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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491283007097

2016

OMB No 1545-0052

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

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-20)16 , a	nd er	nding 12-31-	2016 entification numbe	AP
TH	E WILLI	IAM D AND JOYCE E SEXTON DUNDATION			68-0551421	entineation number	-1
		street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone nu	ımber (see ınstructio	ns)
P	O BOX 2	296	(320) 847-3100				
		, state or province, country, and ZIP or foreign postal code , MN 56222	1		C If exemption	application is pendin	ng, check here
G Ch	neck al	I that apply	former public charity		2. Foreign or	ganizations, check h rganizations meeting ik here and attach co	the 85% ☐
H Ch	eck ty	pe of organization Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
	Section	4947(a)(1) nonexempt charitable trust	private foundation				
of '	year <i>(f</i> .	xet value of all assets at end from Part II, col (c), \$ 2,625,877	be on cash basis)	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	2,202,819				,
	2	schedule) Check ▶ ☐ If the foundation is not required to attach					
	,	Sch B	32		32		
	3 4	Dividends and interest from securities	9,490		9,490		
	-т 5а	Gross rents	3,130		3,130		
	ь	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10	9 32,778				
Reversie	ь 7	Gross sales price for all assets on line 6a 399,539 Capital gain net income (from Part IV, line 2)			1,568		
	8	Net short-term capital gain			· · · · · · · · · · · · · · · · · · ·		
	9	Income modifications					
	10 a b	Gross sales less returns and allowances Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	27,399		27,399		
	12	Total. Add lines 1 through 11	2,272,518		38,489		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
5	15	Pension plans, employee benefits					
1) \$(16a	Legal fees (attach schedule)					
<u>8</u>	b	Accounting fees (attach schedule)					
and Administrative Expenses	С	Other professional fees (attach schedule)	2,313		2,313		
Ě	17	Interest					
stra	18	Taxes (attach schedule) (see instructions)	1,057		1,057		
Ē	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy	1,200				
Ψ D	21	Travel, conferences, and meetings					
a	22	Printing and publications					
E	23	Other expenses (attach schedule)	163		163		
rat	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	4,733	<u> </u>	3,533		
_	25	Contributions, gifts, grants paid	217,418				217,418
	26	Total expenses and disbursements. Add lines 24 and 25	222,151		3,533		217,418
	27	Subtract line 26 from line 12	3.050.35				
	а	Excess of revenue over expenses and disbursements	2,050,367				
	b	Net investment income (if negative, enter -0-)			34,956		
	С	Adjusted net income(If negative, enter -0-)					
For	Paner	work Reduction Act Notice, see instructions.			Cat No. 112893	/ Fo	rm QQ0-DF (2016

) 3	Grants receivable				
6	Receivables due from officers, directors, trustees, and other				
	disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule) >				
	Less allowance for doubtful accounts ▶				
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges				
10a	Investments—U S and state government obligations (attach schedule)				
ь	Investments—corporate stock (attach schedule)	374,002	چ ا	394,053	394,754
c	Investments—corporate bonds (attach schedule)	31,875	چ	45,813	45,508
11	Investments—land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule)				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)		% J	1,991,254	1,991,254
14	Land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe 🕨)				
16	Total assets (to be completed by all filers—see the				
	ınstructions Also, see page 1, item I)	575,114		2,625,481	2,625,877
17	Accounts payable and accrued expenses				
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe 🕨)				
23	Total liabilities(add lines 17 through 22)			0	
	Foundations that follow SFAS 117, check here				
	and complete lines 24 through 26 and lines 30 and 31.				
	Unrestricted				
	Temporarily restricted				
26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here 🕨 🗹 and complete lines 27 through 31.				
	Capital stock, trust principal, or current funds				
	Paid-in or capital surplus, or land, bldg, and equipment fund				
	Retained earnings, accumulated income, endowment, or other funds	575,114		2,625,481	
	Total net assets or fund balances (see instructions)	575,114		2,625,481	
31	Total liabilities and net assets/fund balances (see instructions)	575,114		2,625,481	
rt III	Analysis of Changes in Net Assets or Fund Balances				
	net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with	end-		_
•	ar figure reported on prior year's return)		.	1	575,114
	amount from Part I, line 27a		.	2	2,050,367
	rincreases not included in line 2 (itemize)		-	3	2 625 404
	nes 1, 2, and 3		.	5	2,625,481
	net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 30	.	6	2,625,481
. 0			- 1	- I	_, , . • •

Liabilities

Net Assets or Fund Balances

2 3

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(d) Distribution ratio

(col (b) divided by col (c))

1,568

Page 3

(d)

Date sold

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank

in Part I, line 8

(a)

Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Part V

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Enter the appropriate amount in each column for each year, see instructions before making any entries

291,200

350,934

271,550

373,629

287,602

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

Net value of noncharitable-use assets

899,418

774,759

739,649

976,440

2

3

4

5

6 7

8

1,060,972

3

Yes V No

0 323765

0 452959

0 367134

0 352157

0 294541

1 790556

0 358111

523,965

187,638

187,988

217,418

Form 990-PF (2016)

Form 990-PF (2016) Information About Officers, Directors, Trustees,	Foundation Managers Highly	Page 7
and Contractors (continued)	roundation managers, riging	Palu Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, en	ter "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		1
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the nunced, etc	nber of Expenses
1		
2		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
all other program-related investments. See instructions		
-		
Total. Add lines 1 through 3		. ▶
		Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

За 3b

4

5

217.418

217.068

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350

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

b Total for prior years

a From 2011.

b From 2012. c From 2013. . .

d From 2014. e From 2015.

XII, line 4 > \$

indicated below:

Part X

2016

(c)

2015

Page 9

25.848

25.848

Form **990-PF** (2016)

F1 (20	J10)	
000	Undistributed Income (see instruc	tions)

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). d Applied to 2016 distributable amount.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 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 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. .

same amount must be shown in column (a))

1	Income	(see	instruc	ct
				Г
				l
				ı

287,790 320,832

234.743 313,028

246,596

320.832 234,743

313.028

246.596

191.570

(a) Corpus

1,402,989

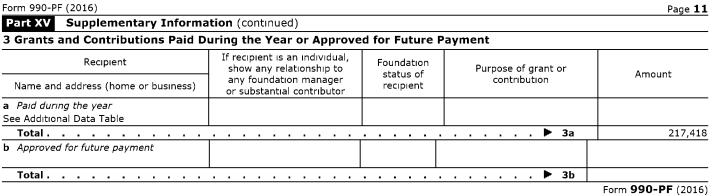
191.570

1,594,559

287,790

1,306,769

(b) Years prior to 2015



er gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
a						
g Fees a	and contracts from government agencies rship dues and assessments.					
ınvest	st on savings and temporary cash ments					
	ds and interest from securities tal income or (loss) from real estate					9,4
	financed property					
b Not d	ebt-financed property ntal income or (loss) from personal property					
	nvestment income					27,3
ınvent	ory					32,7
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
_						
Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13		· ·
Subtota Total. worksl	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio Relationship of Activities to th	ns) e Accomplish	ment of Exem	pt Purposes		69,69 69,69
Subtota Total. worksh	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	69,69
Subtota Total. works irt XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	69,69
Subtota Total. works rt XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	69,6
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Subtota Total. works rt XV e No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	69,6
Subtota Total. works rt XV e No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	69,6
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Subtota Total. e workshart XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	69,6
Subtota Total. works irt XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	69,6

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVI		on Regarding 1 ganizations	rans	ters 10 a	and Transaction	ons and	Relatio	nsnips with Noi	ncnaritai	ne		
		•	or indirectly eng						on described in sections?	on 501		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of													
(1) Cash										. 1	1(1)		No
(2) Other assets											1(2)		No
b Other transactions													
(1)	Sale	s of assets to a no	ncharitable exem	ot orga	inization.					11	(1)		No
(2)	Purc	hases of assets fro	m a noncharitable	e exem	npt organiz	zation				11	(2)		No
(3)	Rent	tal of facilities, equ	iipment, or other a	assets.						11	(3)		No
(4)	Rein	nbursement arrang	jements							. 11	(4)		No
(5)	Loar	ns or loan guarante	ees							. 11	(5)		No
(6)	Perfo	rmance of services	s or membership o	r fund	raising so	licitations				. 11	(6)		No
c Sha	arıng o	of facilities, equipm	ent, mailing lists,	other	assets, or	paid employees.					1c		No
									ways show the fair r		ıe		
									d less than fair mar ts, or services recei				
ın a	iny tra	insaction or snarin	g arrangement, sr	iow in	column (c	a) the value of the	e goods, o	ither asse	its, or services recei	vea			
(a) Line	e No	(b) Amount involv	ed (c) Name o	f nonch	arıtable exe	mpt organization	(d) Des	scription of	transfers, transactions	, and sharing	arra	ngemen	ts
	-												
	-					+							
	-												
	-												
2a Is t	he fou	indation directly or	ındırectly affiliate	d with	, or relate	d to, one or more	tax-exem	npt organ	ızatıons				
des	cribed	I in section 501(c)	of the Code (othe	r than	section 50	01(c)(3)) or in sec	tion 527?			🗆	'es	✓ N	0
b If "	Yes," o	complete the follow	ving schedule										
		(a) Name of orga	anızatıon		(b) Type of organızat	ion		(c) Description	of relations	пр		
					-								
	Т												
									ng schedules and st than taxpayer) is ba				
Sign		ch preparer has ar		.011000	, and com	piete Deciaration	or propur	Cr (Other	chan caxpayer, is b	asca on an		mation	. 01
Here		*****	,			2017-10-10	. *	****	F	May the IRS	discus	s this re	eturn
Here							—) -			with the prep			
	•	Signature of office	er or trustee			Date	/ T	itle		(see instr)?	✓ γ	es 🗆 N	lo
		Brint/Type pror	aror's name	Dron	aror's Sigi	naturo	. .			DTIN			
		Print/Type prep	varer s name	Frep	arer's Sıgı	iature	Date		Check if self-	PTIN			
									employed ▶ □	P0	0121	.807	
Paid		BARRY EVEN	STAD CPA				2017	-10-10					
Prep	are	r Europia manana b	HOFFMAN & BRO	DCT 7	III D				1				
Use		I II III O Hairie F	HOLLMAN & RKC	אוכטע	LLY					Fırm's EIN	▶ 41	-09785	42
	J	Firm's address	▶ 125 8TH AVE										
					= 4 = 1 :					Phone no	(320) 564-4	4070
			GRANITE FALL	.S, MN	56241						,	,	•

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JOYCE E SEXTON **PRESIDENT** 2 00 2857 PARADISE RD 1203

LAS VEGAS, NV 89109				
BILL SEXTON	VICE PRESIDE	0	0	0
2857 PARADISE ROAD LAS VEGAS, NV 89109	2 00			
KEVIN NOBLE	SEC/TREASURE	0	0	0

2857 PARADISE ROAD LAS VEGAS, NV 89109	2 00			
KEVIN NOBLE	SEC/TREASURE	0	0	0
PO BOX 296 CLARA CITY, MN 56222	2 00			
JENNIFER ORNBURG	DIRECTOR	0	0	0
	1 2 00			

	J DE C, TIKE KOOKE	ı			
PO BOX 296 CLARA CITY, MN 56222	2 00				
JENNIFER ORNBURG	DIRECTOR	0	0	0	
PO BOX 6189 INCLINE VILLAGE, NV 89450	2 00				
JAMES SEXTON	DIRECTOR	0	0	0	

JENNIFER ORNBURG	DIRECTOR 2 00	0	0	0
PO BOX 6189 INCLINE VILLAGE, NV 89450				
JAMES SEXTON	DIRECTOR	0	0	0
9918 N PALISADES BLVD FOUNTAIN HILLS, AZ 85268	2 00			

INCLINE VILLAGE, NV 89450				
JAMES SEXTON	DIRECTOR	0	0	0
9918 N PALISADES BLVD FOUNTAIN HILLS, AZ 85268	2 00			
MATS SEXTON	DIRECTOR	0	0	0

9918 N PALISADES BLVD FOUNTAIN HILLS, AZ 85268				
MATS SEXTON	DIRECTOR	0	0	C
4739 UPTON AVE S	2 00			

0

MATS SEXTON	DIRECTOR	0	0	
4739 UPTON AVE S MINNEAPOLIS, MN 55410	2 00			

DIRECTOR

2 00

THOMAS SEXTON

3016 NORTHVIEW ROAD WAYZATA, MN 55391

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

recipient

any foundation manager

Total.

3a

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
ALZHEIMER'S DISEASE RESEARCH 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871	NONE	501-C-3	CHARITABLE ACTIVITIES	100
AMERICAN CANCER SOCIETY	NONE	501-C-3	CHARITABLE ACTIVITIES	100

CB WWSDOWC, FIB 2007 I				
AMERICAN CANCER SOCIETY PO BOX 19110 LAS VEGAS, NV 89132	NONE	501-C-3	CHARITABLE ACTIVITIES	
AMERICAN HEART ASSOCIATION	NONE	501-C-3	CHARITABLE ACTIVITIES	

PO BOX 19110 LAS VEGAS, NV 89132				
AMERICAN HEART ASSOCIATION PO BOX 78851	NONE	501-C-3	CHARITABLE ACTIVITIES	

LAS VEGAS, NV 89132				
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 85062	NONE	501-C-3	CHARITABLE ACTIVITIES	250

PO BOX 78851 PHOENIX, AZ 85062	NONE	301-0-3	CHARITABLE ACTIVITIES	230
AMERICAN KIDNEY FUND PO BOX 1837 MERRIFIELD, VA 221168037	NONE	501-C-3	CHARITABLE ACTIVITIES	250

AMERICAN KIDNEY FUND PO BOX 1837 MERRIFIELD, VA 221168037	NONE	501-C-3	CHARITABLE ACTIVITIES	250
PHOENIX, AZ 85062				

PHOENIX, AZ 85062				
AMERICAN KIDNEY FUND PO BOX 1837 MERRIFIELD, VA 221168037	NONE	501-C-3	CHARITABLE ACTIVITIES	25
ARIZONA HUMANE SOCIETY	NONE	501-C-3	CHARITABLE PURPOSE	50

AMERICAN KIDNEY FUND PO BOX 1837 MERRIFIELD, VA 221168037	NONE	501-C-3	CHARITABLE ACTIVITIES	250
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD	NONE	501-C-3	CHARITABLE PURPOSE	500

MERRIFIELD, VA 221166037				1
ARIZONA HUMANE SOCIETY L521 W DOBBINS RD PHOENIX, AZ 85041	NONE	501-C-3	CHARITABLE PURPOSE	50

217,418

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BOYS & GIRLS CLUB OF THE TWIN CITIE 2575 UNIVERSITY AVE 100 ST PAUL, MN 55101	NONE	501-C-3	CHARITABLE ACTIVITIES	250
CATHOLIC SERVICES APPEAL 328 KELLOG BLVD W ST PAUL, MN 55102	NONE	501-C-3	CHARITABLE ACTIVITIES	2,500
CATHOLIC COMMUNITY FOUNDATION ONE WATER ST W SUITE 200 ST PAUL, MN 55164	NONE	501-C-3	CHARITABLE ACTIVITIES	250
COLLEGE OF ST BENEDICT 37 S COLLEGE AVE ST JOSEPH, MN 56374	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
COURAGE CENTER 3915 GOLDEN VALLEY RD MINNEAPOLIS, MN 55401	NONE	501-C-3	CHARITABLE ACTIVITIES	100

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COVENANT HOUSE PO BOX 731 NONE 501-C-3 CHARITABLE ACTIVITIES 100 NEW YORK, NY 10108 CROOSIER COMMUNITY OF ONAMIA NONE 501-C-3 CHARITABLE ACTIVITIES 1,000 PO BOX 500

ONAMIA, MN 56359				
CULVER EDUCATIONAL FOUNDATION 1300 ACCADEMY RD 159 CULVER, IN 46511	NONE	501-C-3	CHARITABLE ACTIVITIES	2,000
CYSTIC FIBROSIS FOUNDATION PO BOX 96305	NONE	501-C-3	CHARITABLE ACTIVITIES	100

CYSTIC FIBROSIS FOUNDATION PO BOX 96305 WASHINGTON, DC 20077	NONE	501-C-3	CHARITABLE ACTIVITIES	100
DASSELL COKATO HOCKEY ARENA PO BOX 958 COKATO, MN 55321	NONE	501-C-3	BUILD NEW FACILITY	50,000

WASHINGTON, DC 20077				
DASSELL COKATO HOCKEY ARENA PO BOX 958 COKATO, MN 55321	NONE	501-C-3	BUILD NEW FACILITY	50

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EASTER SEALS PO BOX 40906 NONE 501-C-3 CHARITABLE ACTIVITIES 100 RENO, NV 89504 NONE 501-C-3 CHARITABLE PURPOSE 3,718 EMILY PROGRAM FOUNDATION 1295 BANDANA BLVD W STE 2 ST PALL MN 55108

51 1 AOE, MIN 55100				
HABITAT FOR HUMANITY 2401 LOWRY AVE NE MINNEAPOLIS, MN 55418	NONE	501 C 3	CHARITABLE ACTIVITIES	6,500
HAMMER - GENERAL FUND	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000

HAMMER - GENERAL FUND 1909 E WAYZATA BLVD WAYZATA, MN 55391	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
HEADLANDS FOUNDATION 1401 LOS GAMOS DRIVE	NONE	501-C-3	CHARITABLE ACTIVITIES	10,000

217,418

WATZATA, MN 33391				
HEADLANDS FOUNDATION 1401 LOS GAMOS DRIVE SAN RAFEL, CA 94903	NONE	501-C-3	CHARITABLE ACTIVITIES	10

· ·				
HEADLANDS FOUNDATION 1401 LOS GAMOS DRIVE SAN RAFEL, CA 94903	NONE	501-C-3	CHARITABLE ACTIVITIES	10

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOSPICE OF LUVERNE PO BOX 623 NONE 501-C-3 CHARITABLE ACTIVITIES 5,000 LUVERNE, MN 56156 IOCP - BOB'S SLEEP OUT NONE 501-C-3 2,500 CHARITABLE ACTIVITIES 110 GRAND AVE S WAYZATA, MN 55391

JPS HEALTH NETWORK 1500 S MAIN STREET FORT WORTH, TX 76104	NONE	501-C-3	CHARITABLE PURPOSE	500
JUVENILE DIABETES RESEARCH FOUNDATI 5542 S FORT APACHE ROAD LAS VEGAS, NV 89148	NONE	501 C 3	CHARITABLE ACTIVITIES	1,000

FOUNDATI 5542 S FORT APACHE ROAD LAS VEGAS, NV 89148	NONE	301 C 3	CHARITABLE ACTIVITIES	1,000
LAKE TAHOE SCHOOL 995 TAHOE BLVD INCLINE VILLAGE, NV 89451	NONE	SCHOOL	CHARITABLE ACTIVITIES	7,000

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

LUEKEMIA & LYMPHOMA SOCIETY PO BOX 4072 PITTSFIELD, MA 01202	NONE	501-C-3	CHARITABLE ACTIVITIES	
MUSCULAR DYSTROPHY	NONE	501-C-3	CHADITABLE ACTIVITIES	

MUSCULAR DYSTROPHY 3300 E SUNRISE DR RUCSON, AZ 85718	NONE	501-C-3	CHARITABLE ACTIVITIES	100
NATIONAL MULTIPLE SCLEROSIS	NONE	501-C-3	CHARITABLE ACTIVITIES	100

100

RUCSON, AZ 85718				<u> </u>
NATIONAL MULTIPLE SCLEROSIS PO BOX 11510 RENO, NV 89510	NONE	501-C-3	CHARITABLE ACTIVITIES	100
NEVADA LIUMANE COCIETY	NONE	E01 C 2	CHADITABLE ACTIVITIES	100

PO BOX 11510 RENO, NV 89510				
NEVADA HUMANE SOCIETY PO BOX KIND SPARKS, NV 89432	NONE	501-C-3	CHARITABLE ACTIVITIES	100

NEVADA HUMANE SOCIETY PO BOX KIND SPARKS, NV 89432	NONE	501-C-3	CHARITABLE ACTIVITIES	100
PFLAG PO BOX 96519	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000

SPARKS, NV 89432				
PFLAG PO BOX 96519 WASHINGTON, DC 20090	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000

PFLAG PO BOX 96519 WASHINGTON, DC 20090	NONE	501-C-3	CHARITABLE ACTIVITIES	1,0
Total				217,418

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PINK RIBBON GIRLS 15 SOUTH SECOND STREET TIPP CITY, OH 45371	NONE	501-C3	CHARITABLE ACTIVITIES	2,000
RENO SPARKS JR CHAMBER-CHRISTMAS ONE EAST FIRST ST 1600 RENO, NV 89501	NONE	501-C-3	CHARITABLE ACTIVITIES	100
RENO-SPARKS GOSPEL MISSION INC PO BOX 5956 RENO, NV 89513	NONE	CHURCH	CHARITABLE ACTIVITIES	1,000
SECONDHAND HOUNDS 430 SHADY OAK ROAD MINNETONKA, MN 55343	NONE	501 C 3	CHARITABLE ACTIVITIES	6,000
SOUTHWEST INITIATIVE FOUNDATION	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000

217,418

SECONDHAND HOLINDS	NONE	E01 C 2	CHARITABLE ACTIVITIES	6.0
RENO-SPARKS GOSPEL MISSION INC PO BOX 5956 RENO, NV 89513	NONE	CHURCH	CHARITABLE ACTIVITIES	1,0
RENO, NV 89501				

15 3RD AVENUE NW HUTCHINSON, MN 55350

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SPECIAL OLYMPICS NEVADA 4680 S POLARIS AVE 250 LAS VEGAS, NV 89128	NONE	501-C-3	CHARITABLE ACTIVITIES	100
ST BARTHOLOMEW 630 E WAYZATA BLVD WAYZATA, MN 55391	NONE	CHURCH	CHARITABLE ACTIVITIES	2,500
ST BERNARD OF CLAIRVAUX 10755 N 124TH ST SCOTTSDALE, AZ 85259	NONE	CHURCH	CHARITABLE ACTIVITIES	2,500
ST JOHNS UNIV-GIORGINANNA SEXTON GI PO BOX 772 COLLEGEVILLE, MN 563217222	NONE	501-C-3	CHARITABLE ACTIVITIES	5,000
ST JOHNS UNIVERSITY-ANNUAL FUND PO BOX 772 COLLEGEVILLE, MN 563217222	NONE	501-C-3	CHARITABLE ACTIVITIES	31,500

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217,418

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST JOHNS UNIVERSITY-MURAL NONE 501-C-3 CHARITABLE ACTIVITIES 25,000 PO BOX 772

COLLEGEVILLE, MIN 563217222				
ST JOSEPH'S INDIAN SCHOOL PO BOX 200 CHAMBERLAIN, SD 57325	NONE	SCHOOL	CHARITABLE ACTIVITIES	1,000
ST JUDE CHILDREN'S RESEARCH	NONE	501-C-3	CHARITABLE ACTIVITIES	750

ST JUDE CHILDREN'S RESEARCH	NONE	501-C-3	CHARITABLE ACTIVITIES	750
HOSPITA PO BOX 50				
MEMPHIS, TN 38101				
SUNRISE ACADEMY 844 N 9TH AVENUE	NONE	501-C-3	CHARITABLE PURPOSE	500

MEMPHIS, IN 30101				
SUNRISE ACADEMY 844 N 9TH AVENUE PHOENIX, AZ 85007	NONE	501-C-3	CHARITABLE PURPOSE	500
SUSAN G KOMEN PO BOX 650309	NONE	501-C-3	CHARITABLE ACTIVITIES	1.500

PHOENIX, AZ 85007				
SUSAN G KOMEN PO BOX 650309 DALLAS, TX 75265	NONE	501-C-3	CHARITABLE ACTIVITIES	1,50

SUSAN G KOMEN PO BOX 650309 DALLAS, TX 75265	NONE	501-C-3	CHARITABLE ACTIVITIES	1,50
Total				217.418

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

1	1			
TCU PO BOX 297430 FORT WORTH, TX 76129	NONE	501-C3	CHARITABLE ACTIVITY	10,500
THE JASPER CITIZENS SCHOLARSHIP FO PO BOX 707	NONE	501 C 3	CHARITABLE ACTIVITIES	1,400

PO BOX 707 PIPESTONE, MN 56164				
THE RETREAT 1221 WAYZATA BLVD E WAYZATA, MN 55391	NONE	501-C-3	CHARITABLE ACTIVITIES	
THE SALVATION ARMY-DONOR	NONE	501-C-3	CHARITABLE ACTIVITIES	

THE RETREAT 1221 WAYZATA BLVD E WAYZATA, MN 55391	NONE	501-C-3	CHARITABLE ACTIVITIES	15,000
THE SALVATION ARMY-DONOR RELATIONS PO BOX 3750 TONOPAH, NV 890493570	NONE	501-C-3	CHARITABLE ACTIVITIES	100

RELATIONS PO BOX 3750 TONOPAH, NV 890493570				
THE SMILE TRAIN PO BOX 96231	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000

TONOPAH, NV 890493570				
THE SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090	NONE	501-C-3	CHARITABLE ACTIVITIES	1,00

THE SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090	NONE	501-C-3	CHARITABLE ACTIVITIES	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE SOBER FARM 21854 60TH STREET NONE 501-C3 CHARITABLE ACTIVITIES 10,000 STEWART, MN 55385 NONE CHURCH 250 THE ST PAUL SEMINARY - ST THOMAS CHARITABLE ACTIVITIES CM-9768 PO BOX 70870 ST PALL MN 55164

31 1 AOL, 1111 33104				
UNION GOSPEL MISSION PO BOX 64389 ST PAUL, MN 55164	NONE	CHURCH	CHARITABLE ACTIVITIES	1,000
WELLNESS HOUSE 131 N COUNTYLINE ROAD HINSDALE IL 60521	NONE	501-C-3	CHARITABLE PURPOSES	500

ST PAUL, MN 55164				
WELLNESS HOUSE 131 N COUNTYLINE ROAD HINSDALE, IL 60521	NONE	501-C-3	CHARITABLE PURPOSES	5

Total . 217,418

efile GRAPHIC print -	DO NOT PROCESS	As Filed	Data -						DLN	l: 93491283007097
Note: To capture the fo	ull content of thi	s document,	, please se	elect landsca	ipe mode (11"	x 8.5") v	when printi	ng.		
TY 2016 Gain/Lo	oss from Sale	of Other	Assets	Schedule						
		THE WILL FAMILY FO 68-05514	OUNDATIO	D JOYCE E SI DN	EXTON					
Name	Date A cquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ABBOT DOWNING SECURITIES	2016-03	PURCHASE	2016-11		72,875	72,014			861	
ABBOTT DOWNING	2014-03	PURCHASE	2016-11		322,096	291,730			30,366	

3,000

3,017

SECURITIES

SECURITIES

ABBOTT DOWNING

2011-12

PURCHASE

2016-04

-17

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491283007097
TY 2016 Investments Corporat	e Bonds Sche	dule	_
Name:	ΓΗΕ WILLIAM D A	ND JOYCE E SEXTON	
1	FAMILY FOUNDAT	ION	

EIN: 68-0551421		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO FIXED INCOME	45,813	45,508

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491283007097
TY 2016 Investments Corporat	e Stock Sche	dule

Name: THE WILLIAM D AND JOYCE E SEXTON

FAMILY FOUNDATION

EIN: 68-0551421

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO EQUITIES	313,57	9 312,600
WELLS FARGO COMPLIMENTARY INVESTMENT	53,27	5 54,525
WELLS FARGO REAL ASSETS	27,19	9 27,629

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491283007097
TY 2016 Investments - Other	Schedule		
Name:	THE WILLIAM DA	ND JOYCE E SEXTON	
	FAMILY FOUNDAT	TION	
ETNI.	69 0551431		

EIN: 00-0001421				
I	Category/ Item	Book Value	End of Year Fair Market Value	
ı	.993811 GRANITE EQUITY LLC	FMV	1,991,254	1,991,254

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491283007097		
TY 2016 Other Expenses Sche	TY 2016 Other Expenses Schedule					
-						
Name:	THE WILLIAM D	AND JOYCE E SE	EXTON			
	FAMILY FOUND	ATION				
EIN:	68-0551421					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
OFFICE EXPENSE	163	163				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491283007097				
TY 2016 Other Income Schedule						

Name: THE WILLIAM D AND JOYCE E SEXTON

FAMILY FOUNDATION

EIN: 68-0551421

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
WELLS FARGO OTHER INV INC	566	566			
GRANITE EQUITY LLC DISTRIBUTI	26,833	26,833			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491283007097	
TY 2016 Other Professional Fees Schedule					
Name: THE WILLIAM D AND JOYCE E SEXTON FAMILY FOUNDATION EIN: 68-0551421					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
WELLS FARGO FEES	2,313	2,313			

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491283007097
TY 2016 Taxes Schedule				
Naı	me: THE WILLIA	M D AND JOYCE E	SEXTON	
	FAMILY FOU	NDATION		
EIN: 68-0551421				
Category	Amount	Net Investment	Adjusted Net	Disbursements
		Income	Income	for Charitable Purposes
IRS-2015	867	867		
FOREIGN TAXES PAID	190	190		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491283007097						
Schedule B (Form 990, 990-EZ,	Schedul	e of Contributors	-	OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	F) Attach to Form 990, 990-EZ, or 990-PF tof the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizat THE WILLIAM D AND JOY			Employer ide	entification number		
FAMILY FOUNDATION			68-0551421			
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) org	anızatıon				
	4947(a)(1) nonexempt charita	ble trust not treated as a private foundat	ion			
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private foun	dation				
	4947(a)(1) nonexempt charita	ble trust treated as a private foundation				
	501(c)(3) taxable private foun	dation				
•	•	that received, during the year, contribution plete Parts I and II. See instructions for	_	•		
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 \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X Schedul	le B (Form 990,	990-EZ, or 990-PF) (2016)		

Name of organi THE WILLIAM D A FAMILY FOUNDAT	AND JOYCE E SEXTON	Employer identification 68-0551421	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM JOYCE SEXTON 2857 PARADISE ROAD 1203	\$ 211,565	Person Payroll Noncash
	LAS VEGAS, NV89109		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM JOYCE SEXTON 2857 PARADISE ROAD 1203 LAS VEGAS, NV89109	\$ 1,991,254	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
	· · · · · · · · · · · · · · · · · · ·	0-11-1- D/E	000 000 F7 000 PE\ (0040\

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organization THE WILLIAM D AND JOYCE E SEXTON		Employer identification number		
FAMILY FOUNDATI		68-05	51421	
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
2	993811 GRANITE EQUITY LLC	\$ 1,991 254	2016-04-30	
(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	
		\$		
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page 4
Name of organization THE WILLIAM D AND . FAMILY FOUNDATION			Employer identification number 68-0551421
than \$1,0 organizat the year.	00 for the year from any one contributo	or. Complete columns (a) thro of exclusively religious, chari actions.) > \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee

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