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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation DONALD & CAROL ROBERTS FOUNDATION IN MEMORY OF VIRGINIA K WESTON INC		A Employer identification number 81-0497226	
Number and street (or P O box number if mail is not delivered to street address) 5414 WALTER HAGEN DR		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code BILLINGS, MT 59106		B Telephone number (see instructions) (406) 652-3536	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,589,596	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part 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)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	15			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .	51,844	51,844	51,844	
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-14,979			
	b Gross sales price for all assets on line 6a _____ 193,288				
	7 Capital gain net income (from Part IV, line 2) . . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	-576	-576		
	12 Total. Add lines 1 through 11 . . . . .	36,304	51,268	51,844	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	1,800	1,800	1,800	1,800
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .	14	14	14	14
	18 Taxes (attach schedule) (see instructions) . . . . .	626	626	626	626
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	24	24	24	24
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	2,464	2,464	2,464	2,464
	25 Contributions, gifts, grants paid . . . . .	80,502			80,502
	26 Total expenses and disbursements. Add lines 24 and 25	82,966	2,464	2,464	82,966
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-46,662			
	b Net investment income (if negative, enter -0-)		48,804		
	c Adjusted net income (if negative, enter -0-) . . . . .			49,380	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	4,355	4,993	4,993
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach 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)			
	b	Investments—corporate stock (attach schedule) . . . . .	924,602	897,981	1,185,367
	c	Investments—corporate bonds (attach schedule) . . . . .	318,710	309,560	299,791
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	75,691	64,153	99,445
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,323,358	1,276,687	1,589,596	
Liabilities	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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .	1,323,358	1,276,687	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	1,323,358	1,276,687		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,323,358	1,276,687		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,323,358
2	Enter amount from Part I, line 27a	2	-46,662
3	Other increases not included in line 2 (itemize) ▶ _____	3	1
4	Add lines 1, 2, and 3	4	1,276,697
5	Decreases not included in line 2 (itemize) ▶ _____	5	10
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,276,687

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	-14,979
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 <span style="float: right;">{ }</span>	<b>3</b>	-58

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

(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

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



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	94,682	1,518,115	0 06237
2014	88,304	1,593,854	0 05540
2013	93,490	1,498,335	0 06240
2012	76,198	1,408,859	0 05409
2011	77,480	1,400,244	0 05533
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 289585
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 057917
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 1,511,147
<b>5</b> Multiply line 4 by line 3			<b>5</b> 87,521
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 488
<b>7</b> Add lines 5 and 6			<b>7</b> 88,009
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 82,966

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 instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	976
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	976
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	976
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	820
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	820
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	156
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>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</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	No
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MT		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> MARILYN T HARMON CPA Telephone no <b>►</b> (406) 259-9051			

Located at **►** 344 MEADOWLARK LANE BILLINGS MT ZIP+4 **►** 591053747

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>►</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part 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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		<b>No</b>
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	<b>3b</b>		<b>No</b>
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<b>5b</b>	<b>No</b>
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes" to 6b, file Form 8870	<b>6b</b>	<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>7b</b>	<b>No</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CAROL W ROBERTS 5414 WALTER HAGEN DR BILLINGS, MT 59106	Pres/TREAS 0 00	0		
DONALD L ROBERTS 5414 WALTER HAGEN DR BILLINGS, MT 59106	VPRES/SEC 0 00	0		
SARA E ROBERTS 17 CALAIS IRVINE, CA 92602	Director 0 00	0		
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . .				▶

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, 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		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		

**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
<b>1</b> 	
<b>2</b> 	
<b>3</b> 	
<b>4</b> 	

**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
<b>1</b> 	
<b>2</b> 	
All other program-related investments. See instructions.	
<b>3</b> 	
Total. Add lines 1 through 3 . . . . . ▶	



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,505,604
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	28,555
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,534,159
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	1,534,159
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	23,012
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,511,147
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	75,557

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	75,557
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	976
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	976
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	74,581
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	74,581
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	74,581

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	82,966
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	82,966
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	82,966

**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 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				74,581
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	8,684			
<b>b</b> From 2012. . . . .	6,871			
<b>c</b> From 2013. . . . .	19,593			
<b>d</b> From 2014. . . . .	10,813			
<b>e</b> From 2015. . . . .	20,418			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	66,379			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 82,966				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .	0			
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2016 distributable amount. . . . .				74,581
<b>e</b> Remaining amount distributed out of corpus	8,385			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	74,764			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	8,684			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	66,080			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	6,871			
<b>b</b> Excess from 2013. . . . .	19,593			
<b>c</b> Excess from 2014. . . . .	10,813			
<b>d</b> Excess from 2015. . . . .	20,418			
<b>e</b> Excess from 2016. . . . .	8,385			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(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 . . . . .

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	80,502
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

## Enter gross amounts unless otherwise indicated

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**Form **990-PF** (2016)

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  MARILYN T HARMON	Preparer's Signature	Date	Check if self-employed <input checked="checked" type="checkbox"/>	PTIN  P00282857
Firm's name ▶ MARILYN T HARMON CPA				Firm's EIN ▶
Firm's address ▶ 344 MEADOWLARK LN  BILLINGS, MT 59105				Phone no (406) 259-9051

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
528 UNIT INV GLOBAL WATER 2014-2	P	2016-01-25	2016-02-08
6438 UNIT INV GLOBAL WATER 2014-2	P	2015-01-25	2016-02-08
450 WHITEWAVE FOODS CORP CL A	P	2015-03-25	2016-07-07
490 TEREX CP NEW DEL	P	2008-01-22	2016-03-24
\$50,000 INTER-AMERICAN DEV BANK IADB 5260 16JL19	P	2012-08-15	2016-07-19
240 MONSANTO CO	P	2008-01-23	2016-05-12
525 TENARIS S A	P	2007-12-07	2016-08-02
225 ALTRIA GROUP INC	P	2007-02-07	2016-09-06
100 PHILLIP MORRIS INTL INC	P	2007-02-20	2016-09-06
125 JPMORGAN CHASE & CO	P	2007-12-07	2016-12-12

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,433		4,491	-58
54,050		63,212	-9,162
24,995		20,014	4,981
11,992		24,836	-12,844
15,267		24,786	-9,519
23,301		25,316	-2,015
13,501		24,730	-11,229
14,870		4,963	9,907
10,042		4,674	5,368
10,439		5,863	4,576

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-58
			-9,162
			4,981
			-12,844
			-9,519
			-2,015
			-11,229
			9,907
			5,368
			4,576

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
300 SOUTHERN COPPER CORP	P	2006-12-27	2016-12-12
PLAINS ALL AMER PIPELN - SEC 1245	P	2015-01-01	2016-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
10,244		5,382	4,862
154			154

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			4,862
			154



**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

CAROL W ROBERTS
DONALD L ROBERTS

Form 990FPF 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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALBERTA BAIR THEATRE 2720 3RD AVENUE NORTH BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
BILLINGS EDUCATION FOUNDATION 415 NORTH 30TH STREET BILLINGS, MT 59101	NONE	501C3	GENERAL FUND NEEDS	1,000
BILLINGS FAMILY YMCA 402 NORTH 32ND STREET BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
BILLINGS PUB HI SCHOOLS ANGEL FUND 415 N 30TH STREET BILLINGS, MT 59101	NONE	501C3	STUDENT NEED FUND	1,000
CONGREGATION BETH AARON 2031 BROADWATER AVENUE BILLINGS, MT 59102	NONE	501C3	GENERAL OPERATIONS	6,000
ENERGY SHARE 318 N LAST CHANCE GULCH 2B HELENA, MT 59601	NONE	501C3	ENERGY ASSISTANCE	1,000
FAMILY SERVICE INC P O BOX 1020 BILLINGS, MT 59103	NONE	501C3	GENERAL OPERATIONS	10,000
FLORENCE CRITTENTON HOME 901 NORTH HARRIS HELENA, MT 59601	NONE	501C3	GENERAL OPERATIONS	1,000
FRIENDS OF MONTANA PBS P O BOX 173340 BOZEMAN, MT 59717	NONE	501C3	GENERAL OPERATIONS	1,000
GRAND 1894 OPERA HOUSE 2020 POST OFFICE STREET GALVESTON, TX 77550	NONE	501C3	GENERAL OPERATIONS	1,000
MENTAL HEALTH CENTER P O BOX 219 - 1650 AVE D BILLINGS, MT 59103	NONE	501C3	GENERAL OPERATIONS	2,000
MONTANA AUDUBON SOCIETY CEC P O BOX 595 HELENA, MT 59624	NONE	501C3	GENERAL OPERATIONS	3,500
BILLINGS LIBRARY FOUNDATION 510 NORTH BROADWAY BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
MONTANA STATE HOSPITAL P O BOX 300 WARM SPRINGS, MT 59856	NONE	501C3	GENERAL OPERATIONS	2,000
MONTANA AUDUBON CONSERVATION EDUCAT 7026 SOUTH BILLINGS BLVD BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	7,500
Total . . . . . ►				80,502
3a				

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HABITAT FOR HUMANITY MID-YELLOWSTON 201 NORTH 15TH STREET BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
SCHOLARSHIP PLUS 525 EAST 80TH STREET NEW YORK, NY 10075	NONE	501C3	GENERAL OPERATIONS	1,000
ZOO MONTANA 2100 SOUTH SHILOH ROAD BILLINGS, MT 59106	NONE	501C3	GENERAL OPERATIONS	1,000
AMERICAN SOCIETY FOR SUICIDE PREVEN 120 WALL STREET - 22ND FLOOR NEW YORK CITY, NY 10005	NONE	501C3	GENERAL OPERATIONS	1,000
BIG BROTHERS BIG SISTERS 504 B NORTH 20TH STREET BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
ANGEL HORSES P O BOX 20797 BILLINGS, MT 59104	NONE	501C3	GENERAL OPERATIONS	1,000
BOYS AND GIRLS CLUBS OF YELLOWSTONE 505 ORCHARD LANE BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
YELLOWSTONE CASA 3203 3RD AVENUE NORTH STE 203 BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
MSU BILLINGS FOUNDATION 1500 UNIVERSITY DRIVE BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
RONALD MCDONALD HOUSE 1144 NORTH 30TH STREET BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	2,000
YWCA BILLINGS 900 WYOMING AVENUE BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	500
WOMEN'S FOUNDATION OF MONTANA P O BOX 1145 HELENA, MT 59624	NONE	501C3	GENERAL OPERATIONS	1,000
BOYS AND GIRLS CLUB FOUNDATION 208 NORTH 29TH STREET BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
RIALTO COMMUNITY THEATRE P O BOX 874 DEER LODGE, MT 59722	NONE	501C3	GENERAL OPERATIONS	500
YELLOWSTONE ART MUSEUM 401 N 27TH STREET BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	5,000
Total . . . . . ► 3a				80,502

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LYDIAS HOUSE P O BOX 128808 CINCINNATI, OH 45212	NONE	501C3	GENERAL OPERATIONS	1,000
EAGLE MOUNT BILLINGS 1140 16TH STREET WEST 12 BILLINGS, MT 59102	NONE	501C3	GENERAL OPERATIONS	500
FAMILY PROMISE 40 10TH STREET WEST BILLINGS, MT 59102	NONE	501C3	GENERAL OPERATIONS	4,500
FRIENDS OF PUBLIC RADIO 1500 UNIVERSITY DRIVE BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	500
GRACE MONTESSORI 4809 GRAND AVENUE BILLINGS, MT 59106	NONE	501C3	GENERAL OPERATIONS	1,000
COMMUNITY LEADERSHIP AND DEVELOPMEN P O BOX 3381 BILLINGS, MT 59107	NONE	501C3	GENERAL OPERATIONS	1,000
BILLINGS CATHOLIC SCHOOL FOUNDATION 215 NO 31ST ST - P O BOX 31158 BILLINGS, MT 59101	NONE	501C3	GENERAL OPERATIONS	1,000
CARROLL COLLEGE 1601NORTH BENTON AVENUE HELENA, MT 59602	NONE	501C3	GENERAL OPERATIONS	1,000
BILLINGS COMMUNITY FOUNDATION P O BOX 1255 BILLINGS, MT 59103	NONE	501C3	GENERAL OPERATIONS	1,000
RIVERSTONE HEALTH FOUNDATION P O BOX 1562 BILLINGS, MT 59103	NONE	501C3	GENERAL OPERATIONS	5,000
PLAINS ALL AMERICAN PSHIP DISTRIBUT 333 CLAY ST STE 1600 HOUSTON, TX 77002	NONE	501C3	GENERAL OPERATIONS	2
YELLOWSTONE BOYS GIRLS RANCH FND 2050 OVERLAND AVE - P O BOX 80807 BILLINGS, MT 59108	NONE	501C3	GENERAL OPERATIONS	1,000
BILLINGS EDUCATIONAL ACADEMY 1212 CENTRAL AVENUE - P O BOX 22592 BILLINGS, MT 59104	NONE	501C3	GENERAL OPERATIONS	3,000
ROTARY CLUB OF BILLINGS FOUNDATION P O BOX 1094 BILLINGS, MT 59103	NONE	501C3	GENERAL OPERATIONS	1,000
Total . . . . . ► 3a				80,502

**TY 2016 Accounting Fees Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

**Software ID:** 16000303

**Software Version:** 2016v3.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARILYN T HARMON CPA	1,800	1,800	1,800	1,800

**TY 2016 Investments Corporate Bonds Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

**Software ID:** 16000303

**Software Version:** 2016v3.0

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
ALCOA INC 5900 27FB01	25,055	26,677
NJ BELL TEL CO 8000 2	29,512	30,307
BURLINGTON NORTHERN 1950 30AU15	24,825	26,142
MS INFLATION LINK 4860	23,434	25,134
MS RNGE ACCRL SPX 7000 25APRG	25,000	29,450
BRISTOL MYERS 6800 26NV15	49,540	55,110
IADB 9000 16JL19		
CENTURYTEL INC 6875 28JA15	24,486	23,418
CITI LVG STP CMS 10000 *28NV15	20,000	15,152
COCA-COLA AMATIL 4500 18SP06	27,072	18,857
BCS FRNB CMS 10000 *29AP30	45,000	35,135
GOLDMAN SACHS GROUP IN 5.2% 12/17/19	15,636	14,409

**TY 2016 Investments Corporate Stock Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

**Software ID:** 16000303

**Software Version:** 2016v3.0

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
ABBOTT LABORATORIES - COMMON STOCK	23,433	31,688
ALTRIA GROUP INC	14,936	46,658
AMERICAN ELECTRIC POWER CO	29,053	39,350
ARCHER DANIELS MIDLAND	31,949	35,607
BOEING CO	20,357	54,488
BLDRS EMERGING MARKETS	30,554	24,994
BOSTON PROPERTIES INC	34,194	37,734
BP PLC ADS	31,506	16,073
CATERILLAR INC	22,200	41,733
DEERE & CO	29,793	36,579
DIAGEO PLC SPON ADR NEW	27,048	35,340
DEUTSCHE HIGH INCOME OPPT FND INC	41,664	23,416
GENERAL DYNAMICS CORP	25,847	47,482
GOLDMAN SACHS GRP INC	24,432	29,931
ISHARES MSCI EAFE FUND	28,763	21,649
ISHARES SP SMALLCAP 600 INDEX	24,755	55,008
JOHNSON & JOHNSON	24,803	42,052
JP MORGAN CHASE & CO	18,762	34,516
MDU RESOURCES GROUP INC	39,798	39,703
MONSANTO CO/NEW		
NUCOR CORPORATION	31,981	33,331
PHILLIP MORRIS CO	20,342	36,596
SOUTHERN COPPER CO	21,815	38,839
TENARIS S.A.		
TEREX CP NEW DEL		
US BANCORP COM NEW	25,811	46,233
UNITED TECHNOLOGIES CORP	24,832	37,819
WASTE MGMT INC (DELA)	19,729	47,864
MS EMERGING MKTS DOMESTIC DEBT	25,596	10,755
MONDELEZ INTL INC (FROM KRAFT FOODS)	16,896	35,464

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC	20,430	41,642
INVESCO SENIOR LOAN C	28,055	26,601
CENTURYLINK, INC	30,507	22,472
HERSHEY COMPANY	20,145	20,169
WHITEWAVE FOODS CORP CL A		
EATON CORP PLC SHS	15,709	16,773
MICROSOFT CORP	23,274	27,963
NRG YIELD INC CL C	24,980	22,120
PINNACLE FOODS INC	24,032	26,725



**TY 2016 Investments - Other Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

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Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
PLAINS ALL AMERICAN PIPELINE LP	AT COST	5,187	29,868
UNIT VK GLOBAL WTR 2014-2	AT COST		
UNIT INVESCO GLOBAL WATER 2015-3	AT COST	58,966	69,577

**TY 2016 Other Decreases Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

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Description	Amount
PLAINS ALL AMERICAN PIPELINE - N/D EXP	10

**TY 2016 Other Expenses Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

**Software ID:** 16000303

**Software Version:** 2016v3.0

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	9	9	9	9
MONTANA ANNUAL REPORT FEE	15	15	15	15

**TY 2016 Other Income Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

**Software ID:** 16000303

**Software Version:** 2016v3.0

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP INV INCOME	-576	-576	

**TY 2016 Other Increases Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

**Software ID:** 16000303

**Software Version:** 2016v3.0

Description	Amount
ROUNDING VARIANCE	1

**TY 2016 Taxes Schedule**

**Name:** DONALD & CAROL ROBERTS FOUNDATION IN  
MEMORY OF VIRGINIA K WESTON INC

**EIN:** 81-0497226

**Software ID:** 16000303

**Software Version:** 2016v3.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX - 2016 ESTIMATED TAX	531	531	531	531
FOREIGN TAX WITHHELD	95	95	95	95