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Form 990-PF

EXTENDED TO NOVEMBER 15 **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For calendar year 2016 or tax year beginning

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

-and ending-

Name of foundation A Employer identification number DAN AND SALLIE DUTTON FAMILY FOUNDATION 47-2142307 Number and street (or P O box number if mail is not delivered to street address) Room/surte B Telephone number 10620 SO. HIGHLANDS PKWY #110-478 (702)776-8859City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LAS VEGAS, NV 89141 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X Cash If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 977, 243. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income income 412,747 N/A Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 17,710. 17,710. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) JUN R. R. 2017 27,296. STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 217,369. 153,768. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances CANNED b Less Cost of goods sold c Gross profit or (loss) 11 Other income 457,753. 171,478 12 Total Add lines 1 through 11 0. 26,826. 0. Compensation of officers, directors trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits RECEIVED Expenses 16a Legal fees 1,250. 1,250. ĿĠbo. b Accounting fees 200 0. c Other professional fees 100. Operating and Administrative I 0. 2. 12. 17 Interest 50. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. 23 Other expenses STMT 6 222. 222 24 Total operating and administrative 1,300. 29,710. 1,584. expenses. Add lines 13 through 23 103,174. 103,174 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 104,474. 132,884 1,584 Add lines 24 and 25 27 Subtract line 26 from line 12: 324,869 a Excess of revenue over expenses and disbursements 169,894 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

47-2142307

986,972. Form **990-PF** (2016)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Fait IV Capital Gallis a	and Lusses for rax off fi	IACOULIGIL						
(a) List and descr 2-story-brick-wa	ibe the kind(s) of property sold (e.grehouse;-or-common-stock, 200 sh	g., real estate, s. MLC_Co.)		b) How a P - Puro DDon	cquired chase lation————	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE	SECURITIES				D			
b CAPITAL GAINS I	DIVIDENDS							
<u>C</u>								
<u>d</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		l		un or (loss) (f) minus (g)
a 205,687.			63,601	. •				142,086.
b 11,682.								11,682.
<u>c</u>								
<u>d</u>		ļ						
Complete only for assets showing	g gain in column (h) and owned by	the foundation	on 12/31/69			Gains (Co	ol. (h) gain i	minus
	(j) Adjusted basis	7	cess of col. (i)	-		(k), but n	ot less than	-0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses ((from col. (h	1))
a								142,086.
b	 	<u> </u>						11,682.
C		<u> </u>						
d				+				
е	(14	L		-	T			
Capital gain net income or (net cap	oital loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$	r in Part I, line I- in Part I, line	<i>t</i> 7	2				153,768.
Net short-term capital gain or (los:	s) as defined in sections 1222(5) ar	nd (6):						
If gain, also enter in Part I, line 8, o	column (c).			}			BT / B	
Part V Qualification U	nder Section 4940(e) for	Reduced	Tay on Net I	<u>) 3</u>	nent Inc	ome	N/A	
f section 4940(d)(2) applies, leave th Vas the foundation liable for the secti f "Yes," the foundation does not quali Enter the appropriate amount in e	on 4942 tax on the distributable am	mplete this pa	rt,					Yes X No
(a)	(b)			(c)			Dietrib	(d) ution ratio
Base periód years Calendar year (or tax year beginnin		tributions	Net value of nonc		-use assets		col. (b) divi	ded by col. (c))
2015	5	6,101.			1,400			.088852
2014		0.		9	8,836	•		.000000
2013								
2012 2011								
2011	<u> </u>					1 7		
Total of line 1, column (d)						2		.088852
Average distribution ratio for the 5	-year base period - divide the total o	on line 2 by 5,	or by the number o f	years				
the foundation has been in existen	ce if less than 5 years					3		.044426
Enter the net value of noncharitable	e-use assets for 2016 from Part X,	line 5				4		958,754.
Multiply line 4 by line 3						5		42,594.
Enter 1% of net investment income	e (1% of Part I, line 27b)					6	··	1,699.
Add lines 5 and 6			-			7		44,293.
Enter qualifying distributions from	Part XII, line 4					8		104,474.
If line 8 is equal to or greater than I See the Part VI instructions	line 7, check the box in Part VI, line	1b, and compl	lete that part using a	1% tax	rate.			

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	n 990-PF (2016) DAN AND SALLIE DUTTON FAMILY FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e			<u> </u>			age 4
-		7, 0, 1	7.0	300 11	1511 4	0000	
1 <u>a</u>	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 instructions)		1			1,6	
Ū	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	r				<u>r, o</u>	<u> </u>
	of Part I, line 27b		. !				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		_				Λ
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3			1,6	a a ·
3	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	-	4			<u> </u>	0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5			1,6	
5 6	Credits/Payments		3			<u> </u>	<u>,,,,</u>
		051.					
	Exempt foreign organizations - tax withheld at source	051.					
		000.					
	Backup withholding erroneously withheld 6d	0000					
	Total credits and payments. Add lines 6a through 6d		7			5,0	51.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			<u> </u>	<u></u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			3.3	52.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	ded 🕨	11				0.
	rt 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 participate or	ntervene	ID.			Yes	No
	any political campaign?			1	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the	definit io n)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	s publish	ned or	1			
	distributed by the foundation in connection with the activities			ŀ			1
C	Did the foundation file Form 1120-POL for this year?			ſ	1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	0.			i		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ion					
	managers. ► \$0.				,		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			l	2		X
	If "Yes," attach a detailed description of the activities			1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp	oratio n, c	r				İ
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3	L	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
-	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b_		77
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				_ 5		X
	If "Yes," attach the statement required by General Instruction T						l
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or	464-4-		١			l
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	the state	aw		e	Х	1
~	remain in the governing instrument?	Dad VI	,	l	<u>6</u> 7	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Pan XV				<u> </u>	
0.	Enter the states to which the foundation reports or with which it is registered (see instructions)			I			ĺ
οā	NV						1
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate	 !}					1
of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 8							х
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					8b_		
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV							X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	es			9 10		X
	and the state of t			For	m 99 ()-PF	(2016)

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Part VII-A | Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	 	i——	ı ——
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	}		
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
	Website address ► N/A		0 = 0	
14	The books are in care of ► THE FOUNDATION Telephone no. ► 702-77			
	Located at ► 10620 SOUTHERN HIGHLANDS PKWY #110-478, LAS VEGAS ZIP+4 ►89	145	- 642	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	3.7	/3	
	and enter the amount of tax-exempt interest received or accrued during the year 15	1//	/A Yes	No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	16	162	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and files requirements for FinCEN Form 114. If "Vos." anter the name of the	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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?	ļ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ļ		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	l		
	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.)			j
		}		
U	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)?	1b		х
	Organizations relying on a current notice regarding disaster assistance check here	- <u>"</u> -	<u> </u>	
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		1	ĺ
Ī	before the first day of the tax year beginning in 2016?	10		Х
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))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		ļ	,
	before 2016?		1	
	If "Yes," list the years	}		1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ما	1	
_	statement - see instructions.) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2 2	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?]	
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			1
•	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			İ
	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,			1
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	L	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			1
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	46	<u> </u>	<u>X</u> _
	Fo	m 99 ()-PF	(2016)

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)	
5a, During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); o	ir to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined	}	1 1
expenditure responsibility for the grant?	I.	1/A L Y	es L No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y	es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highly	y	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		(-) Componentian	(d) Contributions to	() [
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)	compensation	allowances
	PRESIDENT, DI	RECTOR	}	
10620 SOUTHERN HIGHLANDS PKWY #110-47				42.442
LAS VEGAS, NV 89141	1.00	0.	0.	13,413.
	SECRETARY, TE	EASURER,	DIRE	
10620 SOUTHERN HIGHLANDS PKWY #110-47				12 412
LAS VEGAS, NV 89141	1.00	0.	0.	13,413.
			j	
				ļ
				1
2 Compensation of five highest-paid employees (other than those inc	luded on line 4) If none	anter "NONE "	1	<u> </u>
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other
	devoted to position	 	compensation	allowances
NONE			1	
		 		
			1	
		 		
			1	}
		 		
		 		
			1	
	<u> </u>	<u> </u>	<u> </u>	L
Total number of other employees paid over \$50,000				000 PE (2010)
			Form	990-PF (2016)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	., .,	-
Describe the two largest program-related investments made by the foundation during the tax year on line N/A	s 1 and 2.	Amount
N/A		
2		
All other program-related investments. See instructions.		
	1	

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Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 916,979. a Average monthly fair market value of securities 1a 56,375. b Average of monthly cash balances 1b c Fair market value of all other assets 10 973,354. 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 973. 354. 3 Subtract line 2 from line 1d 3 14,600. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 958,754. 5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 47,938. Minimum investment return. Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 47,938. Minimum investment return from Part X, line 6 1,699 Tax on investment income for 2016 from Part VI, line 5 2a Income tax for 2016 (This does not include the tax from Part VI.) ,699. Add lines 2a and 2b 2с C 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 104,474. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 16 Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the. 3 Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 104,474. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 1,699 income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	
1 Distributable amount for 2016 from Part X1, line 7				46,239.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years		_		
	 	0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	1		<u> </u>	
b From 2012	-		}	
c From 2013				
d From 2014	- 1		-	
e From 2015 29,822.				
f Total of lines 3a through e	29,822.			
4 Qualifying distributions for 2016 from			!	
Part XII, line 4 ► \$ 104, 474.	-		0.	
Applied to 2015, but not more than line 2a Applied to undistributed income of prior				
years (Election required - see instructions)]	0.		
c Treated as distributions out of corpus	<u></u>			
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				46,239.
e Remaining amount distributed out of corpus	58,235.			10/2321
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	,			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c and 4e Subtract line 5	88,057.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must		İ		
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		ĺ	'	
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	_			
Subtract lines 7 and 8 from line 6a	88,057.			
10 Analysis of line 9.		ļ		
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015 29,822.				
e Excess from 2016 58, 235.	L			<u> </u>

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1 a If the foundation has received a ruling			,	11/21	
foundation, and the ruling is effective for					
b Check box to indicate whether the foun		-	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	10 12())(0) 01 10	12()/(07
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	`		 	 	
each year listed					
b 85% of line 2a			 	-	
c Qualifying distributions from Part XII,				 	
line 4 for each year listed					
d Amounts included in line 2c not				 	
	j			j	
used directly for active conduct of exempt activities					
e Qualifying distributions made directly]	
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter. (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.					
(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		L	J		
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see instr	ructions.)			
Information Regarding Foundation List any managers of the foundation will year (but only if they have contributed)	no have contributed more		ributions received by the	foundation before the clos	e of any tax
SEE STATEMENT 9					
b List any managers of the foundation who other entity) of which the foundation has	no own 10% or more of thats a 10% or greater interes	e stock of a corporation st.	(or an equally large portion	on of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions t	o preselected charitable	organizations and does n		
a The name, address, and telephone num					
a The hame, address, and telephone ham	ioci oi e mai address oi i	ne person to whom appr	icanons should be address		
b The form in which applications should	be submitted and informat	ion and materials they s	hould include		
c Any submission deadlines.					
d Any restrictions or limitations on award	s, such as by geographica	ıl areas, charıtable fields,	kinds of institutions, or c	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment -If-recipient is-an-individual-Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year ANDSON, INC. PC TO ACCOMPLISH ITS MISSION 11920 SOUTHERN HIGHLANDS PKWY, STE 101 5,000. LAS VEGAS NV 89141 ANNIKA FOUNDATION ÞC TO ACCOMPLISH ITS MISSION 5 SOUTHSIDE DRIVE, STE 11-237 CLIFTON PARK, NY 12065 10,000. BOYS TOWN NEVADA PС TO ACCOMPLISH ITS MISSION 821 NORTH MOJAVE ROAD LAS VEGAS NV 89101 1,000. DESERT CLASSIC CHARITIES РC TO ACCOMPLISH ITS MISSION PO BOX 865 2,700. RANCHO MIRAGE, CA 92270 PС TO ACCOMPLISH ITS NF NETWORK MISSION 213 S. WHEATON AVE. 10 250. WHEATON IL 60187 SEE CONTINUATION SHEET(S) **▶** 3a 103 174. Total b Approved for future payment NONE **▶** 3b Total

Form 990-PF (2016) Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	1 business income	_Exclud	ed by section 512, 513, or 514	(e)———
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt
1 Program service revenue:	code		code		
a	 		+-+		
b	 				
<u>c</u>	}		 		
d			├ ┼		
e	 		├ ─┤		
- Coop and contracts from coverage and contract	 		+-+		
 g Fees and contracts from government agencies 2 Membership dues and assessments 	 		+-+		
•	 		 		
3 Interest on savings and temporary cash investments	1		1 1		
4 Dividends and interest from securities	 		14	17,710.	
5 Net rental income or (loss) from real estate:	}		14	17,710.	
			\vdash		
 a Debt-financed property b Not debt-financed property 	}		╂┈┈╌╂		
6 Net rental income or (loss) from personal			├		
	1 (1 1		
property 7. Other property and an analysis of the property and the proper	<u> </u>		+-+		
7 Other investment income	 		 		
8 Gain or (loss) from sales of assets other			18	27,296.	
than inventory 9 Net income or (loss) from special events	}		10	41,490.	
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:	 		 		
·			1 1		
a	 		+ +		
	<u> </u>		 		
	-		 		
de			1-1		
12 Subtotal Add columns (b), (d), and (e)		0.	11	45,006.	0.
13 Total Add line 12, columns (b), (d), and (e)					45,006.
(See worksheet in line 13 instructions to verify calculations.)				.~	10/000
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	cempt	Purposes	
Line No. Explain below how each activity for which incon	ne is reported in	column (e) of Part XVI-A	contribi	ated importantly to the accom	iplishment of
the foundation's exempt purposes (other than b	y providing fun	ds for such purposes).			
				- <u></u>	
		· <u> </u>			
					_
		<u></u>			
		·			
			_		

Form 99					N FAMILY FOU			2142307		age 13
1 41.4	/(Exempt Organ		131613 10	and mansactions a	and Neiauon	sinps with No	iiciiai itabii	7	
1 Di	d the or			of the following	ng with any other organization	on-described in sec	tion-501(c)-of		Yes	-No
					27, relating to political organ			ļ		
		from the reporting found	•							
) Cash			•				1a(1)		_x
		assets						1a(2)		X
b Ot	her tran	sactions;								
(1) Sales	of assets to a noncharita	ble exempt organiza	ation				16(1)	ĺ	X
(2) Purcl	nases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets					1b(3)	L	X
(4) Reim	bursement arrangements	i					1b(4)	<u> </u>	X
(5) Loan:	s or loan guarantees						1b(5)	<u> </u>	X
(6) Perfo	rmance of services or me	embership or fundra	using solicitatio	ons			1b(6)	↓	X
c St	arıng o	f facilities, equipment, ma	uling lists, other ass	ets, or paid em	ployees			1c	L	X
or	service		oundation. If the foi	undation receiv	edule Column (b) should alved less than fair market valu				sets,	
(a)Line i	10	(b) Amount involved	(c) Name o	of noncharitable	e exempt organization	(d) Description	on of transfers, transaction	ons, and sharing ar	rangem	ents
				N/A						
										<u>-</u>
										
	_									
			ļ <u></u>							
	_			·		ļ				
										
	-									
	_					_				
ın :	section	501(c) of the Code (other	r than section 501(c	•	or more tax-exempt organi tion 527?	zations described		Yes		No
וו ט	165, 60	omplete the following sch (a) Name of org			(b) Type of organization	·	(c) Description of re	elationship		
		N/A			(b) Type of digameaner		(6) 5000			
		·		_						
Sign Here					g accompanying schedules and in taxpayer) is based on all inform		p has any knowledge DENT,	May the IRS return with the shown below	e prepa (see in:	arer
	Sign	ature of officer or trustee			Date	Title				
		Print/Type preparer's na	ime	Prestrates	Jacob	Date	Check if self- employed	PTIN		
Paid		GARY W STA	CHLOWSK1	GARY	STACHLOWSK	06/06/17		P00163	708	}

Phone no 503-697-4118 Form **990-PF** (2016)

Firm's EIN ➤ 93-0418710

Paid Preparer

Use Only

Firm's name ► DELAP LLP

Firm's address ► 5885 MEADOWS ROAD, NO. 200 LAKE OSWEGO, OR 97035

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, or 990-PF) and its instructions is at www.lrs.gov/form990...

OMB No 1545-0047

2016

Name of the organization	
--------------------------	--

Employer identification number

DA	N AND SALLIE DUTTON FAMILY FOUNDATION	47-2142307						
Organization type (check o	ne)							
Filers of:	Section:							
Form 990 or 990-EZ	Form 990 or 990-EZ 501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions						
General Rule								
=	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.							
Special Rules								
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II	or 16b, and that received from						
year, total contribu	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 \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively.								
religious, charitable	e, etc., contributions totaling \$5,000 or more during the year	> \$						
•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F							
	Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990-PF, Part I, line 2, to						
LHA For Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule E	(Form 990, 990-EZ, or 990-PF) (2016)						

Name of organization

Employer identification number

DAN AND SALLIE DUTTON FAMILY FOUNDATION

<u>47-2142307</u>

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAN AND SALLIE DUTTON 10620 SOUTHERN HIGHLANDS PKWY #110-478 LAS VEGAS, NV 89141	\$\$12,747.	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-18		\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

DAN-AND-SALLIE-DUTTON-FAMILY-FOUNDATION-

47-2142307

a)		(c)	
lo.	(b)	FMV (or estimate)	(d)
om	Description of noncash property given	(See instructions)	Date received
rt I			
	1,300 SHARES ABBIE/ABBV		
_1			
			01/04/16
ĺ		- J4,300.	01/04/10
3)			
o.	(b)	(c) FMV (or estimate)	(d)
m	Description of noncash property given	(See instructions)	Date received
rt I		(000	
	1,112 SHARES BRISTOL MEYER/BMY		
		\s74,671.	01/04/16
ļ		Ψ	01/03/10
3)			_
ο.	(b)	(c) FMV (or estimate)	(d)
om	Description of noncash property given	(See instructions)	Date received
rt I		,,	
	1,026 SHARES COCA COLA/KO	<u></u>	
1			
		s 43,338.	01/04/16
			01/04/10
a)			
о.	(b)	(c) FMV (or estimate)	(d)
om	Description of noncash property given	(See instructions)	Date received
rt 1		,	
.	1,274 SHARES GENERAL ELECTRIC/GE		
1			
l		38,870.	01/04/16
ļ		30,070:	_01/04/10
2)			
o.	(b)	(c) FMV (or estimate)	(d)
m	Description of noncash property given	(See instructions)	Date received
rt I		(000	
_	1,000 SHARES MICROSOFT/MSFT		
_1			
,		s 54,100.	01/04/16
		3 34,100.	01/04/10
1)			
o.	(b)	(c)	(d)
m	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
rtl		(See mondenous)	
	4,000 SHARES PFIZER/PFE		
1			
			01/04/16
		\$ 127,200.	01/04/16 990, 990-EZ, or 990-PF) (

Employer identification number

DAN AN	ID_SALLIE_DUTTON_FAMILY_	FOUNDATION		<u> 47-2142307</u>	
Part III	ND SALLIE DUTTON FAMILY—, Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col completing Part III enter the total of exclusively religious, c	utions to organizations described in umns (a) through (e) and the follows that table, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or ing line entry. For organization	(10) that total more than \$1,000 for	
	Use duplicate copies of Part III if additional	space is needed	ss for the year terms this the one		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
raiti					
-		(e) Transfer of gift			
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-		(e) Transfer of gift			
_	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
Tarti					
<u> </u>		(e) Transfer of gift			
	Transferent	71D . 4	Dolotion ship of to-	nafarar ta transferas	
-	Transferee's name, address, and	<u> </u>	Relationship of transferor to transferee		
l					

3 · Grants and Contributions Paid During the Year	ear (Continuation)			
Recipient	If recipient is an individual, show any-relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ACIFIC UNIVERSITY		₽C	TO ACCOMPLISH ITS	
043 COLLEGE WAY			MISSION	
OREST GROVE, OR 97116				10,50
4 227 73705		70	TO ACCOMPLISH ITS	
A ALLIANCE		PC]
PO BOX 731]	MISSION	5,00
UN VALLEY, ID 83353				3,00
THREE SQUARE		₽C	TO ACCOMPLISH ITS	
1190 N. PECOS RD.			MISSION	
AS VEGAS, NV 89115				1,00
GIRL SCOUTS OF SOUTHERN NEVADA		PC	TO ACCOMPLISH ITS	
2941 HARRIS AVE		1	MISSION	1.00
AS VEGAS, NV 89101		 		1.00
SOUTHERN HIGHLAND CHARITABLE		PC	TO ACCOMPLISH ITS	(
FOUNDATION			MISSION	
.1411 SOUTHERN HIGHLANDS PKWY, SUITE				
000 LAS VEGAS, NV 89141		 		19,74
ST JUDE CHILDREN'S RESEARCH HOSPITAL		PC	TO ACCOMPLISH ITS	
262 DANNY THOMAS PLACE			MISSION	5_30
MEMPHIS, TN 38105	 			3,30
TRADITION'S ARNOLD PALMER EDUCATION		PC	TO ACCOMPLISH ITS	
CUND			MISSION	ĺ
78-505 OLD AVENUE 52				
A QUINTA CA 92253	-	 		31,17
VOLUNTEERS OF AMERICA - OREGON		₽C	TO ACCOMPLISH ITS	
3910 SE STARK STREET			MISSION	50
ORTLAND OR 97214				1
				1
Total from continuation sheets				74_2

FORM 990-PF	GAIN OR	(LOSS) FRO	M SALE C	F ASSE	TS	STA	ATEMENT	1
(A) DESCRIPTION OF PROP	PERTY			MANN ACQUI		TE JIRED	DATE SO	DLD ——
PUBLICLY TRADED SEC	CURITIES							
(B) GROSS		C) UE AT E	(D) EXPENSE C	구((E)		(F)	
SALES PRIC		OF ACQ.	SALE		EPREC.	GAI	OR LOSS	5
205,6	587.	190,073.		0.	0.		15,61	L4.
CAPITAL GAINS DIVII	DENDS FROM 1	PART IV					11,68	32.
TOTAL TO FORM 990-	PF, PART I,	LINE 6A					27,29	96.
FORM 990-PF	DIVIDENDS	S AND INTER	REST FROM	SECUR	ITIES	STA	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	REV	A) ENUE BOOKS	(B) NET INVE MENT INC		(C) ADJUSTI NET INCO	
PERSHING LLC	29,392	. 11,68	12. 1	7,710.	17,7	710.		
TO PART I, LINE 4	29,392	. 11,68	2. 1	7,710.	17,7	710.		
FORM 990-PF		ACCOUNTI	NG FEES			STA	ATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTE NET INCO		(D) CHARITAI PURPOSI	
ACCOUNTING FEES		2,500.	1	,250.			1,2	50.
TO FORM 990-PF, PG	1, LN 16B	2,500.	1	,250.			1,25	50.
	==			 =				 =

FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
INVESTMENT FEES	100.	100.		0.
TO FORM 990-PF, PG 1, LN 16C =	100.	100.		0.
FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION		(B) NET INVEST- MENT INCOME		
	50.	0.		50.
STATE ANNUAL FEE				
TO FORM 990-PF, PG 1, LN 18	50.	0.		50.
TO FORM 990-PF, PG 1, LN 18 =	50. OTHER E			50. STATEMENT 6
TO FORM 990-PF, PG 1, LN 18 =	OTHER E (A) EXPENSES	XPENSES		STATEMENT 6 (D) CHARITABLE
TO FORM 990-PF, PG 1, LN 18 = FORM 990-PF DESCRIPTION	OTHER E (A) EXPENSES	(B) NET INVEST- MENT INCOME	ADJUSTED	STATEMENT 6 (D) CHARITABLE
	OTHER E (A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	STATEMENT 6 (D) CHARITABLE PURPOSES
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION MISCELLANEOUS TO FORM 990-PF, PG 1, LN 23	OTHER E (A) EXPENSES PER BOOKS 222.	XPENSES (B) NET INVEST- MENT INCOME 222.	ADJUSTED	STATEMENT 6 (D) CHARITABLE PURPOSES 0.
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION MISCELLANEOUS	OTHER E (A) EXPENSES PER BOOKS 222.	(B) NET INVEST- MENT INCOME 222. 222.	ADJUSTED	STATEMENT 6 (D) CHARITABLE PURPOSES 0.
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION MISCELLANEOUS TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	OTHER E (A) EXPENSES PER BOOKS 222.	(B) NET INVEST- MENT INCOME 222. 222.	ADJUSTED NET INCOME	STATEMENT 6 (D) CHARITABLE PURPOSES 0. 0. STATEMENT 7

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B STATEMENT 8

EXPLANATION

NEVADA DOES NOT REQUEST FORM 990-PF.

FORM 990-PF PART XV - LINE 1A STATEMENT 9
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

DANIEL L. DUTTON SARAH L. DUTTON