrected before the first day of the tax year beginning in 2016?	С		X
2	exes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	perating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	t the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	1		
	e, Part XIII) for tax year(s) beginning before 2016?	Í		
	"Yes," list the years	H.	l l	
b	re there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	elating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	I years listed, answer "No" and attach statement - see instructions)	D		
С	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	İ		
٥.	de the first held war the second seco	i i		
38	d the foundation hold more than a 2% direct or indirect interest in any business enterprise any time during the year?			
h	any time during the year?	į.		
U	squalified 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	ļ.		
	e 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	rundation had excess business holdings in 2016)	b		
4 a	d the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		_	Х
	d the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	paritable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	b		X

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Par	t VII-B Statements Regarding Activities	or Which Form 4	1720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or incur any amo	unt to	·			
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e)) ⁷	. Yes X N	o	
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	٦,		
	directly or indirectly, any voter registration drive?			. Yes X N	o	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	,	. Yes X N	0	
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described i	n		İ
	section 4945(d)(4)(A)? (see instructions)			Yes X No	0	
	(5) Provide for any purpose other than religious, cl					
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	o	
b	If any answer is "Yes" to 5a(1)-(5), did any of the					İ
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ce (see instructions)?		5b	
	Organizations relying on a current notice regarding disas	ster assistance check	here			
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax		
	because it maintained expenditure responsibility for the	grant?		. Yes No	o	
	If "Yes," attach the statement required by Regulations see	ction 53 4945-5(d)				
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiur	ns		
	on a personal benefit contract?			Yes X N	o	
Ь.	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	ct ⁷	. 6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a pa	• •	•	. — —	- 1 1	
	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transacti	on ⁷	. 7b	
Par	Information About Officers, Directo and Contractors	rs, Trustees, Fou	indation Manager	s, Highly Paid Em	ployees,	
1	List all officers, directors, trustees, foundation m		compensation (see	instructions).		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
		devoted to position	Girter -U-7	and deterred compensation		
SEE	STATEMENT 6		12,458.			
			,			
2	Compensation of five highest-paid employees "NONE"	(other than thos	e included on line	e 1 - see instruction	ons). If nor	e, enter
		(b) Title, and average		(d) Contributions to	() =	
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense other allow	
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit		
		hours per week		employee benefit plans and deferred compensation	other allov	vances .
(a) NONI		hours per week	(c) Compensation	employee benefit plans and deferred		vances .
		hours per week		employee benefit plans and deferred compensation	other allov	vances .
		hours per week		employee benefit plans and deferred compensation	other allov	vances .
		hours per week		employee benefit plans and deferred compensation	other allov	vances .
		hours per week		employee benefit plans and deferred compensation	other allov	vances .
		hours per week		employee benefit plans and deferred compensation	other allov	vances .

n	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employed and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
2	
All other program-related investments. See instructions	
3NONE	
Fotal. Add lines 1 through 3 ▶	

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes		
а	Average monthly fair market value of securities	1a	741 ,427.
b	Average of monthly cash balances	1b	16,028.
C	Fair market value of all other assets (see instructions),	1c	NONE
d	Total (add lines 1a, b, and c)	1d	757,455.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	757,455.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	11,362.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	746,093.
6	Minimum investment return. Enter 5% of line 5	6	37,305.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found	dations	<u> </u>
	and certain foreign organizations check here ► and do not complete this part.)	20110113	
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	37,305.
2 a	Tax on investment income for 2016 from Part VI, line 5		<u> </u>
b	Income tax for 2016. (This does not include the tax from Part VI).	1 1	
C	Add lines 2a and 2b	2c	299.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	37,006.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	37,006.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	 	NOME
•	line 1	7	37,006.
		L <u></u>	<u> </u>
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	37,675.
b	Program-related investments - total from Part IX-B	1b	<u></u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	- 10	
-	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		NONE
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4		4	
5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	37,675.
J		_	NT / 7\
c	Enter 1% of Part I, line 27b (see instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		37,675.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	iculating whe	tner the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2016)

Page 9

Pai	t XIII Undistributed Income (see instru	uctions)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
•	line 7				37,006.
2	Undistributed income, if any, as of the end of 2016				
	Enter amount for 2015 only.			36,200.	
	Total for prior years 20,20,20		NONE	30/200.	
	Excess distributions carryover, if any, to 2016		110112		
	From 2011 NONE				
	From 2012 NONE			,	
	From 2013 NONE				
	From 2014 NONE				
	From 2015 NONE				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2016 from Part XII,	HORD			
7	line 4 ▶ \$ 37,675.				
	Applied to 2015, but not more than line 2a			36,200.	
				30,2001	
D	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	·				
С	Treated as distributions out of corpus (Election required - see instructions)	NONE			
d	Applied to 2016 distributable amount				1,475.
	Remaining amount distributed out of corpus	NONE			, , , , , , , , , , , , , , , , , , ,
	Excess distributions carryover applied to 2016.	NONB			NONE
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a)) Enter the net total of each column as				
·	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b	Prior years' undistributed income Subtract		NOME		
_	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable		NONE		
e	Undistributed income for 2015 Subtract line		1101111		
_	4a from line 2a Taxable amount - see				
	instructions			•	
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2017.				35,531.
-					
,	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)	NONE			
R	Excess distributions carryover from 2011 not				
•	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2017.	· · · · · · · · · · · · · · · · · · ·			
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9				
а	Excess from 2012 NONE				
b	Excess from 2013 NONE				
С	Excess from 2014 NONE				
d	Excess from 2015 NONE				
е	Excess from 2016 NONE				- 000 PE (0010)

Pai	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	_
	foundation, and the ruling	j is effective for 2016, en	ter the date of the ruling		▶	
b	Check box to indicate v		is a private operating		section 4942())(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	return from Part X for each					
	year listed					
Ь	85% of line 2a	<u> </u>				
С	Qualifying distributions from Part					
d	XII, line 4 for each year listed . Amounts included in line 2c not					
_	used directly for active conduct					
	of exempt activities				<u> </u>	
е	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
_	alternative test relied upon					
a	'Assets' alternative test enter		i			
	 Value of all assets Value of assets qualifying 					
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	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 sup- port from an exempt					
	organization					
Da	(4) Gross investment income	1-6	\		: b OF 000 -	
rai		itary information (Curing the year - see		only if the foundar	ion nad \$5,000 o	r more in assets at
1	Information Regarding					
	List any managers of	-		e than 2% of the tota	d contributions receiv	ved by the foundation
	before the close of any					
	N/A					
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equall	y large portion of the
	ownership of a partner					
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► if t	he foundation only i	makes contributions	to preselected chari	table organizations	and does not accept
				ants, etc. (see instruct	ions) to individuals o	or organizations under
	other conditions, comp					
а	The name, address, and		r e-mail address of the	person to whom app	lications should be ad	aressea:
	SEE STATEMENT 8		mitted and information	and materials their	should in aluda	
Ü	The form in which appl			on and materials they s	moula metuae.	
	SEE ATTACHED ST	TATEMENT FOR LI	NE Z			
	Any submission deadli	nes				
•	SEE ATTACHED ST		NE 2			
	San Millengo 91	TITION TO THE	*4** C			
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors:					
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			

Recipient	If recipient is an individual, show any relationship to	Foundation status of		A
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributes			
SEE STATEMENT 12				31,
			1	
			1	
			İ	
Total		<u> </u>	▶ 3a	31,9
Total				31,
Tippietta io, ialare paymone				
			1	
			ļ	
Total	l		▶ 3b	

Enter gross amounts unless otherwise indicated	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					<u>.</u>
С					
d	· · · · · · · · · · · · · · · · · · ·				
e					
g Fees and contracts from government agencies					
	-		1		
2 Membership dues and assessments					
4 Dividends and interest from securities			14	18,991.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property	·				
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	6,842.	
9 Net income or (loss) from special events · · ·					
O Gross profit or (loss) from sales of inventory		·			
1 Other revenue ab					
d					
e					
2 Subtotal Add columns (b), (d), and (e)				25,833.	
3 Total. Add line 12, columns (b), (d), and (e)					25,833.
See worksheet in line 13 instructions to verify calcu					
Explain below how each activit accomplishment of the foundation	•				
					
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
		NOT APPLICAB	LE		

Form 990-PF (45-6956846			ge 13
Part XVII	Information R Exempt Orgai		nsfers To and Trans	actions a	and Relationships With Nor	ichari	table	}
ın sec					any other organization described n section 527, relating to political		Yes	No
_		g foundation to a	noncharitable exempt of	ganızatıon	of:			
								X
b Other	transactions							X
								X
								X
								X
								X
								X
								X
					e. Column (b) should always sho		fair m	arke
value	of the goods, other	assets, or service	es given by the reporting	foundation	on If the foundation received less	than	fair m	arke
value	in any transaction or	sharing arrange	ment, show in column	d) the value	ue of the goods, other assets, or	service	s rece	ived
(a) Line no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) (Description of transfers, transactions, and sha	aring arra	ngeme	nts
			·····					
		· · · · · · · · · · · · · · · · · · ·						
		<u></u>						
			<u> </u>					
			·					
descr	ibed in section 501(c)	of the Code (oth	nated with, or related to er than section 501(c)(3)		nore tax-exempt organizations tion 527?	Y6	es 🔼	No
D II TES	s," complete the follow (a) Name of organization		(b) Type of organizati	n	(c) Description of relation	nship		
	,.,		(=, . , po o. o. gomeou		(5) 2555 (\$1.51.51.51.76)			
								
Und	er negatives of permiss J decla	re that I have everying	d this return including accompany	na echadulae	and statements, and to the best of my knowled	lae end h	elief it	is till

Sign	
Here	

correct, and complete. Declaration of preparer (other than taxpaye	r) is based on all information of w	hich preparer has any knowledge	
Delbra Gleker	11/09/2017	AVP	May the IRS discuss this retuil with the preparer shown belo
Signature of officer or trustee	Date	Title	(see instructions)? X Yes I

Paid	Print/Type preparer's name	Preparer's signature	Date Check If PTIN
_	SANDRA MURPHY	Sandradformuphy	11/09/2017 self-employed P01252209
Prepare	Firm's name ► ERNST & YOUNG	U.S. LLP	Firm's EIN ► 34-6565596
Use On	Y Firm's address ► 155 N. WACKER		
	CHICAGO, IL	60606-1787	Phone no 312-879-2000

Form 990-PF (2016)

STATEMENT

	CHARITABLE PURPOSES	1,486. 1,486. ===========
	ADJUSTED NET INCOME	NONE
	NET INVESTMENT INCOME	NONE
	REVENUE AND EXPENSES PER BOOKS	1,486. 1,486. ============
[I - LEGAL FEES		TOTALS
FORM 990PF, PART I - LEGAL FEES	DESCRIPTION	LEGAL FEES

7

STATEMENT

	CHARITABLE PURPOSES	1 1 1 1 1	1,138.	1,138.
	ADJUSTED NET INCOME	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE ===================================
	NET INVESTMENT INCOME	! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE
	REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	1,138.	1,138.
FORM 990PF, PART I - ACCOUNTING FEES				TOTALS
FORM 990PF, PA	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACOUNTING FEES	

YVONNE MANSFIELD ANIMAL WELFARE FUND

45-6956846

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	67. 67.	256. 256.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	772. 448.	NRUINGHOGHO HOUS
REVENUE AND EXPENSES PER BOOKS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTALS	
DESCRIPTION	FOREIGN TAXES FEDERAL TAX DAYMENT - DRI	FOREIGN TAXES ON NONCIFIED FOR	FOREIGN IAKES ON NONCOALS	1	

21.

CHARITABLE PURPOSES FORM 990PF, PART I - OTHER EXPENSES

STATEMENT

NET INVESTMENT INCOME	. 4	
REVENUE AND EXPENSES PER BOOKS	21.	25.
DESCRIPTION	OTHER NON-ALLOCABLE EXPENSE - OTHER NONALLOCABLE EXPENSES -	TOTALS

FORM 990PF,	PART	III	_	OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	
DESCRIPTION		====	====		=========	====	====		====		AMOUNT	
DESCRIPTION												
RETURN OF CA	ומידםג										2	207.
ROUNDING	** * ****	_										4.
					TOT	AL					2	211.
												===

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

FIRST INTERSTATE BANK

ADDRESS:

PO BOX 30918

BILLINGS, MT 59102

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

COMPENSATION 12,458.

OFFICER NAME:

DAVE PAULI

ADDRESS:

4235 ZEPHYR LANE

BILLINGS, MT 59106

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

AMY E LAMM, DVM

ADDRESS:

8542 SHORTHORN DRIVE

BILLINGS, MT 59106

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

SUZANNE ROTH, DVM

ADDRESS:

380 REIFLE ROAD

MOLD, MT 59057

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

DEBBIE SCHOEPPE

ADDRESS:

2909 GREGORY DRIVE BILLINGS, MT 59102

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

HANNA WAGNER

ADDRESS:

PO BOX 30918

BILLINGS, MT 59102

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

JONNIE JONCKOWSKI

ADDRESS:

PO BOX 20797

BILLINGS, MT 59104

TITLE:

ADVISORY COUNCIL MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

TOTAL COMPENSATION:

12,458.

RECIPIENT NAME:

FIRST INTERSTATE BANK

ADDRESS:

401 N 31ST STREET

BILLINGS, MT 59101

RECIPIENT'S PHONE NUMBER: 406-255-5239

FORM, INFORMATION AND MATERIALS: SEE ATTACHED

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED

YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ANIMAL CLINIC OF BILLINGS ADDRESS: 1420 10TH ST W Billings, MT 59102 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID RECIPIENT NAME: VET TO GO ADDRESS: 1033 S 29TH ST W STE A BILLINGS, MT 59102 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 3,941. RECIPIENT NAME: BEST FRIENDS ANIMAL HOSPITAL ADDRESS: 1530 POPELKA DR Billings, MT 59105 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

2,100.

YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

THE ANIMAL HOSPITAL

ADDRESS:

1110 MAIN ST

BILLINGS, MT 59105

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE FOR CARE OF ANIMALS PER MISSION

FOUNDATION STATUS OF RECIPIENT:

NO

AMOUNT OF GRANT PAID 885.

RECIPIENT NAME:

GRANITE PEAK VETERINARY HOSPITAL

ADDRESS:

1450 COUNTRY MANOR BLVD

Billings, MT 59102

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE FOR CARE OF ANIMALS PER MISSION

FOUNDATION STATUS OF RECIPIENT:

NC

RECIPIENT NAME:

SPAY MONTANA

ADDRESS:

P. O. BOX 4455

Helena, MT 59624

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

YVONNE MANSFIELD ANIMAL WELFARE FUND FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAIR	
RECIPIENT NAME: MOORE LANE VETERINARY HOSPITAL ADDRESS: 30 MOORE LN Billings, MT 59101 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: NC AMOUNT OF GRANT PAID	3,000.
RECIPIENT NAME: TREASURE STATE VETERINARY SERVICE ADDRESS: 24 MYERS ROAD Hysham, MT 59038 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: NC AMOUNT OF GRANT PAID	547.
RECIPIENT NAME: MONTANA RAPTOR CONSERVATION CENTER ADDRESS: PO BOX 4061 BOZEMAN, MT 59772 RELATIONSHIP: NONE PURPOSE OF GRANT: PROVIDE FOR CARE OF ANIMALS PER MISSION FOUNDATION STATUS OF RECIPIENT: PC	
AMOUNT OF GRANT PAID	2,000.

YVONNE MANSFIELD ANIMAL WELFARE FUND 45-6956846 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

SCIENCE AND CONSERVATION CENTER

ADDRESS:

2100 S SHILOH RD BILLINGS, MT 59106

RELATIONSHIP:

NONE

PURPOSE OF GRANT: PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

LAST CHANCE CAT SANCTUARY

ADDRESS:

2113 WALTER ROAD Billings, MT 59105

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

РC

RECIPIENT NAME:

STAFFORD ANIMAL SHELTER

ADDRESS:

3 BUSINESS PARK RD Livingston, MT 59047

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

31,916.