Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For c	alend	lar year 2017 or tax year beginning		, and ending		
		foundat <sup>ol j</sup> i			A Employer identification	on number
		ES E. HOLLINGSWORTH FOU	INDATION INC			
C	<u>/0</u>	BRENDA MAROSVARI			20-223807	1
		d street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
		CRESCENT RIM DR_			208-345-3	341
		wn, state or province, country, and ZIP or foreign p	oostal code		C If exemption application is	pending, check here
		SE, ID 83706		<del></del>		
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizatio	ns, check here
		Final return	Amended return		Foreign organizations r check here and attach	neeting the 85% test,
		Address change	Name change		check here and attach	computation
HC	_	type of organization: X Section 501(c)(3) e		<u></u> ~4	E If private foundation s	
<u> </u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundaring method: X Cash		under section 507(b)(	**
		·	•	Accrual	F If the foundation is in	
•		art II, col. (c), line 16)	ther (specify)	:)	under section 507(b)(	I)(B), check here
Do	nt I				/a) Advicted not	(d) Disbursements
LFC		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
—	1	Contributions, gifts, grants, etc., received			N/A	(wast pasts offly)
/		Check X If the foundation is not required to attach Sch B			4/1	
	2	Interest on savings and temporary cash investments				
\	4	Dividends and interest from securities	34,672.	34,672.		STATEMENT 1
	52	Gross rents	52/0/20			
		Net rental income or (loss)		<del></del>		<del></del>
	٠.	Net gain or (loss) from sale of assets not on line 10	1,126.			
Ĕ	, oa	Gross sales price for all				
Revenue	7	assets on line 6a  Capital gain net income (from Part IV, line 2)		1,126.		
æ	8	Net short-term capital gain			<b>,</b>	<u> </u>
	9	Income modifications		· ————————————————————————————————————		
	1 -	Gross sales less returns and allowances			-	
		Less Cost of goods sold		4		
	1	Gross profit or (loss)		<del></del>		
	1	Other income				
	12	Total. Add lines 1 through 11	35,798.	35,798		
	13	Compensation of officers, directors, trustees, etc	1,900.	0.		0.
	14	Other employee salaries and wages				<u> </u>
		Pension plans, employee benefits				
ses		Legal fees				
ens	Ь	Accounting fees STMT 2	695.	0.		695.
X		Other professional fees STMT 3	10,326.	0.		10,326.
ĕi	17-	-Interest				
18 1at	18	Taxes 7 2010				
38	197	Depreciation and depletion			<u> </u>	
S i	-20-	-Occupancy			<u> </u>	<u> </u>
<u> </u>	21	iravet conterences, and meetings			<u></u>	<del></del>
2 P	22	Taxes 7 Depreciation and depletion Occupancy————————————————————————————————————				<del></del>
n ë	23	•	30.	0.	·	30.
JUL 2 3	24	Total operating and administrative		<u>-</u>		
		expenses. Add lines 13 through 23	12,951.	0,	·	11,051.
_	L	Contributions, gifts, grants paid	34,596.		-	34,596.
3	26	Total expenses and disbursements.	45 545	_	,	45 645
ž	↓_	Add lines 24 and 25	47,547.	0.		45,647.
SCANNED 	27	Subtract line 26 from line 12:	11 540			
Ċ		Excess of revenue over expenses and disbursements	<11,749.	25 500	<del> </del>	<del> </del>
Ū.	1	Net investment income (if negative, enter -0-)	<u> </u>	35,798		<del> </del>
	1 6	Adjusted net income (if negative, enter -0-)	1		N/A	1

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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C/O BRENDA MAROSVARI

20-2238071 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 24,987 <2,546. 2 Savings and temporary cash investments 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 7 Other notes and loans receivable 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 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 investments - mortgage loans STMT 5 759,307 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) 768,510 756,761 830,842. 17 Accounts payable and accrued expenses 18 Grants pavable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Net Assets or 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 768,510. 29 Retained earnings, accumulated income, endowment, or other funds <u>756,761</u> 768,510. 756,761 30 Total net assets or fund balances 768,510 756,761 31 Total liabilities and net assets/fund balances 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) <u>768,510.</u> Enter amount from Part 1, line 27a 3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 756,761. Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 75<u>6,761</u>

Form 990-PF (2017) 20-2238071 C/O BRENDA MAROSVARI Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D - Donation 1a UBS P **VARIOUS VARIOUS** b đ (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) 20,000 18,874. 1,126. C d е 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 (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any 1,126. b C \_d If gain, also enter in Part I, line 7 1,126. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 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). N/A If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income N/A (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. l Yes Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes." the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years (d) Distribution ratio (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col. (b) divided by col. (c)) 2016 2015 2014 2013 2012 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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.

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4U-	- 500	inetm		age 4
	Exempt operating foundations described in section 4940(d)(2), check here X and enter 'N/A' on line 1.	T.	300		<u> </u>	.3/
	Date of ruling or determination letter: 10/13/06 (attach copy of letter if necessary-see instructions)	1				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		N/.	 X	
D		<del>  '</del>	<del> </del>	147.	<u>.,</u>	
_	of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	1				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			-	
	Add lines 1 and 2	3	<del> </del> -			
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	<del> </del>			
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<del> </del>			0.
	Credits/Payments:		<del> </del>			<u> </u>
	2017 estimated tax payments and 2016 overpayment credited to 2017  6a	1				
	Exempt foreign organizations - tax withheld at source  6b  0	<b>⊣</b>	1			,
	Tax paid with application for extension of time to file (Form 8868)  6c  0	<b>⊣</b>	1			1
	Backup withholding erroneously withheld  6d  0	=1	l			3
	Total credits and payments. Add lines 6a through 6d	7	· [	-		0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del> </del>			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del>                                     </del>			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del>                                     </del>			<u> </u>
10	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11	<del> </del>			
	rt VII-A Statements Regarding Activities	1 11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven			7	Yes	No
10	any political campaign?	·		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the def	nition		1b		X
U	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.					,
•	Did the foundation file Form 1120-POL for this year?			10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			-"	-	43
·	(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0	_				~
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
·	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
-	If "Yes," attach a detailed description of the activities.	•		<u>-</u>		
3	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? If "Yes," attach a conformed copy of the changes	-		3	1	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	ì	A\N	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		.,	5	_	X
-	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:			1		
-	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 of the state	te law				
	remain in the governing instrument?			6		X
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			7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	ID			-		
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? If "No," attach explanation			8b_	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar				i
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10		X
			, Fo	orm <b>99</b> 0	)-PF	(2017)

JAMES E. HOLLINGSWORTH FOUNDATION INC Form 990-PF (2017) C/O BRENDA MAROSVARI 20-2238071 Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ BRENDA MAROSVARI Telephone no.  $\triangleright 208-345-3341$ Located at ▶ 2701 CRESCENT RIM DRIVE, BOISE, ZIP+4 ▶83706 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 15 N/A 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, Yes securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country 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 During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🗓 No Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available ☐ Yes 【X】No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 1c X 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

b If "Yes," did it have excess business holdings in 2017 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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would leopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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3h

4a

Yes X No

N/A

during the year?

JAMES E. HOLLINGSWORTH FOUNDATION INC C/O BRENDA MAROSVARI

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Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be I	Required (continu	ued)		- T	
5a During the year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No			
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire				1	
any voter registration drive?			s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No	ĺ	} }	
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section					
4945(d)(4)(A)? See instructions		Ye	s X No			1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t					:
the prevention of cruelty to children or animals?		☐ Ye	s 🗶 No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described	ın Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instru	ctions		N/A	5b	1	
Organizations relying on a current notice regarding disaster assistance, check h	ere					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined	•••		.	,
expenditure responsibility for the grant?		. —	s No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	_	.,			[ ]	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nav nremilims on			•	}	
a personal benefit contract?	ay promisino on	□ v <sub>e</sub>	s X No	}		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	prennal hanafit contract?	L16	3 22 10	6Ь		X
If "Yes" to 6b, file Form 8870.	ersonal Denemi Contract:		• •	OD		
·	halter transportion?	[	s X No			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L Y6			-	
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Truste		nogoro Highli	N/A	7b_	'ـــــــــــــــــــــــــــــــــــــ	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	es, roundation Ma	inagers, nignij	,			
List all officers, directors, trustees, and foundation managers and the second se	neir compensation					
List all officers, directors, a distees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to	, ,	(a) Evn	anca
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensation	is a	(e) Exp ccount, allowai	other
BRENDA MAROSVARI	REPRESENTATIV	Æ				
2701 CRESCENT RIM DRIVE						
BOISE, ID 83706	2.00	1,900.	0			0.
				1		
				- }		
	<del></del>	<del> </del>				
				- (		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>			
	(b) Title, and average	T	(d) Contributions t		<b>(e)</b> Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plai and deferred	ıs a	ccount, allowa	, other
NONE	devoted to position	<del> </del>	compensation		alluwa	11062
NONE				Ì		
		<del> </del>		-+		
				- {		
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		}		-		
		<u> </u>	<u></u>	Ŀ		
Total number of other employees paid over \$50,000	·					0
	· <del></del>		For	m <b>99</b>	0-PF	(2017)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(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		<b>&gt;</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant states	stical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	Expenses
1 <u>N/A</u>		
2		<del></del>
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
TOTAL	<u> </u>	Form <b>990-PF</b> (2017)

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P	art X Minimum Investment Return (All domestic foundate	ions must complete this part. Fe	oreign foundations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out cl	haritable, etc., purposes:		
a	Average monthly fair market value of securities		1a	817,649.
b	Average of monthly cash balances		1b	19,971.
	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)	·	1d	837,620.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	_1e	0.	
2	Acquisition indebtedness applicable to line 1 assets		_2	0.
3	Subtract line 2 from line 1d		3	837,620.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater a	mount, see instructions)	4	12,564.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here	_ 5	825,056.	
6	Minimum investment return. Enter 5% of line 5		6	41,253.
P	art XI Distributable Amount (see instructions) (Section 4942) foreign organizations, check here ▶ and do not complete the		ndations and certain	
1	Minimum investment return from Part X, line 6		1	41,253.
2a	Tax on investment income for 2017 from Part VI, line 5	_2a		
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	41,253.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	41,253.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and	on Part XIII, line 1	7	41,253.
_	Part XII Qualifying Distributions (see instructions)  Amounts paid (including administrative expenses) to accomplish charitable, e	te aurocae.	·	
1		ic., purposes.	1a Î	45,647.
a b			1b	43,047.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out	charitable etc. nurnoses	2	
3	Amounts set aside for specific charitable projects that satisfy the:	onarnabio, ctc., parposos	-	
J a			3a	
b			36	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, li	ine 8: and Part XIII, line 4	4	45,647.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on i		\ <del>-</del>	<u> </u>
J	income. Enter 1% of Part I, line 27b	inct invosament	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	45,647.
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent	vears when calculating whether the	<u> </u>	
	4940(e) reduction of tax in those years.	,		

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,	-		-	41,253.
line 7				
2 Undistributed income, if any, as of the end of 2017	-	-	0.	
a Enter amount for 2016 only b Total for prior years:			=	
b total for prior years.	•	0.	- * -	
3 Excess distributions carryover, if any, to 2017:			=	,
a From 2012		•	: 	i
<b>b</b> From 2013				1 ?
c From 2014 2,061.				•
d From 2015 22.	-		1 1	
e From 2016				*
f Total of lines 3a through e	2,083.			
4 Qualifying distributions for 2017 from			, 4	1
Part XII, line 4: ▶ \$ 45,647.				
a Applied to 2016, but not more than line 2a		•	0.	
<b>b</b> Applied to undistributed income of prior				<del>-</del>
years (Election required - see instructions)		0.	<u>-</u>	
c Treated as distributions out of corpus			=	
(Election required - see instructions)	0.			,
d Applied to 2017 distributable amount			= .	41,253.
e Remaining amount distributed out of corpus	4,394.		-	
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount				
must be shown in column (a) )  6 Enter the net total of each column as		~		
indicated below:	6,477.		•	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0,411.			
b Prior years' undistributed income. Subtract		0.		,
line 4b from line 2b			<u> </u>	
c Enter the amount of prior years' undistributed income for which a notice of	,			
deficiency has been issued, or on which	"	Ì		
the section 4942(a) tax has been previously		0	<u>.</u>	
assessed				
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions			•	
e Undistributed income for 2016. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must				
				0.
be distributed in 2018  7 Amounts treated as distributions out of				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
·				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)  8 Excess distributions carryover from 2012	<u> </u>			
	0			
not applied on line 5 or line 7  9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	6,477			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014 2,061.	1			
c Excess from 2015				
d Excess from 2016	· ·			· .
e Excess from 2017 4,394	1			<u></u>
\$ EA0000 II OIII 20 II				Form <b>QQ0-PF</b> (2017)

20-2238071 Form 990-PF (2017) C/O BRENDA MAROSVARI Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2017 (b) 2016 (c) 2015 (d) 2014 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 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).) NONE 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LX 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., 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:

723601 01-03-18

Form **990-PF** (2017)

JAMES E. HOLLINGSWORTH FOUNDATION INC

JAMES E. HOLLINGSWORTH FOUNDATION INC 20-2238071 C/O BRENDA MAROSVARI Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year AMERICAN RED CROSS NON PROFIT DISASTER RELIEF 431 18TH STREET, NW WASHINGTON DC 20006 3,000. ANSER CHARTER SCHOOL SCHOOL OPERATIONS 1187 W RIVER STREET BOISE ID 83702 1.185. BOISE RESCUE MISSION NON PROFIT SUPPORT OF BOISE HOMELESS SHELTER 308 S 24TH ST 8.000. BOISE ID 83702 BOISE STATE PUBLIC RADIO PUBLIC RADIO OPERATIONS 1910 UNIVERSITY DRIVE BOISE ID 83725 500. BOISE STATE UNIVERSITY FOUNDATION UNIVERSITY OPERATIONS, 1173 UNIVERSITY DRIVE ENGINEERING, COMPUTER 4 150 BOISE ID 83706 SCIENCE AND BIOLOGY SEE CONTINUATION SHEET(S) Total **▶** 3a 34 596. **b** Approved for future payment NONE

**▶** 3b

Total

Form 990-PF (2017)

C/O BRENDA MAROSVARI

20-2238071 Page 12

er gross amounts unless otherwise indicated.	Unrelated b	usiness income		section 512, 513, or 514	(e)
·	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
Program serviçe revenue:	COGC		1 1 1		
					<del></del>
	i I				
e	_				
Fees and contracts from government agencies	_				
g Fees and contracts from government agencies Membership dues and assessments		·		-	
Interest on savings and temporary cash					
interest on savings and temporary cash					
Dividends and interest from securities			14	34,672.	
	, ,		1 1	34,072.	
Net rental income or (loss) from real estate:					
Debt-financed property	-		<del></del>		
Not debt-financed property	-	<del></del>			
Net rental income or (loss) from personal					
property					
Other investment income		<del></del> .		<del></del>	
Gain or (loss) from sales of assets other			18	1,126.	
than inventory	<del></del>		10	1,120.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			<del>     </del>		
Other revenue:			1 1		
a	1 1	· <del></del>	<del>-     -</del>		· · - · · · · · · · · · · · · · · · · ·
b		<del></del>			
C .	1 1	<del></del>	<del>-   </del>	-	·
<u> </u>			<del></del>	+	
d	_		1 1		
de			<del>-                                     </del>	35 798	
Subtotal. Add columns (b), (d), and (e)			0.	35,798.	35 70
de  Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)			0.	35,798. 13	35,79
de  Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	s.)			13	35,79
de  Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	s.)			13	35,79
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activities	s.)	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which the foundations are proposed (above).	s.) es to the Accor	nplishment of	Exempt P	13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which the foundations are proposed (above).	s.) es to the Accor	nplishment of	Exempt P	13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B  Relationship of Activities ne No.  Explain below how each activity for which	s.) es to the Accor	nplishment of	Exempt P	13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B  Relationship of Activities ne No.  Explain below how each activity for which	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which the foundations are present autreace (others).	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which the foundations are present autreace (others).	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which the foundations are proposed (above).	s.) es to the Accor	nplishment of	Exempt P	13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B  Relationship of Activities ne No.  Explain below how each activity for which	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which the foundations are proposed (above).	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which the foundations are present autreace (others).	s.) es to the Accor	nplishment of	Exempt P	13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B  Relationship of Activities ne No.  Explain below how each activity for which	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which the foundations are present autreace (others).	s.) es to the Accor	nplishment of	Exempt P	13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B  Relationship of Activities ne No.  Explain below how each activity for which	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No.  Explain below how each activity for which the foundations are present autreace (others).	s.) es to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which the foundations are proposed (above).	s.) es to the Accor	nplishment of	Exempt P	13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B  Relationship of Activities ne No.  Explain below how each activity for which	s.) es to the Accor	nplishment of	Exempt P	13	

Firm's address ► 205 N. 10TH ST., SUITE 300 BOISE, ID 83702

orm 990	-PF (20	17) C/O B	<u>RENDA MAI</u>	<u>ROSVARI</u>			20-2	<u> 238071</u>	Pa	ige 13_
Part X				sfers to a	nd Transactions a	nd Relations				
	_				g with any other organizations?		ction 501(c)		Yes	No
		om the reporting founda	ition to a noncharita	able exempt or	ganization of:				]	
	Cash						••	1a(1)		X
	Other a		•				***	1a(2)	<del> </del>	X
		actions:							-	
		of assets to a noncharital					•	. 1b(1)	<del>  -</del> -	X
		ases of assets from a nor		organization			-	. 1b(2)	<del>  -</del> -	X
		of facilities, equipment, of facilities, equipment, our sement arrangements	oi otilei assets					1b(3)	<del> </del>	X
		or loan guarantees					••	1b(4) 1b(5)	<u> </u>	X
		mance of services or me	mhershin or fundra	usina solicitatio	ins		••	1b(6)	<u> </u>	X
		facilities, equipment, ma						1c		X
	_				dule. Column (b) should al	ways show the fair	market value of the go	•• ——	sets.	
or s	ervices		oundation. If the fol	indation receiv	ed less than fair market valu				•	
(a) Line no	<del></del>	b) Amount involved		of noncharitable	e exempt organization	(d) Descripti	on of transfers, transaction	s, and sharing a	rrangeme	ents
	ļ			N/A		<del></del>				
						<del></del>				
			<del></del>		<del> </del>	<del></del>				
	+-	<del></del>				<del></del>	<del></del>			
	┼┈				<del> </del>	<del></del>	<del></del>			
	+					<del> </del>				
	+-					<del>                                     </del>				
	<del> </del>				<del></del>		<del></del> -			
	1 -									
					<u> </u>					
in s	ection	dation directly or indirec 501(c) (other than section mplete the following sch	n 501(c)(3)) or in s		or more tax-exempt organ	lzations described		Yes	: [3	₹] No
		(a) Name of org	janization		(b) Type of organization	<del> </del>	(c) Description of rela	ationship		
		N/A_				<del> </del>				
						<u> </u>				
						<u> </u>	<del></del>	<del></del>		
			<del></del>			<del>                                     </del>				
	Under	penalties of periury. I declare	that I have examined to	hıs return, İncludu	ng accompanying schedules and	statements, and to ti	he best of my knowledge			
Sign Here	and be		nplete Declaration of p		n taxpayer) is based on all Inform	mation of which prepa		May the IRS return with the shown below	he prepa w? Se <u>e u</u>	this erer nstr No
	July	Print/Type preparer's na		Preparer's s	Date	Date	Check If	PTIN		
Paid		,,		34	De e	5/8/18	self- employed			
Prepa	arer	STEWART W.		NE T		1 3,3,18	Furmio CIN N Q C	P01262		
Use (		Firm's name ► SEV	EKN WINK.	pe' r'	1 • E •		Firm's EIN ► 82	,-usu8(	J 3 Z	

Phone no. 208-433-1500

C/O BRENDA MAROSVARI

Part XV Supplementary Information

20-2238071

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of contribution Amount Name and address (home or business) recipient BRONCO ATHLETIC ASSOCIATION UNIVERSITY SUPPORT STUDENT 1910 UNIVERSITY DRIVE ASSOCIATION ATHLETES BOISE ID 83725 1 904 CENTRAL DISTRICT HEALTH DEPARTMENT NON PROFIT REPRODUCTIVE HEALTH 707 N ARMSTRONG PL BOISE, ID 83704 3,000. FIRST UNITED METHODIST CHURCH CHURCH OPERATIONS AND PROGRAMS 717 N. 11TH ST BOISE ID 83702 5.552. SCHOOL FUTURE HOPE PRESCHOOL NEW ACTIVITIES, ART PROJECT SUPPLIES, NEW PO BOX 1378 HANFORD CA 93230 CLOTHES 500. HUMANE SOCIETY NON PROFIT ANIMAL CARE 4775 W DORMAN ST BOISE ID 83705 1,000. NON PROFIT IDAHO FOOD BANK FOOD BANK OPERATIONS 3562 SOUTH TK AVENUE BOISE ID 83705 1 000. ISLAND SCHOOL SCHOOL CLASSROOM LIBRARY 7799 - 21ST AVENUE LEMOORE CA 93245 1,000. MADD NON PROFIT OPERATIONS 5501 WE KENDALL ST 2<u>50.</u> BOISE ID 83706 CHURCH REFORMED UNIVERSITY FELLOWSHIP OPERATIONS 1700 N BROWN RD #104 LAWRENCEVILLE GA 30043 750. NON PROFIT SALVATION ARMY GREATEST NEED 1617 N 24TH BOISE, ID 83702 1,000. Total from continuation sheets 17.761.

C/O BRENDA MAROSVARI 20-2238071 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient SOUTH VALLEY CHURCH CHURCH OPERATIONS 278 S TEN MILE RD KUNA, ID 83634 500 TIMBERLINE HIGH SCHOOL SCHOOL CLASSROOM SUPPLIES AND 701 E BOISE AVE GRAD NIGHT PARTY BOISE, ID 83706 1 055. WOMEN AND CHILDREN'S ALLIANCE NON PROFIT OPERATIONS 720 W WASHINGTON BOISE ID 83702 250.

Total from continuation sheets

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	ITIES ST	ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
USB	34,672.	,	0. 34,672.	34,672.	
TO PART I, LINE 4	34,672.	. =====	34,672.	34,672.	
FORM 990-PF		ACCOUNTI	NG FEES	SI	ATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	<del></del>	695.	0.		695.
TO FORM 990-PF, PG 1,	LN 16B	695.	0.		695.
FORM 990-PF	O	THER PROFES	SIONAL FEES	Si	PATEMENT 3
FORM 990-PF  DESCRIPTION	Oʻʻ	(A) EXPENSES PER BOOKS	SIONAL FEES  (B)  NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	O <sup>1</sup>	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION INVESTMENT FEES		(A) EXPENSES PER BOOKS 10,326.	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 10,326.
DESCRIPTION  INVESTMENT FEES  TO FORM 990-PF, PG 1,		(A) EXPENSES PER BOOKS  10,326.  10,326.  OTHER E  (A) EXPENSES	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME  ST  (C) ADJUSTED	(D) CHARITABLE PURPOSES  10,326.
DESCRIPTION  INVESTMENT FEES  TO FORM 990-PF, PG 1,		(A) EXPENSES PER BOOKS  10,326.  10,326.  OTHER E  (A) EXPENSES	(B) NET INVEST- MENT INCOME  0.  0.  XPENSES  (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME  ST  (C) ADJUSTED	(D) CHARITABLE PURPOSES  10,326.  10,326.  TATEMENT 4  (D) CHARITABLE

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITIES FIXED INCOME OTHER	COST COST COST	109,349. 415,265. 234,693.	153,563. 415,670. 264,155.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	759,307.	833,388.