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Return of Private Foundation

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

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Intern	al Reven	nue Service	► Information ab	Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection							
For calendar year 2016 or tax year beginning , 2016, and ending , 20							, 20				
Nar	ne of fou	undation	17	- Ca) co	¬		A Employer identification number				
7	MA	E8 4 MI	JUBU HOL	LEOSTEINER S	1 WAL V)	84-	1395820			
Nur	nber and	a street (or PU	box number it mail is	not delivered to street address)		Room/surte	B Telephor	ne number (see instruc	tions)		
ð	29	93 150	LCINS	LAKESHORE or foreign postal code	DR		4106	C-444-9	976		
City	or town	n, state or provin	ce, country, and ZIP	or foreign postal code		*			ding, check here ▶		
1	RO	1261103	WL 28.	ર્ગ 3ા					_		
		all that apply			of a former	public cha	rity D 1. Foreig	n organizations, check	chere ► 🗌		
			☐ Final retu	urn 🗌 Amended i	return		2 Forois	n organizations meetii	_		
			Address	change	nge			here and attach comp			
H	Check	type of orga	nization: 🕱 S	ection 501(c)(3) exempt p	rivate found	ation		foundation status was			
				table trust 🔲 Other tax			n section s	607(b)(1)(A), check here	• ►⊔		
ī	Fair m	narket value	of all assets at	J Accounting method	: 💢 Cash	☐ Accru	al F If the fou	ndation is in a 60-mor	th termination		
	end of	f year <i>(from</i>	Fert II, col. (c),	Other (specify)				ction 507(b)(1)(B), che			
	line 16) > \$3	11986	(Part I, column (d) must be	on cash basi	s.)					
Pa	art I	Analysis of	Revenue and E	xpenses (The total of	(a) Revenue	and			(d) Disbursements		
				may not necessanly equal	expenses		Net investment income	(c) Adjusted net income	for charitable purposes		
		the amounts ir	column (a) (see inst	ructions))	books				(cash basis only)		
	1	Contributions	, gifts, grants, etc.,	received (attach schedule)							
	2	Check ► 🗌	If the foundation is I	not required to attach Sch. B							
	3	Interest on s	savings and temp	orary cash investments							
	4	Dividends a	nd interest from	securities	8418	7 8	4187	84187			
	5a	Gross rents									
	ь	Net rental ir	ncome or (loss)								
ě	6a	Net gain or	(loss) from sale o	of assets not on line 10							
ũ	b	Gross sales p	rice for all assets or	n line 6a							
Revenue	7	Capital gain	net income (fror	n Part IV, line 2)							
<u> </u>	8	Net short-te	erm capital gaın .								
	9	Income mod	difications								
:	10a	Gross sales le	ess returns and allo	wances							
	b		•	· · · <u> </u>							
,	C	•		schedule)) 			ļ			
1	11		-	ıle)	<u> </u>			5	<u> </u>		
	12_			<u>1</u>	8418	2\&	4187	84187	<u> </u>		
S	13			rectors, trustees, etc.	<u> </u>			<u> </u>	 		
nses	14	•	•	I wages					 		
ē	15		ns, employee be		100		(1)3/	(1)	1		
ᄍ	16a		attach schedule)		1031		1031	1031	1031		
Q	b	_	fees (attach sche	•	<u> </u>			 	 		
美	1.C	•	•	ch schedule)	 			 	 		
štra	17		a achadula) (aca us	structions)	14000	\ - . 	329	1329	1329		
<u>1</u>	18			structions) le) and depletion	1 4200	4	297	1347	1347		
Ξ	19		•					 	 		
Ad	20 21	Travel conf	erences, and me	etinne -	10776	- 	1777	10772	10772		
þ	22		publications		808		0773	15.00	200		
3	23		nses (attach sche		700		300	300	700		
Operating and Administrative Expe	24			ninistrative expenses.		-	700	,,,,,	100		
rat				· · · · · · · · · · · · · · · ·	1464	0 11	1640	14640	14640		
be	25			paid . ,		8			115950		
Õ	26			nents. Add lines 24 and 25	13250		4640	14640	132958		
_	27		e 26 from line 12		1232	,- 0 - 	1010	1010	124 130		
	a			nses and disbursements	(48 ना	1)—					
	ь		-	negative, enter -0-) .	 ~ - ~ - 1		59547	 	 		
	1		et income (if nec				~ (- ' ' - 	69547	+		

For Paperwork Reduction Act Notice, see instructions.

Pa	art II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End	of year
			Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Dearing) Ook '' "'a	(b) anok ' rlue	(c) Fair Market Value
	1	Cash-non-interest-t	pearing	21 d.7 2	17 3 4 1/0	+739760
1	2	Savings and tempora	ary cash investments			
	3	Accounts receivable				
]	Less: allowance for d	loubtful accounts ▶			
	4	Pledges receivable ▶		Į.		
]	Less: allowance for d	loubtful accounts ►			-
	5	Grants receivable				
	6		m officers, directors, trustees, and other			
	}		(attach schedule) (see instructions)		1	
	7	· ·	ceivable (attach schedule)	F		
	•	Lose: allowance for do	white accounts	 		
S	8	Inventories for calc of	ıbtful accounts ▶	 	 	
Assets	9				 	
SS	10a	•	d deferred charges	 	 	
4	l .		state government obligations (attach schedule)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1701 MO12
	b	investments—corpor	ate stock (attach schedule)	2362416	-2061210	200 12W
	C		ate bonds (attach schedule)			ļ
	11	Investments—land, build	ings, and equipment: basis ▶			
		Less: accumulated depre	ciation (attach schedule) ►			
	12	Investments—mortga	ige loans			
	13	Investments—other (a	attach schedule)			
	14	Land, buildings, and € ¬	uipment: basis ►			
		Less. accumulated depr	eciation (attach schedule) ▶			
	15	Other assets (describ				
	16	Total assets (to	be completed by all filers-see the	D = C : .	3111.000	2141700
		ınstructions. Also, see	pe completed by all filers—see the page 1, item l)	× 38.368.8	2141390	2111980
	17	Accounts payable an	u accrueu expenses			
S	18	Grants payable		L		
ţį	19	Deferred revenue .]
Liabilities	20	Loans from officers, dire	ectors, trustees, and other disqualified persons			
<u>a</u>	21	Mortgages and other	notes payable (attach schedule)			1
	22	Other liabilities (descr	nbe ▶)			
	23	Total liabilities (add	lines 17 through 22)	<u> </u>	-23-	1 .
/ 0		Foundations that fol	low SFAS 117, check here ▶ □			1
alances	İ	and complete lines 2	24 through 26 and lines 30 and 31.			
aŭ	24	Unrestricted				
	25	Temporarily restricted	1			1
d E	26	Permanently restricte	d			į į
Ĭ		Foundations that do	not follow SFAS 117, check here ▶ 🔲			1
Net Assets or Fund B		and complete lines 2				
ō	27	Capital stock, trust pr	incipal, or current funds			
ets	28	Paid-in or capital surp	olus, or land, bldg., and equipment fund			1 . !
SS	29	Retained earnings, acci	umulated income, endowment, or other funds			1
Ā	30	Total net assets or f	und balances (see instructions)			1
Ęe l	31	Total liabilities ar	nd net assets/fund balances (see			1
Pa	rt III		ges in Net Assets or Fund Balances			
1			alances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with	· · - ·
			l on prior year's return)		· · · · <u>1</u>	5 383,688
2	Ente	r amount from Part I, Is	ne 27a	<u></u>	2	प8या।
3	Othe	er increases not include	ne 27a ed in line 2 (itemize) ► Stock 9pp	sky tron	3	709181
4	Add	lines 1, 2, and 3			4	,
5	Decr	eases not included in l	line 2 (itemize) ►		5	
6	Total	I net assets or fund ba	lances at end of year (line 4 minus line 5)—I	Part II, column (b), lii	ne 30 6	3141280

•		e kind(s) of property sold (e.g., real estate use, 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)
<u>1a</u>						
b						
C				 		
<u>d</u>) 1 1				ļ
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		n or (loss) f) minus (g)
а						
b						
<u> </u>						
<u>d</u>						
<u>e</u>	Complete only for accets sho	owing gain in column (h) and owned	by the foundation	on 12/31/60		
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i)	col (k), but not	. (h) gain minus : less than -0-) or rom col (h))
a						
<u>b</u>						
C						
d						
е			<u></u>			
2	Capital gain net income o		also enter in Pa , enter -0- in Pa		2	
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) (see instructions III (see instructions)	ctions). If (loss), enter -0- in (3	
Part		ler Section 4940(e) for Redu			Income	
•	ptional use by domestic pri non 4940(d)(2) applies, leav	ivate foundations subject to the	section 4940(a)	tax on net invest	ment income.)	
Was t	he foundation liable for the	section 4942 tax on the distribution and the distribution and the section 4940(e).			pase period?	☐ Yes ☐ No
1	<u> </u>	ount in each column for each yea			aking any entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution:	s Net value o	(c) of nonchantable-use as		(d) ribution ratio livided by col (c))
	2015	2) 0				
	2014	I				
	2013					
	2012					
	2011					
2)	de the total on	line 2 by 5, or by	the	
4	Enter the net value of non	charitable-use assets for 2016 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4 ater than line 7, check the box in				% tax rate. See the

Page	4

Part V	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	struc	7	<u>)</u>		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			'		
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	39	r			
b	Domestic foundations that meet the section 4346(c) requirements in					
	here ▶ □ and enter 1% of Part I, line 27b		-			
С	All other domestic foundations enter 2% of line 276. Exempt foreign organizations onto 177 of 1					
	Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
2	Tax under section 511 (domestic section 4947 (a)(1) trusts and taxable foundations only. 6 the 6 the 7	39	T			
3	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		1			
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	391				
5 6	Credits/Payments:	,				
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a		1			
b	Exempt foreign organizations—tax withheld at source 6b	7				
c	Tax paid with application for extension of time to file (Form 8868) . 6c 6c		1			
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 9 15 15 15 15 15 15 15 15 15	39				
9	Tay nite. If the total of files 5 and 6 is more than into 1, onto any other	<u>ی ۱</u>	\ _			
10	Overpayment, if line / is more than the total of lines o and o, onto this amount	-	\dashv			
11	Enter the amount of line to to be. Credited to 2017 estimated axy		1			
	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
1a	participate or intervene in any political campaign?	1a		Y		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			~		
D	Instructions for the definition)?	1b		X		
	If the answer is "Yes" to 1a or 1b. attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		Y		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
	(1) On the foundation. ▶ \$(2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. • \$	2		X		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			- 4-		
_	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		X		
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X		
4a b	If "Voe." has it filed a tax return on Form 990-T for this year?	4b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1		
·	If "Yes" attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	Ry language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-	V			
	conflict with the state law remain in the governing instrument?	6	Y	-		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			 		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		1		
_	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1		
9	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			مر		
	complete Part XIV	9		1		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			1		
	names and addresses	10		<u> / </u>		
	 F	orm 9 9	ιυ-Pl	r (201		

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		Yes	No V
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquali person had advisory privileges? If "Yes," attach statement (see instructions)			/ Y
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application when the county had	on? 13	X	
14	The books are in care of DAMES HOLLEN SICINER Telephone No. > 4 Located at > 22993 ROLLINS LAKE SHORE DR ROLLING MAIP+4 > MY	36.844) -g	971
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year	. ,		▶ 🗌
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other autiover a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the nan the foreign country ▶	ie of		
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.		Yes	No
1a	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	No No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulati section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, t	□ hat □		
2	were not corrected before the first day of the tax year beginning in 2016?	ate 1c		X
а	operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	No		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2 all years listed, answer "No" and attach statement—see instructions.)) to		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. • 20 , 20 , 20 , 20	20		
3a		No		
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if foundation had excess business holdings in 2016.)	or the e of the		X
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	s? 4a		X
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20			1

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Part	VII-B Statements Regarding Activities	for Wi	hich Form	4720 N	lay Be Re	quire	d (contin	iuea)	, , ,	
5a	During the year did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public directly or indirectly, any voter registration driv	influer electio /e? .	nce legislatio n (see section	on 4955); or to cal	rry on,	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No		
		a char	itable, etc., c	organiza 	tion descri	bea in	Yes	Z No	,	
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to cl	hildren	or animals?				☐Yes)/No		
þ	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice r	egardın	ng disaster as	sistance	e (see instru	ctions)'	, .	 ▶ □	5b	
С	Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility	ne foun for the	dation claim grant?	exemp	tion from t	the tax	Yes	□No		
6a	If "Yes," attach the statement required by Regular Did the foundation, during the year, receive any fon a personal benefit contract?	unds, o	directly or inc	directly,			Yes)X) No		
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.								6b	
7a b	At any time during the tax year, was the foundation a If "Yes," did the foundation receive any proceeds	or hav	e anv net ind	come at	tributable t	o tne tr	Yes ansaction	n? .	7b	
Par	t VIII Information About Officers, Direct and Contractors								прюуе	
1	List all officers, directors, trustees, foundation	<u>mana</u>	igers and th	eir con	pensauon	(566 11	ISH UCHO	113).		
	(a) Name and address	` hou	e, and average rs per week ed to position	`´(lf n	npensation ot paid, ter -0-)	emplo	Contribution yee benefit erred compe	plans		se account, lowances
5	EE EXHIBIT A	m	umal	~9	~)	٥-		moli have	pan ng for xpens
	Compensation of five highest-paid employed	e (oth	er than tho	se incli	ıded on li	ne 1 <i>-</i> :	see instr	ructions	s). If no	ne, enter
2	"NONE."		er triair trio							
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and hours per devoted to p	week -	(c) Comper		(d) Contrib employee plans and compen	benetit deferred	(e) Expen	se account, llowances
	((()		Q							
			11			_				
								<u>.</u>		
Tota	al number of other employees paid over \$50,000 .		<u> </u>	<u> </u>	<u> </u>		l	. ▶		
									Form 99 0	0-PF (2016

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-orm	990	·Pr	(20 10)	

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' and Contractors (continued)	nployees,
Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
_	
<u> </u>	
otal number of others receiving over \$50,000 for professional services	
	
art 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 beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	<u> </u>
4	
·	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
	1
$\sim \sim $	
2 / / / / / /	
All other program-related investments See instructions	
3	
	1
otal. Add lines 1 through 3	

Part		ign fo	oundations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
_	Average monthly fair market value of securities	1a	2436000
	Average of monthly cash balances	1b	
b	Fair market value of all other assets (see instructions)	1c	92153
C	Total (add lines 1a, b, and c)		2~0
d	Reduction claimed for blockage or other factors reported on lines 1a and	10	3531103
е	1c (attach detailed explanation)		
•	Acquisition indebtedness applicable to line 1 assets	2	
2	Subtract line 2 from line 1d		3 (> 1 : 0 >
3 4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	-3	2531123
7	Instructions)	4	37967
_	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
5 6	Minimum investment return. Enter 5% of line 5	6	2493156
Part 2	and certain foreign organizations check here ▶ ☐ and do not complete this part.)	ound	127658
1	Minimum investment return from Part X, line 6	1	124658
2a	Minimum investment return from Part X, line 6		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b		, ,
c	Add lines 2a and 2b	2c	1391
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	123,267
4	Recoveries of amounts treated as qualifying distributions	4	- (* × × 0
5	Add lines 3 and 4	5	123267
6	Deduction from distributable amount (see instructions)	6	190 201
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	- <u>-</u> -	
	line 1	7	183267
Part	XII Qualifying Distributions (see instructions)		1
		ACCORDING N	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		132958
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	134 130
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	155
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	132958
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1	
	Enter 1% of Part I, line 27b (see instructions)	5	75-5-4
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_ 6	132958
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Form **990-PF** (2016)

	90-PF (2016)				Page 9
Part	VIII Undistributed Income (see instruction	T			
1	Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016 723267
2	Undistributed income, if any, as of the end of 2016.	<u> </u>			1 4 3 4 6 1
- а	Enter amount for 2015 only				
b	Total for prior years: 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2016:				
а	From 2011				
b	From 2012]	1		
C	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII, line 4: ► \$ 132958				
a	Applied to 2015, but not more than line 2a .		<u> </u>	 	
	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2016 distributable amount				132958
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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				
е	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				(9691)
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 applied on line 5 or line 7 (see instructions).			·	
9	Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:	}	-		
ıu a	Excess from 2012				ļ
a b	Excess from 2013	1			
C	Excess from 2014	1			}
ď	Excess from 2015	1			
e	Excess from 2016	1			

Page	10

Part					9)	,
1a	If the foundation has received a ruling			private operating		•
	foundation, and the ruling is effective fo	r 2016, enter the	date of the ruling .		L	
b	Check box to indicate whether the four	ndation is a priva	ite operating founda	ation described in s	ection 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) rotal
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	ļ	1			
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly		,	t		
	for active conduct of exempt activities. Subtract line 2d from line 2c .					
3	Complete 3a, b, or c for the		γ	\	 	_
_	alternative test relied upon:		M/, $+$	A .	,	
а	"Assets" alternative test—enter	ļ	$\eta \smile \gamma$)		
_	(1) Value of all assets		1			
	(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			}		
С	"Support" alternative test—enter:					
	(1) Total support other than gross	}	1		}	
	investment income (interest,				ļ	
	dividends, rents, payments on		1			
	securities loans (section 512(a)(5)), or royalties)		}			
	(2) Support from general public					
	and 5 or more exempt		}		1	
	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	on (Complete	this part only if t	the foundation I	nad \$5,000 or mo	ore in assets at
	any time during the year-	-see instructi	ons.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation	who have contri	buted more than 2°	% of the total conf	tributions received	by the foundation
	before the close of any tax year (but o			han \$5,000). (See s	section 507(d)(2).)	
			SIEIN) ER			
b	List any managers of the foundation					rge portion of the
	ownership of a partnership or other e	ntity) of which th	e foundation has a	10% or greater int	terest.	
2	Information Regarding Contribution					
	Check here ► X if the foundation					
	unsolicited requests for funds. If the		es gifts, grants, etc.	. (see instructions)	to individuals or or	ganizations under
_	other conditions, complete items 2a,					
а	The name, address, and telephone no	umber or e-mail	address of the pers	son to whom applic	cations should be a	iddressed.
b	The form in which applications should	d be submitted a	and information and	materials they sho	ould include:	
				·		
C	Any submission deadlines:					
	And an administration of the state of	uanda	by goographical	waa ah-wa-lala f	ialala 1	
a	Any restrictions or limitations on av	wards, such as	by geographical a	areas, charitable f	ieias, kinas ot ins	titutions, or other
	factors:					

Recipient If recipient is an individual, show any relationship to		XV. Supplementary Information (cont		od for Eur	huro Dovmont	
Name and address (home or business) a Paid during the year See San Mark None None Name and address (home or business) a Paid during the year Amount None None None Total	3_			T	ture Payment	
Name and address (nome of business) or substantial contributor resipient A Paid during the year Worke White the state of the paid of the			show any relationship to	status of		Amount
See Sx hold C Heneral & University None				recipient		
	a	Paid during the year	At C None	Je Un None	neral of	
		Total			▶ 3a	
Total > 2h	b					

	rt XV		ctivities				· · · · · · · · · · · · · · · · · · ·
nte	r gros	s amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions.)
1	Prog	ram service revenue:				, unoun	(Occ instructions.)
	а						
	b						
	C						
	d ¯			_			
	e ¯						
	f						
	g F	ees and contracts from government agencies		.)	h		<u> </u>
2	-	bership dues and assessments	·····	\wedge			† · · · · · ·
3		est on savings and temporary cash investments		- 1 \/			
4		lends and interest from securities			[
5		rental income or (loss) from real estate:			1		
3		• •			 	<u> </u>	
					 		
^		Not debt-financed property			 		
6		rental income or (loss) from personal property		 	 		
7		er investment income		 	 		}
8		or (loss) from sales of assets other than inventory		 	 		-
9		ncome or (loss) from special events		<u> </u>			
10		ss profit or (loss) from sales of inventory			<u> </u>		
11	Othe	er revenue: a					
	b _						
	C _				ļ		
	d _						
	e						
12	Sub	total. Add columns (b), (d), and (e)					
13	Tota	il. Add line 12, columns (b), (d), and (e)				13	
See	work	sheet in line 13 instructions to verify calculation	ıs.)			_	
Pa	rt XV	I-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
Lin	e No.	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo	orted in column	(e) of Part XVI-	A contributed i	mportantly to the
	▼	accomplishment of the foundation's exempt pur	poses (other tha	n by providing fur	nds for such purpo	oses). (See instru	ctions)
		1	\mathcal{A}				
			7)				
		 					
			<u></u>				
							
_							
							
				. <u> </u>			
				· · · · · · · · · · · · · · · · · · ·			
		 					

Part	XVII ·	Information Exempt Org	Regarding Tran	sfers To a	nd Transa	ctions and l	Relationsh	ips Wi	th Noncha	ritable	е	.=
1	ın sec	e organization di	rectly or indirectly Code (other than								Yes	No
а	Transf	ers from the repo	orting foundation to		able exemp	t organization	of:			1a(1)		Y
b	(2) Ot	her assets . transactions:								1a(2)		X
			a noncharitable exe s from a noncharit							1b(1) 1b(2)		X
	(4) Re	eimbursement arr	equipment, or otherangements							1b(3) 1b(4)		X
•	(6) Pe	erformance of ser	antees vices or memberst juipment, mailing li	nip or fundrai	isıng solıcita	tions				1b(5) 1b(6) 1c		<i>x</i>
c d	If the value	answer to any o	of the above is "Ye her assets, or servi	s," complete ces given by	the following the reporting	ng schedule. ng foundation	Column (b) :	should dation r	always show	v the f	aır m	arket
(a) Line		n any transaction Amount involved	n or sharing arrang (c) Name of nonc						actions, and sha			
	•			······································								
							<u> </u>					
										-		
						-						
	descr	bed in section 50	ctly or indirectly af 01(c) of the Code (of following schedule	other than se	ection 501(c)	(3)) or in section] Yes	*	No
		(a) Name of organiz	zation	(b)	Type of organization	ation		(c) Desc	nption of relation	nship		
		penalties of penury, I o	declare that I have examin	ed this return, incl	luding accompan	ying schedules and	d statements, and	to the be	est of my knowled	ge and b	elief, it	is true,
Sign Here		et, and complete Declar	ration of preparer (other the	•	5-12	ation of which prep	learer has any kno	wledge	May the IF with the p	reparer s	hown I	below
Paid	' 	Print/Type preparer's		Preparer's sig			Date		Check I if self-employed	TIN		
Prep Use		Firm's name						Firm's E				
		Firm's address ▶						Phone r		m 990)-PF	(2016)

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CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS FROM THE JAMES & WANDA HOLLENSTEINER FOUNDATION (84-1305820)

.5016

Northwest Montana Historical Society P.O. Box 2293 Kalispell MT 59903	# 7.0000
Flathead Land Trust P.O. Box 1913	2000
Kalispell MT 59903 Northwest Healthcare Foundation: Alert 310 Sunnyview Lane Kalispell MT 59901	2000
Flathead Lakers P.O. Box 70 Polson MT 59860	2000
Glacier Institute P.O. Box 1887 Kalispell MT 59903	1000
Glacier National Park Conservancy P.O. Box 2749 Columbia Falls MT 59912	1000
Doctors Without Borders 333 7 th Ave., 2 nd Floor New York NY 10001	2000
Rush University Medical Center Office of Philanthropy 1700 W. Van Buren, Suite 250 Chicago IL 60612	5000
Glacier Symphony & Chorale P.O. Box 2491 Kalispell MT 59903	2 000
Conrad Mansion Museum P.O. Box 1041 Kalispell MT 59903	1000

Flathead Lake Biological Station 32125 Bio Station Lane Polson MT 59860	1000
Crossroads Christian Fellowship Church 7454 Hwy 35 Bigfork MT 59911	1000
Dayton Presbyterian Church P.O. Box 188 Dayton MT 59914	250
Somers Middle School Big Creek Project Somers MT 59932	500
Parkinson's Disease Foundation 1359 Broadway, Suite 1509 New York NY 10018	250
Kalispell Montesorri Elementary 349 Willow Glen Dr. Kalispell MT 59901	500
Big Mountain Firefighters Assn. 3790 Big Mountain Rd. Whitefish MT 59937	5,00
Stumptown Art Studiios 145 Central Ave. Whitefish MT 59937	500
Calling All Crows 1330 Beacon St., Suite 231 Brookline MA 02446	750
Lakeview Food Pantry 3831 N. Broadway Chicago IL 60613	500
Somers Company Town Project P.O. Box 130 Somers MT 59932	500

•	
Foys to Blacktail Bike Trail P.O. Box 81 Kalispell MT 59903	129
University of Montana Foundation P.O. Box 7159 Missoula MT 59807	1000
Kalispell Regional Medical Center Foundation 310 Sunnyview Lane Kalispell MT 59901	54633
Loppet Foundation 1301 Theodore Wirth Parkway Minneapolis MN 55422	5500
Wounded Warriors 4899 Belfort Rd., Suite 300 Jacksonville FL 32256	
Lyric Opera of Chicago 20 N. Wacker Chicago IL 60610	1000
Night Ministry 4711 Ravenswood Ave. Chicago IL 60640	750
Eagle Nature Foundation 300 E. Hickory Apple River IL 61001	500
Citizens for a Better Flathead P.O. Box 771 Kalispell MT 59903	250
Upper West Shore Quick Response Unit P.O. Box 911 Lakeside MT 59922	5 00 2 50
Humane Society of Northwest Montana P.O. Box 221 Kalispell MT 59903	250

United Way P,O., Box 7217 Kaliana II MT 50003	750
Nashville Humane Assoc. 213 Oceola Ave. Nashville TN 37209	250
Pheasants Forever Chapter 138 P.O. Box 2165 Missoula MT 59806	500
Flathead Care 124 3 rd Ave. E. Kalispell MT 59901	100
Alethia Christian Fellowship 300 N. Somers Rd Kalispell MT 59901	1000
Nashville Rescue Mission 639 Lafayette St. Nashville TN 37203	500
Flathead Lake Lutheran Bible Camp 550 Lutheran Camp Rd. Lakeside MT 59922	250
Colby College 4335 Mayflower Hill Waterville Maine	250
Fannie Battle 108 Chapel Ave. Nashville TN 37206	125
United States Naval Academy Foundation 291 Wood Road Beach Hall Annapolis MD 21402	750
Old Friends 1841 Paynes Depot Road Georgetown KY 40324	500 1000
Methodist Camp—Flathead Lake 21339 Methodist Camp Road Rollins MT 59931	1 200

Shepherd of the Hills Lutheran Church 500 Blake Road S. Edina MN 55343	
Glacier Nordic Club P.O. Box 403 Whitefish MT 59937	100
Bob Marshall Wilderness Foundation P.O. Box 190688 Hungry Horse MT 59919	1000
National Parkinson Foundation 200 SE 1 st St., Suite 800 Miami FL 33131	100
A Place to Bark P.O. Box 649 Portland TN 37148	500
Flathead Community College 777 Grandview Dr. Kalispell MT 59901	1000
Light House 2590 Hwy 2 Kalispell MT 59901	5,00

Boy Scout Troop 123



117958

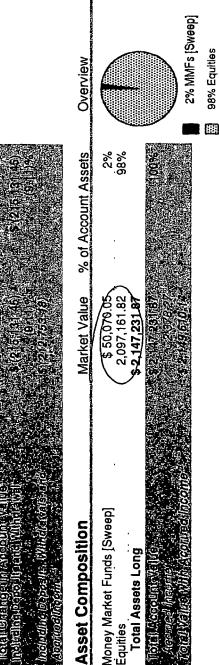
Schwab One® Account of JAMES & WANDA HOLLENSTEINER FN

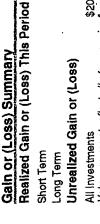
Account Number 7068-8215

Statement Perlod January 1-31, 2016

PLOTON STATE

Change in Account Value	This Period	Year to Date	Account Value (\$) Over Last 12 Months [in Thousands]
Englishment Properties and Control of the Control o	**************************************	5 2 369 363 39	
Cash Value of Purchases & Sales	00.0	0.00	3000
Investments Purchased/Sold	0.00	0.00	2500 EMM EMM EMM
Deposits & Withdrawals	00.00	00'0	
Dividends & Interest	15,409.28	15,409.28	
Fees & Charges	00.0	00.00	
Transfers	00.00	0.00	
Income Reinvested	(1.00)	(1.00)	
Change in Value of Investments	(230,539.73)	(230,539.73)	2/15 3/15 4/15 5/15 6/15 7/15 8/15 9/15 10/15 11/15 12/15 1/16
Ending Value on 01/31/2016	\$ 2,147,231.87	\$ 2,147,231.87	
Accrued Incomed	2,378.27		
Ending Value with Accrued Incomed	\$ 2,149,610.14		
Tecal Grangella Afoeth (VE) (6)		A STATE OF S	





\$0.00 \$0.00

\$20,789 17ⁱ \$20,785 Values may not reflect all of your gains/losses.

• Accrued Dividend is \$2,378.27

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavallable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

Schwab One® Account of JAMES & WANDA HOLLENSTEINER FN

Statement Period December 1-31, 20/16 Account Number 7068-8215

Account Value as of 12/31/2016: \$ 3,086,157.10

	This Period	Year to Date	This Period Year to Date Account Value (\$) Over Last 12 Months [in Thousands]
Starting Value	\$ 2,939,974.08	\$ 2,362,363.32	neously samentens interest of the state of t
Cash Value of Purchases & Sales	0.00	00.0	3800
Investments Purchased/Sold	00'0	00.0	3000
Deposits & Withdrawals	00.0	(100,000.00)	2400
Dividends & Interest	12,715.36	84,186.72	
Fees & Charges	00'0	00.0	
Transfers	(29,540.06)	(29,540.06)	
Income Reinvested	(0.16)	(20.12)	
Change in Value of Investments	163,007.88	769,167.24	1/16 2/16 3/16 4/16 5/16 6/16 7/16 8/16 9/16 10/16 11/16 12/16
Ending Value on 12/31/2016	\$ 3,086,157.10	\$ 3,086,157.10	
Accrued Incomed	60.16		
Ending Value with Accrued Incomed	\$ 3,086,217.26		
Incitation Deposits and Windrawals Incitating Deposits and Windrawals Incitating Deposits. Withdrawals and	\$ 146.183.02 \$ 146.243.19	\$.7237937B 80,64%	
Asset Composition	Market Value 9	in the state of Account Access	Gain or (Lose) Summary
THE STATE OF THE S	1	יינו זונו זונו זונו און אינו אינו אינו אינו אינו אינו אינו אינו	Realized Gain or (Loss) This Period
Cash and Money Market Funds [Sweep]	\$ 18,847.49	×1%	Short Term \$0.00
Total Assets Long	\$3,086,157.10	o/, 66	d Gain or (Loss)
Total Velue With Adornied Income	\$ 30086757710 6018 \$ 3.046/21/7.26	100%	All Investments Values may not reflect all of your gains/losses.

• Accrued Dividend is \$60.16

SCHEDULES TO ACCOMPANY TDHE 2016 990 PF FOR THE JAMES & WANDA HOLLENSTEINER FOUNDATION: TAX ID 84-1395820

Part 1, Line 16a: Legal fees consist of \$20 paid to the Montana Secretary of State with the filing of our Annual; Corporate Registration; \$599 paid to the Illinois Institute for Continuing Education in Elder Law; \$385 paid to the State of Illinois for a Legal License; and \$27 paid to the Lake County Leader to publish a Legal Notice. No fees were incurred for accounting or other professional fees. I prepare this return without compensation.

Line 18: Taxes of \$1329 were paid with the 2015 return.

Line 23: Other expenses of \$700 consist of \$500 for administrative expenses such as postage, printing, telephone, etc. and \$200 paaid for the rental of a post office box.

Part II: See enclosed statements from Charles Schwab & Co. for information as to the amounts of corporate stock owned by the Foundation as of the beginning and end of the year.

Part VII-A, Line 8b. See enclosed letter from the Montana Dept. of Revenue dated July 8, 1998 indicating our Foundation is exempt from state tax. (Exhibit B)

See Exhibit A for a listing of directors and officers

See Exhibit C for a listing of contributions given in 2016