2949109003117

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

2016

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

| The property of the property

inte	mai Rev	enue Service	► Information ab	out Form 990-PF and its	separate instru	ctions	is at w	ww.lrs.gov	form990pf. Op	en to Public Inspection
Fo	er cade	ndar year 20	116 or tax year be	ginning No	v 1	, 2016	i, and (ending	Oct 31	, 20 17
N	ame of f	oundation .						A Employe	r identification num	der
		K FAMILY FOU							20-395689	
"N	umber a	nd street (or P.O	. box number if mail is	not delivered to street address)		Room/	edius'	B Telephor	10 number (300 instru	ictions)
_	D BOX								(701) 226-55	82
C	ity or tov	en, state or prov	ince, country, and ZIP	or foreign postal code				C II exempt	tion application is pe	nding, check here▶ 🔲
티	SMARC	K, ND 68502								
G	Chec	k all that app	ly: 🔲 Initial ret	um 🔲 Initial retu	m of a former	public	charity	D 1. Foreign	n organizations, che	x here ▶ 🔲
			☐ Final retu	=======================================				2. Foreig	n organizations meet	ing the 85% test.
			☐ Address		 _		0	check	here and attach con	putation >
Н		•••		ection 501(c)(3) exempt ($A \rightarrow A$		foundation status w: 07(b)(1)(A), check he	
	Secti	on 4947(a)(1)	nonexempt chart	table trust 🔲 Other ta				000000	or fold show the	
ı			of all assets at	J Accounting method	d: 🔽 Cash	☐ Ac	xcruál	F If the fou	ndation is in a 60-mo	onth termination
		•	Part II, col. (c),	Other (specify)			_/_	under se	ction 507(b)(1)(8), ch	eck here ▶ 🗌
		6)▶\$		(Part I, column (d) must b	e on cash basis	<u>:) </u>	ı			
۶	art I			rpenses (The total of	(a) Revenue		GA Med	investment	(c) Adjusted net	(d) Disbursements for chantable
				may not necessarily equal	expenses p books	er		COLLE	income	purposes
			in column (a) (see instr							(cash basis only)
12	1			received (attach schedule)	93	179.71				
)2	2			of required to attach Sch. B						
14	3		•	orary cash investments						
, ,	4	Dividends a	and interest from a	securities						
	5a		·							
	Ь		ncome or (loss)			\dashv				
93	6a	-	•	f assets not on line 10					-	
Revenue	Ь	•	orice for all assets on		.					
- 8	7		_	Part IV, line 2)						
α,	8		erm capital gain .		<u></u>					
	9	Income mo		· · · · · · · ·						
	10a		ess returns and allow	wances	 					
∞	b		of goods sold .	:: !	 					
2018		-	t or (loss) (attach s	•]					
	11		ne (attach schedu							
ಎೌ	12			<u> </u>	93	79.71		T		
3	13	•		ectors, trustees, etc.	<u> </u>				RECE	17/CD
1	14	•	oyee salaries and	•					- '\	
몷	15	•	ins, employee ben	ients					21	1810
X	16a	•	attach schedule)					- 1;	MAR 2 7	
ANNIELE XBGIS.	b		fees (attach sche		——	82.00			1	161
差	170	. •	ssional fees (attac	•					CODEN	— = : :
4	17 18		· · · · · ·			.69				<u> </u>
9	19	•	h schedule) (see ins n (attach school is	e) and depletion	<u> </u>					
Operating and A&@	20	-	•	•	——					
F	21		eroneer and mee							
P	22		erences, and mee publications .	рштую	}					
ā	23	_	rses (attach sche	dudo)	 	713 02				+
<u> </u>	24	•	•	inistrative expenses.	 	113.82				
돭	[~]			· · · · · · · ·	1 .	اءء عم	•			
ĕ	25					296.61				20400 55
Ö	25 26			sid		00,00				28400.00
	27			ents. Add lines 24 and 25	200	96.51				28400.00
	==		e 26 from line 12:		 					
	1 2			ses and disbursements		83.20				+
]		•	egative, enter -0-) .	<u> </u>					
نے		Acquisted N	et income (if neg	mye, enter -U-)	 					5 900 PE mus

SUL B

13	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
	21 ()1	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Feir Market Value
	1	Cash-non-interest-bearing	2057.16	66840.36	66940.36
	2`	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ▶	_		
		Less: allowance for doubtful accounts ▶	0	0	0
	4	Pledges receivable ▶			
	1	Less: allowance for doubtful accounts ▶	0	0	0
	5	Grants receivable	0	0	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		0	0
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶		0	0
ち	8	Inventories for sale or use		0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
₹	10a	Investments-U.S. and state government obligations (attach schedule)	a	0	0
	Ь	Investments—corporate stock (attach schedule)	0	0	0
	С	tnvestments-corporate bonds (attach schedule)	q		0
	11	Investments—land, buildings, and equipment: basis ▶			;
	ĺ	Less: accumulated depreciation (attach schedule) ▶		0	0
	12	Investments-mortgage loans	0	0	. 0
	13	Investments-other (attach schedule)	0	a	0
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	0	0	0
	15	Other assets (describe ▶)	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item ()	2057.16	66840.36	66840.36
	17	Accounts payable and accrued expenses		0	
40	18	Grants payable	0		
3	19	Deferred revenue	0	0	
Llabilities	20	Loans from officers, directors, trustees, and other disqualified persons	Ó	0	
ē	21	Mortgages and other notes payable (attach schedule)		0	ı
_	22	Other liabilities (describe ►)	a		
	23	Total liabilities (add lines 17 through 22)	a	<u> </u>	
-		Foundations that follow SFAS 117, check here ▶ 🔽			
ğ		and complete lines 24 through 26 and lines 30 and 31.	ļ		
Ě	24	Unrestricted	2057.16	66840.36	
喜	25	Temporarity restricted			
8	26	Permanently restricted			•
or Fund Balances		Foundations that do not follow SFAS 117, check here ▶ □			
ᄄ		and complete tines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Asse	29	Retained earnings, accumulated income, endowment, or other funds			
_	30	Total net assets or fund balances (see instructions)	2057.16	66840.36	
٦	31	Total liabilities and net assets/fund balances (see			
		instructions)	2057.16	66840.36	
Pa	rt 111	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year-Part II, colur			
	end-	of-year figure reported on prior year's return)		├	2057.16
2	Enter	r amount from Part I, line 27a			64783.20
3	Othe	r increases not included in line 2 (itemize) ▶		3	0
4		lines 1, 2, and 3		4	66840.36
5	Decr	eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-F	Part II, column (b), lin	e30 6	66840.38
					En 990 PF COLD

Form 9	90-PF (2016)						Page
Part	V Capital Gains and	Losses for Tax on Investment	Income			_	
•				(b) How acquired P—Purchase D—Donation			(d) Date sold (mo., day, yr.)
1a	••						
b							
c							
d							
е		- 		<u> </u>			L
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) plus (f) minus (g) B C d							
a							
ь							
c							
<u>d</u>							
<u> </u>				10 774 777			
	Complete only for assets show						
	(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69		(h) Excess of col. (i) over col. (i), if any			
a							
<u>b</u>							_
_ <u>c</u>							
d							
		f If gain, also	enter in Par	rt I. line 7			
2	Capital gain net income or (not conital local (2		
3	If gain, also enter in Part I,	line 8, column (c) (see Instruction	s). If (loss),		2		
Part				et investment			
						me)	
		•				,	
Was t	he foundation liable for the se	ection 4942 tax on the distributable			ase perio	d?	☐ Yes 📿 No
1					king any	entries	
<u></u>		T	0 010 11 150 0		uting any t		(4)
Cale	Base period years indar year (or tox year beginning in)	Adjusted qualifying distributions	Net value of		5 4t 3	(col. (b) d	ribution ratio livided by col. (c))
	2015	26050		3	6455.		.071458
			ļ				
		 	 				
							
	2011	123480	·		/38/.		1.831936
2	Total of line 1 column (d)				١		7 606023
3							7.00003
					. 3		1.537206
4	Enter the net value of nonch	aritable-use assets for 2016 from I	Part X, line 5	5	. 4		36455.
5	Multiply line 4 by line 3 .				. 5		56039.
6	Enter 1% of net investment	income (1% of Part I, line 27b) .			. 6		
7	Add lines 5 and 6				. 7		58039.
8	Enter qualifying distributions	Capital Gains and Losses for Tax on Investment Income (e) Let ard describe the single of property soil fall, a, not enters. (e) Let ard describe the single of property soil fall, a, not enters. (e) Let ard describe the single of property soil fall, and enters. (e) Let ard describe the single of property soil fall, and enters. (fine, day, y) (fine, day, y) (fine, day, y) (fine, day, y) (g) Cort or other basis (g) plus (g) in in column (g) and owned by the foundation on 12/31/69 (g) Gainer (Cot, (g) gain minus (g) (g) Farry (g) Excess of cot, (g) (g) Excess of cot, (g) (g) Farry (g) Excess of cot, (g) (g) E					
					nat part us	ing a 19	% tax rate. See the

m 9	U-FF (2016)							Page
art					48—se	e instr	uctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ at							1
	Date of ruling or determination letter: (attach copy of letter if no			tions)	1			1
Þ	Domestic foundations that meet the section 4940(e) requirements in Par			>	1		0	
	here ▶ □ and enter 1% of Part I, line 27b				1]
¢	All other domestic foundations enter 2% of line 27b. Exempt foreign of Part I, line 12, col. (b).	organiz	ations enter 4	196 Of J	 			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	lations •	only. Others er	nter -0-)	2			
3	Add lines 1 and 2	. . .			3		0	L
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found			nter -0-)	4			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero o	x less,	enter -0		5 0	·		ــــ
6	Credits/Payments:				1			ı
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a		—				
b	Exempt foreign organizations—tax withheld at source	6b			1 1			1
C	Tax paid with application for extension of time to file (Form 8868)	6c			1 1			
ď	Backup withholding erroneously withhold	6d			<u> </u>			
7	Total credits and payments. Add lines 6a through 6d				7		0	₩
8	Enter any penalty for underpayment of estimated tax. Check here 🔲 If		zzzu is attach	60	8			├
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of			🏲	9		0.	-
0	Overpayment, if line 7 is more than the total of lines 5 and 8, enter the content to the content	amour i			10		<u>0</u>	-
1 3-7	Enter the amount of line 10 to be: Credited to 2017 estimated tax		Refund	BG ►	11		0	Щ_
aru 1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any nation	nal et	ate or local L	vojslation	or did	it	Yes	No
•4	participate or intervene in any political campaign?					" 1a	1	17
h	Did it spend more than \$100 during the year (either directly or in						 	├. ▼
_	Instructions for the definition)?		.,, polico			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the	activiti	ies and conie	s of anv	materia:		 	┸
	published or distributed by the foundation in connection with the activitie	_		J U. L.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~	i	
	Did the foundation file Form 1120-POL for this year?					10	1	
	Enter the amount (if any) of tax on political expenditures (section 4955) is	impose	ad during the	/ear:				
•	(1) On the foundation. ▶ \$ (2) On foundation mat					1	1	
	Enter the reimbursement (if any) paid by the foundation during the year t			ure tax ir	nposed	-	1	
	on foundation managers. ▶ \$	•	•		•			ł
2	Has the foundation engaged in any activities that have not previously be	een rep	ported to the I	RS? .		2	L_	1
	If "Yes," attach a detailed description of the activities.	-				[
3	Has the foundation made any changes, not previously reported to the IRS	in its	governing inst	rument, a	articles o	of	1	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a cor					3	<u> </u>	Y
4a	Did the foundation have unrelated business gross income of \$1,000 or n					48	Ļ	1
b	If "Yes," has it filed a tex return on Form 990-T for this year?					4b	<u> </u>	L_
5	Was there a liquidation, termination, dissolution, or substantial contracti	ion d ur	ing the year?	- •		5	 	L
	If "Yes," attach the statement required by General Instruction T.					1		l
6	Are the requirements of section 508(e) (relating to sections 4941 through	h 4945)) satisfied eith	er:		1	ſ	ĺ
	By language in the governing instrument, or		_	_		. 1	1	i
	By state legislation that effectively amends the governing instrument	so tha	it no mandato	ry direct	ions tha		1 ,	l
	conflict with the state law remain in the governing instrument?	• •				6	∤ ¥	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "				d Part XV	7	✓	
Ba	Enter the states to which the foundation reports or with which it is regist	tered (s	see instruction	1S) >		J	1	ĺ
	ND - North Dakota	<u></u>	000 00			J		1
	If the answer is "Yes" to line 7, has the foundation furnished a copy of				Genera		ر ا	
	(or designate) of each state as required by General Instruction G? If "No,					<u>8b</u>	1	<u> </u>
9	is the foundation claiming status as a private operating foundation within	in the i	meaning of se	ction 49	42(D(3) c	<u>. </u>		1
	4942(I)(5) for calendar year 2016 or the taxable year beginning in 2016 (s	see ins	tructions for F	ar XIV)?	rr "Yes,			,
	complete Part XIV		Pattack a ==4	andrel !!-		<u>, 9</u>	├	
						- I	I	ı
0	names and addresses		, anacra scr	ecule iis	ung me	10	1	

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

3b

42

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Form 9	90-PF (2016)									Page 0
Par	VII-B Statements Regarding Activitie	s for Y	Which Form	4720	May Be F	lequin	ed (conti	nued)		
5a	During the year did the foundation pay or incur	any am	ount to:							
•	(1) Carry on propaganda, or otherwise attempt	ultrii of	ence legislati	on (sec	tion 4945(e))? .	Yes	Ø M	,	
	·(2) Influence the outcome of any specific publi	c elect	ion (see sect	jon 499	55); or to c	erry on	١,	•	1 1	
	directly or indirectly, any voter registration di	rive?					☐ Yes	Ø Ne	,] {	
	(3) Provide a grant to an individual for travel, stu	idv. or	other similar	DUMOS	es?		Yes	ĎM	,	
	(4) Provide a grant to an organization other tha							45		1
	section 4945(d)(4)(A)? (see instructions)						Yes	Ø No	,	
	(5) Provide for any purpose other than religious	-	•				_			
	purposes, or for the prevention of cruelty to						☐Yes	Ø №	' 1 I	
b	If any answer is "Yes" to 5a(1)-(5), did any of the							ribed ir	ן וי	. 1
	Regulations section 53.4945 or in a current notice	regard	ing disaster a	ssistan	ce (see insti	uctions	3)?		5b	
	Organizations relying on a current notice regard	ng disa	aster assistar	ice che	ick here		· · ·	▶□]	, i
C	If the answer is "Yes" to question 5a(4), does to	he fou	indation clain	n exem	ption from	the tax	(1 1	
	because it maintained expenditure responsibility	for the	egrant?.				Yes		.	.
	If "Yes," attach the statement required by Regula	ations s	section 53.49	45-5(d)).				1 1	, i
6a	Did the foundation, during the year, receive any	funds,	directly or in	directly	, to pay pre	emiums	3		-	
	on a personal benefit contract?						Yes	☑ No	,	
ь	Did the foundation, during the year, pay premiur	ns. dire	ectiv or indire	ctiv. on	a persona	benefi	t contract	? .	6b	
	If "Yes" to 6b. file Form 8870.		,	,,						
7a	At any time during the tax year, was the foundation	a party	to a prohibite	tay sh	elter transac	tion?	Yes	Ø No	,	
	If "Yes," did the foundation receive any proceed		•				_	_	7b	
	VIII Information About Officers, Direct									
	and Contractors					.go. 0,			,, .	,,,
_	List all officers, directors, trustees, foundation	n man	egers and th	eir cor	nnensetio	lage i	nstructio	nsl		
	Est du dilibolo, dirocolo, a actord in alles		le, and average		mpensation		Contribution		1	
	(a) Name and address	hours per week devoted to position		(11)	not paid,	empk	oyee benefit erred compe	pbns	(e) Expense account, other allowances	
CAND	THE REPROPER	0390	ted to postdon		ster -0-)	and de	arred compe	R INJUGAT	 	
	ELL VERHOEK	DD-C	DENE 4 00	,	_				l	
	1 402, DANBURY, TX 77534	PHESI	DENT 1.00		<u> </u>			0.	<u> </u>	<u> </u>
	RTA VERHOEK		REASURER		_			_		_
	1 402, DANBURY, TX 77534	1.00		<u> </u>	<u> 0.</u>			0.		
	ELLE LAZO		RESIDENT	l				_		_
P.O. B	OX 282, DANBURY, TX 77534	1.00			0.			0.		<u> </u>
				<u> </u>						
2	Compensation of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uction	s). If no	ne, enter
	"NONE."		·							
			(b) Title, and a		1		(d) Contribu		(a) Evaes	se account,
(a) Name and address of each employee paid more than \$50,00	0	devoted to p		(c) Comper	rsation	plans and d	benetet		lowances
	· · · · · · · · · · · · · · · · · · ·						compens	ereon		
HONE			l		1		l			
			I		1					
					L					
			1							
					L]		
			1							
			f							
			J							
otal :	number of other employees paid over \$50,000 .		<u></u>		<u> </u>					ONE
	The state of the s			_ · · ·	· · · · ·	 -	<u> </u>			-PF 2016
								,	Office inno-	(CO16)

3	Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ON			
			<u> </u>
			ł
			ļ
		i	
_			
	***************************************	-	ľ
rtai	number of others receiving over \$50,000 for professional services .		NONE
_			
ar	IX-A Summary of Direct Charitable Activities		
Lis	the foundation's four largest direct charitable activities during the tax year, include relevanizations and other beneficiaries served, conferences convened, research papers produces	ant statistical information such as the number of d, etc.	Expenses
1			
2			
3			,
4			
•		***************************************	
•			
ar	IX-B Summary of Program-Related Investments (see inst	ructions)	
De	cribe the two largest program-related investments made by the foundation cluring the tax ye	er on lines 1 and 2.	Amount
1		·····	
			i
			
2			
Al)	ther program-related investments. See instructions.		
3			
3			

Form 9	90-PF (2016)		Page 8
Part	 Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.) 	ign fo	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	37,010.
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	37010
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	ł
2	Acquisition indebtedness applicable to line 1 assets	2	}
3	Subtract line 2 from line 1d	3	37,010
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	Instructions)	4	555.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,465.
6	Minimum investment return. Enter 5% of line 5	6	1,823
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	ound	ations
1	Minimum investment return from Part X, line 6	1	1,823
2a	Tax on investment income for 2016 from Part VI, line 5	ļ	
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	l c
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,823
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1823
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,823.
Dod			
Part	XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	. —	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	28,400.
Ь	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:		
8	Sulfability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	28,400.
5	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)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,400.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating) whe	ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		
			Form 990-PF (2016

Par	Unaistributed income (see instruction	ons)			,
٦,	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
_	- Rine 7				1,823.
2 a	Undistributed income, if any, as of the end of 2016: Enter amount for 2015 only	1		•	1
b	Total for prior years: 20 ,20 ,20				 ;
3	Excess distributions carryover, if any, to 2016:				
a	From 2011	}			
ь	From 2012)			
c	From 2013 86,700.	1			
d	From 2014				
8	From 2015 25,694.				
ſ	Total of lines 3a through e	202,059.			
4	Qualifying distributions for 2016 from Part XII, line 4: \$28,400.				
	Applied to 2015, but not more than line 2a .			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Ь	Applied to undistributed income of prior years (Election required—see instructions)				}
C	Treated as distributions out of corpus (Election				T
	required—see Instructions)				
đ	Applied to 2016 distributable amount				1,823.
Ð	Remaining amount distributed out of corpus	26,577.			
5	Excess distributions carryover applied to 2016				<u> </u>
	(If an amount appears in column (d), the same				j
6	amount must be shown in column (a).) Enter the net total of each column as				
•	indicated below:	_			1
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	228,636		<u></u>	<u></u>
Ь	Prior years' undistributed income. Subtract line 4b from line 2b		O		
c	Enter the amount of prior years' undistributed	-			
	income for which a notice of deficiency has		{		1
	been issued, or on which the section 4942(a)				1
	tax has been previously assessed				
đ	Subtract line 6c from line 6b. Taxable amount—see instructions		o		
0	Undistributed income for 2015. Subtract line	ļ			·
	4a from line 2a. Taxable amount-see instructions				
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from fine 1. This amount must be		j		
	distributed in 2017				0.
7	Amounts treated as distributions out of corpus		i		Ì
	to satisfy requirements imposed by section	ì	}		;
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)		j		
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions) .	اه			
9	Excess distributions carryover to 2017.				
_	Subtract lines 7 and 8 from line 6a	228,636			,
10	Analysis of line 9:				
a	Excess from 2012				
b	Excess from 2013				
C	Excess from 2014 89,665.	}			;
đ	Excess from 2015				,
	Excess from 2016 26,677.				Form 990-PF (2016)
					rom 2550~FF (2016)

	90-PF (2016)					Page 10
Part)	п/а
_. 1a	If the foundation has received a rulin	-				
	foundation, and the ruling is effective to	•	•			2) 05 (3) 40400(5)
D 2a	 Check box to indicate whether the four Enter the lesser of the adjusted net 	Tax year	e operating rounce	Prior 3 years	Cuon [] 4942(I)(3) or 4942(0(5)
20	income from Part I or the minimum	(a) 2016	A) cot E	(e) 2014	(4) 2013	(e) Total
	investment return from Part X for	44 5010	(h) 2015	(0)2014	14,20,3	
ь	each year listed		 	 		
	Qualifying distributions from Part XII,		 -	 	/	
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly		 	 		
	for active conduct of exempt activities		į	/	_	
0	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c		<u> </u>			
3	Complete 3a, b, or c for the				}	
	alternative test relied upon:]	
8	"Assets" alternative test—enter:		1	./	[
	(1) Value of all assets		 	 		
	(2) Value of assets qualifying under			1	1	
ь	section 4942(j)(3)(B)(j)		 	 		
_	of minimum investment return shown in	1			\	
c	Part X, line 6 for each year listed		-/	 		
·	· · · · · · · · · · · · · · · · · · ·]	/	,		
	 Total support other than gross investment income (interest, 	1			į	
	dividends, rents, payments on	/	i	!	Ì	
	securities loans (section 512(a)(5)), or royalties)	l /]	1		
	(2) Support from general public					
	and 5 or more exempt organizations as provided in	/	ľ	j l	ì	
	section 4942(I)(3)(B)(III)	[<i>/</i>				
	(3) Largest amount of support from					· · · · · · · · · · · · · · · · · · ·
	an exempt organization	/	<u> </u>			
	(4) Gross investment income	<u> </u>		<u></u>		
Part				he foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-		18.)			
1	Information Regarding Foundation List any managers of the foundation	_	dad man than 20	f of the total contr	ibutions montred t	w the foundation
a	before the close of any tax year (but o					y use touridation
	belove the close of any tax year tout	my ii alby iiato oc		m 1 40,000). (600 0.	204011 001 (47(2)4	
n/a b	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	(or an equally lan	ne portion of the
_	ownership of a partnership or other e			•		, ,
n/a	• · · · · · · •			_		
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☑ if the foundation	•	•		organizations and	does not accept
	unsolicited requests for funds. If the f		gifts, grants, etc. ((see instructions) to	o individuals or org	anizations under
	other conditions, complete items 2a, I	b, c, and d.				
a	The name, address, and telephone nu	mber or e-mail ad	dress of the perso	on to whom applica	tions should be ad	ldressed:
ь	The form in which applications should	be submitted and	information and i	materials they show	uld include:	
	Annual and a second					
¢	Any submission deadlines:					
	Any restrictions or limitations on aw	ards such as hi	/ nengranhical as	age Charitable for	lde kinde at inotic	utions or other
u	factors:		Acchanges as	ow, washing it		www.io, or ouror
						
		·			Fr	orm 990-PF (2016)

Part XV Supplementary Information (con	tinued)			
3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Constitution	
a Paid during the year		1		
commission to Every Nation .O. Box 291307, Kerrville, TX 78029-1307		NC	DONATION	1,5
RU .O. BOX 628222, ORLANDO, FL 32862-8222		NC	DONATION	1,0
AITH MOUNTAIN MINISTRIES .O. BOX 596, MARSHALL, MN 66258-0585		NC	DONATION	8,0
AVA KUSH TIWARI ATAHMANDU, NEPAL		NC	DONATION	2,4
OVE NEVER FAILS MINISTRIES O. BOX 1923, ROGERS, AR 72757		NC	DONATION	13,0
HE VINEYARD CHURCH-PEARLAND .O. BOX 1577, PEARLAND, TX 77588-8903		NC	DONATION	1,5
ERNAMAE JOHNSON 26 FIDGE ROAD, NORTH AURORA, IL. 60542			WIDOW'S FUND	1,0
	}	;		
				}
				ļ
Total		<u> </u>	▶ 3€	28,
b Approved for future payment				
				}
	1			Ì
	}			1
		!		
	Í			İ
				ł
	1			
	[
	1			1
				}
	<u> </u>		▶ 3b	
Total	 		▶ 3b	1

	Exempt O				-44	ddd	T Vo-1
			engage in any of the following section 501(c)(3) organization				Yes
	organizations?	ic code (outer trial)	- · · · · · · ·	110,0111100	O1011 027, 1 Gain	ig to position	1 1
a T	Transfers from the re	porting foundation to	a noncharitable exempt or	ganization (of:		
•	1) Cash						1a(1)
Ç	2) Other assets .						1a(2)
ьс	Other transactions:						
	-	a noncharitable exe	•				15(1)
•	•		ble exempt organization .				1b(2)
	· •	, equipment, or othe	rassets				1b(3)
	4) Reimbursement a	•					15(9)
•	5) Loans or loan gua						1b(5)
	-		ip or fundraising solicitation				1b(6)
	•	• •	ts, other assets, or paid en				16
	•		s," complete the following a			•	
			ces given by the reporting (ement, show in column (d) (
Line n		γ 	aritable exempt organization		tion of transfers, tra		
	- Piranoukinate	(c) (a)	The state of the s	140004	, , , , , , , , , , , , , , , , , , ,		
		 		 			
				 -			
				 		~	
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_				 			
	 			 		-	
	 			 			
				1			
			liated with, or related to, o ther than section 501(c)(3))			_] Yes ☑ N
	"Yes," complete the	following schedule.	(b) Type of organization		(a) De	ocription of relation	mship.
b If	fed service or order		7 ,7,7,000 and 2 ,000 and 2				····
b If							
b If							
b If							
b If							
			l this return, including accompanying				ige and belief, it is
ın (n taquayer) is based on all information	of which prepa	rer has any knowledge	May the 0	RS discuss this re
ın (n taquayer) is based on all information		rer has any knowledge	May the 0 with the p	RS discuss this reperer shown be
n i		anation of preparer (other the	n taquayer) is based on all information	of which prepared in the second secon	rer has any knowledge	May the 0 with the p	RS discuss this re
in re	Roull C	eration of preparer (other that	3/22/2018 P	of which prepared in the second secon	rer has any knowledge	May the D with the p (see instru	RS discuss this reperer shown be
in re	Roull C V Signature of officer or true Print/Type preparer	eration of preparer (other that	3/22/2018 Pl	of which prepared in the second secon	rer has any knowledge	May the 0 with the p	RS discuss this repert shown be discus)? [Yes]
in i	Rould C V Signature of officer or true Print/Type preparer	eration of preparer (other that	3/22/2018 Pl	of which prepared in the second secon	T Date	May the 0 with the p (see instru	RS discuss this repert shown be discus)? [Yes]

WIS

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2016

ternal Revenue Service		- 1	 	Employer identi				
VER HOE		Foundation	<u> </u>	20-395	6898			
Organization type (check	one):		-					
filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)() (enter number) organ	ization					
	4947(a)(1) nor	nexempt charitable trust	t not treated as a priva	ate foundation				
	527 political o	organization						
Form 990-PF	⊠ 501(c)(3) exer	npt private foundation						
	4947(a)(1) noi	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxa	ble private foundation						
N-4.16								
Check if your organization Note: Only a section 501(d nstructions.	•	•		Rule and a Special Ru	le. See			
Beneral Rule								
	or property) from an	0-EZ, or 990-PF that re by one contributor. Com		•				
Special Rules								
regulations under 13, 16a, or 16b, a	sections 509(a)(1) and that received from	in 501(c)(3) filing Form 9 d 170(b)(1)(A)(vI), that ch any one contributor, ch orm 990, Part VIII, line 1	necked Schedule A (Fouring the year, total co	orm 990 or 990-EZ), Partifications of the great	ert II, line ter of (1)			
contributor, during	the year, total contri	n 501(c)(7), (8), or (10) fil butions of more than \$1 the prevention of cruelt	,000 exclusively for rel	ígious, charitable, scie	nstific,			
contributor, during contributions total during the year fol General Rule app) the year, contribution ed more than \$1,000 an exc <i>lusively</i> religion lies to this organizati	n 501(c)(7), (8), or (10) fins exclusively for religions the checked, but this box is checked, bus, charitable, etc., pur on because it received in the checked in the chec	ous, charitable, etc., po enter here the total co pose. Don't complete nonexclusively religiou	urposes, but no such ontributions that were any of the parts unles is, charitable, etc., cor	received s the			
caution: An organization to 90-Ez, or 990-PF), but it r form 990-PF, Part I, line 2,	nust answer "No" on	Part IV, line 2, of its Fo	rm 990; or check the b	oox on line H of its For	m 990-EZ or or			

	Form 990, 990-EZ, or 990- PF) (2016) organization	Page Employer Identification number	
Part I	Contributors (See Instructions). Use duplicate copie	es of Part I if additional space	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Integribees, LLC P.O. Box 599 Danbury, TX 77534-0599	- \$ 93,479.71	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

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

(Complete Part II for noncash contributtions.)

Person Payroli Noncash Name of organization Employer Identification number

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization Employer Identification number Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferoe Transferee's name, address, and ZIP + 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016)