Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2
Return of Private Foundation 2018

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.

Open to Public Inspection

~ა <u>Fo</u>	r ca	ıler	ndar year 2017 or tax yea	r beginning	9			, and e	nding			T Open to rubile inspection	
N	am	e of	f foundation							A Employer id	entification	number	
- Carbin	HC	<u>L</u>	LAND M. WAR	E CHA	RITABLE	FOU	JNDATION			59-36			
						address)			Room/suite	B Telephone n			
			7 W SUGARBE			4-1			-1-	208-3			
			own, state or province, co LE, ID 836		ZIP or toreign p	ostai co	ae			C If exemption application is pending, check here			
≥G Check all that apply: Initial return Ini						D 1 Foreign organizations, check here							
\$			X	Final retur			Amended return			2 Foreign orga	anizations me	eeting the 85% test	
	Ch	ack	type of organization	Address of	<u>-</u>	omat ar	Name change ivate foundation	,,	-01/1	check here	and attach co	emputation	
	Ï		ection 4947(a)(1) nonexer				xable private found	ation	ŧΨ			tus was terminated (A), check here	
	Fair market value of all assets at end of year J Accounting method					X Accr	ual		, , , ,				
			Part II, col. (c), line 16)			ther (spe		7.00	ou.			60-month termination (B), check here	
	<b>\$</b>			4,194			ust be on cash bas	ıs.)			.,	(10), chock hold	
"[P	ar	t I	Analysis of Revenue a (The total of amounts in coli	nd Expense	S		Revenue and	(b) Net in	vestment	(c) Adjust	ed net	(d) Disbursements	
, –	<del>-</del>	_	necessarily equal the amou	nts in column	(a) )	<u> </u>	enses per books	inco	ome	incom		for charitable purposes (cash basis only)	
5.		1	Contributions, gifts, gran	NS, etc , rec on is not required			<u>,013,000.</u>	1		N/A			
To		2	Interest on savings and temp	-	I to attach Sch B	<u> </u>	4,363.	,	4,363.			STATEMENT 1	
1		4	Dividends and interest fr	nm securiti	PC		23,522.		3,522.			STATEMENT 2	
,		•	Gross rents	0117 300011111	00		62,278.		$\frac{3,322}{2,278}$			STATEMENT 3	
			Net rental income or (loss)	2	6,613.		<u> </u>					STATEMENT 4	
		6a	Net gain or (loss) from sale of			•	<476,190.	>		1			
		b	Gross sales price for all assets on line 6a	5,50	<u>3,079.</u>	}		ı			P	ECEIVED	
Š		7	Capital gain net income (from	Part IV, line 2	2)		1		0.	. i		LOLIVED	
		8	Net short-term capital ga	ıın		,		,			<mark>위 M</mark>	US S	
	1.	9	Income modifications Gross sales less returns	1			· · · · · · · · · · · · · · · · · · ·		•		<u>5  141</u>	0 <b>1 9</b> 2018	
	1		and allowances	<b></b>								8	
			Gross profit or (loss)	L			·				0	BDEN, UT	
	1	1	Other income			2	007,608.	2 00	7,258.			STATEMENT 5	
	- [	2	Total Add lines 1 through	ah 11			634,581.		7,421.			DITTILITIES S	
	1	3	Compensation of officers, dil		es, etc		86,700.		6,566.		•	0.	
	1	4	Other employee salaries	and wages									
	, 1	5	Pension plans, employee	e benefits									
ğ	1		Legal fees		TMT 6		98,516.		<u>8,364.</u>			0.	
, d	<u> </u>		Accounting fees		TMT 7		<u>36,618.</u>		<u>6,561.</u>			0.	
			Other professional fees	5.	TMT 8		1,202. 8,334.		<u>1,202.</u> 8,207.			0.	
į	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֡֓֓֡֓֡֓֡֡֡֓֡֡֡֡		Interest Taxes	Si	TMT 9		794,474.		<u>4,302.</u>			0.	
and Administrative	2 1		Depreciation and depleti		1111 )		3,000.		$\frac{2}{3},000.$				
	2		Occupancy			_	16,975.		6,975.			0.	
~	2		Travel, conferences, and	meetings					•				
2	2	2	Printing and publications	3							<del></del>		
9	P 2		Other expenses		<b>TMT</b> 10	2_	<u>,918,695.</u>	2,90	<u>2,065.</u>			0.	
	ğ 2	24	Total operating and adr			٦	064 514	2 04	T 040			0	
Š	<u>.</u>		expenses Add lines 13	-		3	<u>,964,514.</u>	3,94	7,242.	,		0.	
	4		Contributions, gifts, gran		•		<u>271,538.</u>					271,538.	
	'	.0	Add lines 24 and 25	ouisements	).	Ι 4	236,052.	3 94	7,242.			271,538.	
_	12	Add lines 24 and 25  27 Subtract line 26 from line 12:			7.	<u>,, ,</u>	J, J =	. ,	, 1_		2,2,330.		
	-		Excess of revenue over expe		oursements	<1	,601,471.	<b>&gt;</b>	,	, ,	. ,		
			Net investment income						0.	,		1	
_			Adjusted net income (#							N/A			
723	501	01	1-03-18 LHA For Pape	rwork Redu	ction Act Notic	e, see ii	nstructions					Form <b>990-PF</b> (2017)	

Part III Balance Sheets Attached schedules and amounts in the description column should be for end-played amounts only	Beginning of year		of year		
	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1 Cash - non-interest-bearing	2,691,938.	469,157.	469,157.		
2 Savings and temporary cash investments					
3 Accounts receivable ►					
Less: allowance for doubtful accounts ▶	17-7	-1. E 7.1.			
4 Pledges receivable ►		The first of the state of the s	E AT THE STATE OF		
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			<u> </u>		
8 Inventories for sale or use     9 Prepaid expenses and deferred charges     100 Investments - U.S. and state government obligations.					
9 Prepaid expenses and deferred charges					
102 mvestments of and state government obligations					
b Investments - corporate stock					
c Investments - corporate bonds		and the tree of the first of	To the fact of the Second Seco		
11 Investments - land, buildings, and equipment basis  Less accumulated depreciation					
	230,552,019.	229,010,704.	232,805,037.		
12 Investments - mortgage loans					
13 Investments - other	- 1 <sub>2-3</sub> -7-16-2-1 <sub>1</sub> , .	X 1, 2, 12 a b 2 . 2 . 12			
14 Land, buildings, and equipment: basis		PTER LIBERATE	The state of the s		
Less accumulated depreciation					
15 Other assets (describe ►)					
16 Total assets (to be completed by all filers - see the	000 040 0==	000 450 055	000 004 101		
' instructions. Also, see page 1, item I)	<u>  233,243,957.</u>	229,479,861.	233,274,194.		
17 Accounts payable and accrued expenses					
18 Grants payable	260 605				
2 19 Deferred revenue	362,625.				
20 Loans from officers, directors, trustees, and other disqualified persons	1 000 000				
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable	1,800,000.				
22 Other liabilities (describe >)					
OO Tarel hebitisise (odd have 47 through 99)	2 162 625	_			
23 Total liabilities (add lines 17 through 22)	2,162,625.	0.			
Foundations that follow SFAS 117, check here					
and complete lines 24 through 26, and lines 30 and 31					
Ö 24 Unrestricted	<u> </u>				
25 Temporarily restricted					
26   Permanently restricted   Foundations that do not follow SFAS 117, check here   X	-				
<b>3</b>					
	0.	0.			
	0.	0.			
in t	231,081,332.				
렇다.	231,081,332.				
2 30 Total net assets or fund balances	231,001,332.	447, <del>4</del> .17,001.			
31 Total liabilities and net assets/fund balances	233 243 957	229,479,861.			
——————————————————————————————————————		, 2271 ±171001	A CONTRACT OF THE STREET OF THE STREET		
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), lin	ie 30				
(must agree with end-of-year figure reported on prior year's return)	•	1	231,081,332.		
2 Enter amount from Part I, line 27a		2	<1,601,471.		
3 Other increases not included in line 2 (itemize)	•	3	0.		
4 Add lines 1, 2, and 3		4	229,479,861.		
5 Decreases not included in line 2 (itemize)		5	0.		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	229,479,861.		
· · · · · · · · · · · · · · · · · · ·	<u> </u>		Form <b>990-PF</b> (2017)		

HOLLAND M. WARE CHARITABLE FOUNDATION

59-3666403

Page 2

Form 990-PF (2017)

Part IV Capital Gains	LAND	M. WARE CHA	RITABL	E FOUNDA	TI	ON_		<u>59</u>	<u> </u>	<u>6403                                    </u>	Page 3
		sses for Tax on Ir ) of property sold (for exa	<del></del>		(b)	How ar	quired 1	N Data c	Taurad T	(d) D=4	
		or common stock, 200 sh:		ιτ,	Ι, <u>,</u> μ	- Purc - Dona	nase i '	) Date ad (mo., day		( <b>d)</b> Dat (mo., d	
1a				<u>.</u>							
b SEE ATTACHED	STAT	PEMENT									
<u>c</u>				<del></del>		_					<del></del> _
<u>d</u>				<del>_</del>	-	_					
(a) Cross soles area	(f) [	Depreciation allowed	(a) Cos	t or other basis	<u>.                                    </u>			(h) Gai	n or (loss)		
(e) Gross sales price		(or allowable)		xpense of sale			(		(f) minus (		
a											
<u>b</u>	<u> </u>					_					
<u>C</u> .	<del> </del>			<u>-</u>		_	· <u>-</u>				
e 5,503,079.		<del></del> .	-	5,979,26	9.		· <del>-</del>			<476	,190.
Complete only for assets show		column (h) and owned by					(I) G	aıns (Co	I (h) gain		7 2 3 0 0
(i) FMV as of 12/31/69	(	j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			còl. (F	(), but no Losses (f	ot less than from col (I	1-0-) <b>or</b> 1))	
a											
<u>b</u>	1		-								<del>,</del>
<u>c</u>	1										
<u>d</u> e	1	<del></del>	<u> </u>							<476	,190.
	.1	C It gain, also ente	r in Part I line	7	7					(1/0	<u>, 1300</u>
2 Capital gain net income or (net c		( "		7	}	2		· · ·		<476	<u>,190.</u>
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	•		ua (6).		1						
If (loss), enter -0- in Part I, line 8	<u> </u>	·			لل	3	L.,.		N/A		<del></del> -
Part V Qualification L							nent Inco	me		-	
(For optional use by domestic privat	te foundation	ons subject to the section	4940(a) tax on	net investment ir	ncome	9.)					
If section 4940(d)(2) applies, leave	this part bla	ank									
Was the foundation liable for the sec	ction 4942	tax on the distributable an	nount of any ye	ear in the base per	rıod?					Yes	X No
If "Yes," the foundation doesn't qual											
1 Enter the appropriate amount in	each colur		nstructions bet	fore making any e	ntries	<u>.</u>				(d)	
<b>(a)</b> Base period years Calendar year (or tax year beginn	יוים יוט	( <b>b)</b> Adjusted qualifying dis	stributions	Net value of no	(c) oncha		use assets	,,	Distrib	(d) ution ratio ided by col	(c))
2016	ing in)		37,407.				7,516.	7	cor (b) div	,	21404
2015			4,949.				0,493.				14893
2014		86	8,318.				6,638.				61641
2013			4,240.				4,020.				<u>14864</u>
2012		1,70	0,809.		5	<u>,18</u>	<u>1,076.</u>	<u> </u>		. 3	<u> 28273</u>
2 Total of line 1, column (d)								2		. 8	41075
3 Average distribution ratio for the	5-vear bas	se period - divide the total	on line 2 by 5.1	O, or by the numb	er of	vears					41075
the foundation has been in exist	-	,	•	. ,		•		3		.1	<u>68215</u>
4 Enter the net value of noncharita	ible-use as	sets for 2017 from Part X,	, line 5					4	22	6,012	,598.
5 Multiply line 4 by line 3								5	3	8,018	,709.
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6			0.
7 Add lines 5 and 6	( . , 0 01	,						7	٦	8 . 018	,709.
	on David VIII	line 4									
8 Enter qualifying distributions fro			41					8		2/1	,538.
If line 8 is equal to or greater that See the Part VI instructions	in line 7, ch	neck the box in Part VI, lini	e 1b, and comp	piete that part usir	ng a 1	% tax	rate.				

723521 01-03-18

Form **990-PF** (2017)

	2017) HOLLAND M. WARE CHARITABLE FO	UNDATION	<u> 59-</u>	<u>3666403</u>		Page 4
	Excise Tax Based on Investment Income (Section 494		<u> 4948 -</u>	- see instru	ıctioı	าร)
	perating foundations described in section 4940(d)(2), check here 🕨 📖 and					
	ling or determination letter: (attach copy of letter if ne					1
	foundations that meet the section 4940(e) requirements in Part V, check here	▶ and enter 1%	1			0.
of Part I, I	ine 27b					,
c All other of	fomestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	l% of Part I, line 12, col. (b). 丿				
2 Tax under	section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; or	others, enter -0-)	2			0.
3 Add lines	1 and 2		3			<u>0.</u>
4 Subtitle A	(income) tax (domestic section $4947(a)(1)$ trusts and taxable foundations only,	others, enter -0-)	4			<u>0.</u>
5 Tax base	d on investment income Subtract line 4 from line 3 If zero or less, enter -0-		5			0.
6 Credits/Pa	ayments;					ı
a 2017 esti	mated tax payments and 2016 overpayment credited to 2017	6a 6,000	_			•
<b>b</b> Exempt for	oreign organizations - tax withheld at source	6b O				į
c Tax paid v	with application for extension of time to file (Form 8868)	6c O	<u>.</u>			ł
d Backup w	ithholding erroneously withheld	6d O	<u>•</u>	-		;
	lits and payments. Add lines 6a through 6d		7	<u></u>	6,0	
8 Enter any	penalty for underpayment of estimated tax. Check here if Form 2220 is att	tached	8			0.
9 Tax due	If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			
	nent If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10		6,0	
	amount of line 10 to be: Credited to 2018 estimated tax	6,000 . Refunded ►	11			0.
	Statements Regarding Activities				1- 4	
1a During th	e tax year, did the foundation attempt to influence any national, state, or local leg	islation or did it participate or interver	e in	<b>—</b>	Yes	
	cal campaign?			1a		X
	nd more than \$100 during the year (either directly or indirectly) for political purp		inition	<u>1b</u>		X
If the ans	wer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	s of any materials published or				
distribute	d by the foundation in connection with the activities.					
c Did the fo	undation file Form 1120-POL for this year?			1c	<u> </u>	X
	amount (if any) of tax on political expenditures (section 4955) imposed during th					1
	ne foundation. <b>&gt;</b> \$ 0 . (2) On foundation manage		<u>•</u>			
	reimbursement (if any) paid by the foundation during the year for political expen	diture tax imposed on foundation				
managers	s.▶\$0.					
	oundation engaged in any activities that have not previously been reported to the	IRS?		2	<b>├</b> ─	X
•	ttach a detailed description of the activities					}
	pundation made any changes, not previously reported to the IRS, in its governing	g instrument, articles of incorporation,	or	] .		
	r other similar instruments? If "Yes," attach a conformed copy of the changes			3	<del> </del>	X
	undation have unrelated business gross income of \$1,000 or more during the ye	ear?		<u>4a</u>	X	
	as it filed a tax return on Form 990-T for this year?	_		4b	X	
	e a liquidation, termination, dissolution, or substantial contraction during the yea	t,		5	├	X
	ttach the statement required by General Instruction T					
	equirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either				
	uage in the governing instrument, or					
-	e legislation that effectively amends the governing instrument so that no mandati	ory directions that conflict with the sta	ite law		,,	- 1
	the governing instrument?			6	X	<del></del>
7 Did the fo	oundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nplete Part II, col. (c), and Part XV		7	X	<del></del>
_						
	states to which the foundation reports or with which it is registered. See instruct	tions				
<u>GA</u>						
L 16 4h	wer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)			-	-
	tata an required by Conomi instruction C2 if "No." attach avalanation			8b	X	
of each s	tate as required by General Instruction G? If "No," attach explanation			<del></del>	+	<del> </del>
of each s	indation claiming status as a private operating foundation within the meaning of		llendar			
of each s 9 Is the four year 201		omplete Part XIV	lendar	9	. ,	X

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

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

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

Form **990-PF** (2017)

4a

Form 990-PF (2017) HOLLAND M. WARE CHARITAE Part VII-B Statements Regarding Activities for Which	SLE FOUNDATION	Required (control	59-3666	<u>403</u>		Page <b>6</b>
5a During the year, did the foundation pay or incur any amount to.	TOTAL TIES IN THE P	nequired (contin	uea)		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio			s X No		103	110
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire		-			i
any, voter registration drive?			s X No		٠	٠.
<ul><li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li><li>(4) Provide a grant to an organization other than a charitable, etc., organization</li></ul>		Ye	s X No	٠. ا		
4945(d)(4)(A)? See instructions	in described in Section		s X No		,	• '`
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnosas, or t		S LALINO			i
the prevention of cruelty to children or animals?	, or educational purposes, or i		s X No			٠.
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i					'
section 53 4945 or in a current notice regarding disaster assistance? See instr			N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check	hcre		▶□	1 1		
$oldsymbol{c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined	. 1			}
expenditure responsibility for the grant?	N	ĭ/A □ Y€	s 🔲 No 📗			;
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						,
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					1
a personal benefit contract?		Ye	s X No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6Ь		<u> X</u>
If "Yes" to 6b, file Form 8870		<b></b>	[TE]			}
7a At any timo during the tax year, was the foundation a party to a prohibited tax of		Ye	ŝ X Nu	7.	'"'' (	
Part VIII Information About Officers, Directors, Trust		nagers Highly	N/A	7b		
Paid Employees, and Contractors	ees, i ouridation wa	inagers, riigin				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.		· ·.			
, , , , , , , , , , , , , , , , , , , ,	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(	<b>e)</b> Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	ac	count, allowar	
HOLLAND M WARE	TRUSTEE					
2797 W SUGARBERRY DRIVE		Ì				
EAGLE, ID 83616	20.00	0.	0			0.
BRENDA THUESEN	TRUSTEE					
2797 W SUGARBERRY DRIVE						_
EAGLE, ID 83616	55.00	86,700.	0	•		<u>0.</u>
ED BODILY	TRUSTEE					
2797 W SUGARBERRY DRIVE EAGLE, ID 83616	5.00		0			^
EAGLE, ID 83616	3.00	0.	0	•		0.
	1					
	†					
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		1		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	ac	e) Exp count, allowar	other
NONE	devotes to position		compensation	+-	uno vvan	1000
	1					
				1		
	<u></u>					
	•	<u></u>				
		<u> </u>		<b>_</b>		
	-					
Tabel number of other ampleyees and over \$50,000						0
Total number of other employees paid over \$50,000						U

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	3666403 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "NON	IE."	
, (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u></u>	
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	-	<u>▶</u>   0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	ormation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, e	tc	Expenses
1 THE FOUNDATION PROMOTES THE PREVENTION OF CRUEL		
COMMUNITIES IN THE CARE OF THE NEEDY, AND ASSIS	TS LOCAL LAW	
ENFORCEMENT AGENCIES.		<u> </u>
2 THE FOUNDATION PROMOTES THE CONSERVATION OF LAN PRESERVING LAND IN ITS NATURAL STATE.	D THROUGH	
PRESERVING LAND IN 115 NATURAL STATE.		0.
3 THE FOUNDATION PROMOTES THE ADVANCEMENT OF PREV	ENTION.	<del></del>
DIAGNOSIS AND TREATMENT OF HUMAN DISEASE BY SUP		
MEDICAL CLINICS, FACILITIES AND ORGANIZATIONS.		0.
4		
	****	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1.	and 2	Amount
1 N/A		,
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	•	0.

Form **990-PF** (2017)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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

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

Form **990-PF** (2017)

271,538.

 $\overline{271,538}$ 

3b

4

5

Cash distribution test (attach the required schedule)

income. Enter 1% of Part I, line 27b

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	-			
line 7				11,300,630.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
<b>b</b> From 2013				
c From 2014				
<b>d</b> From 2015				·
e From 2016 43,569,727.				
f Total of lines 3a through e	43,569,727.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 271,538.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			,
d Applied to 2017 distributable amount				271,538.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	11,029,092.			11,029,092.
(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				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	32,540,635.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018				0.
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)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	32,540,635.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016 $32,540,635$ .				
e Excess from 2017			L	5 000 PF

Form 990-PF (2017) HOLLAND Part XIV Private Operating F	M. WARE CH	IARITABLE FO	UNDATION -A question 9)	59-36 N/A	66403 Page 10
1 a If the foundation has received a ruling o			74, 440311011 07	_ N/ A	
foundation, and the ruling is effective fo					
b Check box to indicate whether the found	•	•	t <b>▶</b> └	14040(1/0) 1	40(1/5)
		ig louridation described i		4942(j)(3) or49	942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	<b>(b)</b> 2016	Prior 3 years	(4) 2014	/al Tatal
income from Part I or the minimum	(4) 2017	( <b>b)</b> 2010	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
<b>b</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			/	1	
e Qualifying distributions made directly					
for active conduct of exempt activities.			/		
Subtract line 2d from line 2c			/		
3 Complete 3a, b, or c for the		-	<del>-/</del>	<del> </del>	
alternative test relied upon:					
a "Assets" alternative test - enter		l	/		
(1) Value of all assets		· <del>-</del> ·	<del>  /                                   </del>	<del> </del>	<del></del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			/		
<b>b</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:					
	l .				
<ol><li>(1) Total support other than gross investment income (interest,</li></ol>					
dividends, rents, payments on					
securities loans (section		/			
512(a)(5)), or royalties)	<u> </u>	<del>                                     </del>		<del> </del>	<del> </del>
(2) Support from general public and 5 or more exempt		/			
organizations as provided in		/			
section 4942(j)(3)(B)(iii)		/			<u> </u>
(3) Largest amount of support from		(_			
an exempt organization					
(4) Gross investment income		<u></u>	<u> </u>	<u> </u>	
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	io have contributed more	than 2% of the total con	tributions received by the	e foundation before the clo	ise of any tax
year (but only if they have contributed r	nore than \$5,000) (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation wh	o own 10% or more of the	ne stock of a corporation	(or an equally large port	ion of the ownership of a p	partnership or
other entity) of which the foundation ha			(or an equal) large per		
NONE					
2 Information Regarding Contribut	ion Grant Gift Loon	Scholarchin etc. D	rograme		<del></del>
Check here X if the foundation of				not account uncollected real	usete for funde. If
the foundation makes gifts, grants, etc.,					26363 for fullu3. II
		·	<del></del>		
a The name, address, and telephone num	iber or email address of t	ne person to wnom appii	cations should be addres	ssea.	
<b>b</b> The form in which applications should l	he submitted and inform:	ation and materials they s	hould include:		
		and materials tries s			
c Any submission deadlines:					
d Any restrictions or limitations on sward	le cuch ac hu accarach	nal argae, charitable fields	kinds of institutions of	other factors	
d Any restrictions or limitations on award	o, ouch as by geographic	ai arvas, gnarnavie nelus	, หมานอ บา มาอเนนเบเาร, ปา	Outer factors	

Total

## Part XVI-A **Analysis of Income-Producing Activities**

1 Program service revenue  a  b  c  d	(a)				(e)
b	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
b				-	
]					
		-			
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments			14		
ividends and interest from securities			14	23,522.	
let rental income or (loss) from real estate:					
Debt-financed property	110000	349.			
Not debt-financed property			16	26,613.	
let rental income or (loss) from personal					
roperty					
Other investment income					
Gain or (loss) from sales of assets other					
han inventory	110000	<1,874.	<u>&gt;18</u>	<474,315.	>
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
HUNTING LEASES			16	2,007,258.	
d			<u> </u>		
e l					
· · · · · · · · · · · · · · · · · · ·		<1,525	<u>,                                    </u>	1,587,441.	
Subtotal. Add columns (b), (d), and (e)					
otal Add line 12, columns (b), (d), and (e)				13	1,585,91
otal Add line 12, columns (b), (d), and (e)			_	13	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)	the Acc		xemp		1,585,91
worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to  e No. Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  art XVI-B  Relationship of Activities to	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to  e No. Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to  e No. Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to  Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities to e No. Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities to e No. Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to  Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to  Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to  Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to  Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to  e No. Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91
worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to  e No. Explain below how each activity for which incom	e is reported	omplishment of E		t Purposes	1,585,91

b it yes,	complete the following schedule.				
	(a) Name of organization	(b) Type of organization		(c) Description of rel	ationship
	N/A				
Sign Here	gnature of officer or trustee  Print/Type preparer's name	preparer (other than taxpayar) is based on all information of the second	TRUSTE Title Date	has any knowledge	May the IRS discuss this return with the preparer shown below? See instr X Yes No
	BRIAN J. YEARGAIN	BRIAN J. YEARGAIN	11/09/18		P00041071
Prepared Use Only	= ==============================	Firm's EIN ▶ 84-1369227			
		ANNOCK, SUITE 1050			
	BOISE, ID 8	83702		Phone no. (20	<u>08) 344-2666</u>
					Form <b>990-PF</b> (2017)

	(a) List and 2-story b	d describe the kind(s) of property so rick warehouse, or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo, day, yr.)
1a	LAND				06/22/16	
-	LAND			P	11/01/13	
_	LAND				06/22/16	
	TIMBER		· · · · · · · · · · · · · · · · · · ·	P		
	TIMBER				11/01/13	
	MERRILL LYNCH				06/22/16	12/31/1/
		DILLIDENDO		P		
<u>g</u>		DIVIDENDS				
h						
<u> </u>		n				
k					.,.	
-						
m	1					
n						
0	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a	501,957.		1,015,302.		<	513,345.>
b	1,290,607.		1,823,894.			533,287.>
С	168,109.		354,530.	-		186,421.>
d	2,575,921.		2,442,968.			132,953.
e	942,754.		342,575.			600,179.
f	9,938.		3 12 / 3 / 3 .			9,938.
<del>i</del> .	13,793.					13,793.
у_ h	13,733.					13,133.
						<del></del>
<u>.                                    </u>						
<u>.                                    </u>						
<u>к</u>				<del></del>		
1				· · ·	·	
η			-			<del></del>
n		120,				<u>-</u>
0_			10/04/00			
	Complete only for assets showing	ng gain in column (h) and owned by		(I) Los	ses (from col (h))	(I.)
	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	Gains (excess of but n	of col. (h) gain over ot less than "-0-")	
a						<u>513,345.</u> >
b_					<	<u>533,287.</u> >
С					<	186,421.>
d						132,953.
e						600,179.
f						9,938.
g				<del></del>		13,793.
h		·				
1						
ı			· · ·			
k	***					
<u>.:</u> 1						
<del>'</del> m						
n	-					
0		<u> </u>	<u> </u>			
2	Capital gain net income or (net ca	apital loss) { If gain, also ente If (loss), enter "-l	r in Part I, line 7 0-" in Part I, line 7	2	<	<u>476,190.</u> >
3	If gain, also enter in Part I, line 8,		nd (6):			
	If (loss), enter "-0-" in Part I, line		}	3	N/A	

**Supplementary Information** Part XV 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 Amount status of contribution Name and address (home or business) recipient LAGRANGE TROUP COUNTY HUMANE SOCIETY PC BED MOUNT TRUCK PO BOX 1351 UNITS/GENERAL LAGRANGE GA 30241 OPERATIONS 8,750. LAGRANGE ANIMAL SHELTER ÞC ANIMAL PROTECTION 1390 ORCHARD HILL RD LAGRANGE, GA 30240 1,500. MAGNOLIA ANIMAL HOSPITAL PC ANIMAL SURGERY 1244 PEACH PKWY FORT VALLEY, GA 31030 1.685. MERIWETHER COUNTY ANIMAL SHELTER PC ANIMAL RESCUE 263 MCLAUGHLIN ROAD GREENVILLE, GA 30222 25,000. NORTH COWETA HUMANE SOCIETY ÞC ANIMAL RESCUE 12 THE CRESCENT NEWNAN GA 30263 27,500. OLD FELLAS RESCUE ÞС ANIMAL RESCUE PO BOX 1437 10,000. WAYNESBORO GA 30830 PETA ÞС GENERAL OPERATIONS 501 FRONT STREET 52,500. NORFOLK VA 23510 POOCHIE PET RESORT ÞС ANIMAL RESCUE 525 NEW FRANKLIN ROAD 3,000. LAGRANGE, GA 30230 PUPPY PIPELINE RESCUE OF GEORGIA ÞС ANIMAL RESCUE 410 NEWBURGH COURT ROSWELL, GA 30075 73,500. SPAY NEUTER IDAHO PETS РC SPAY/NEUTER ANIMALS 1077 S. GARDEN PLACE BOISE ID 83705 19,000. Total from continuation sheets 230 038 HOLLAND M. WARE CHARITABLE FOUNDATION

59-3666403

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) recipient TREEHOUSE ANIMAL CLINIC NC ANIMAL RESCUE 2000 MORRES MILL RD ATLANTA GA 30318 4,000, DOG EMERGENCY WESTVET NC TREATMENT 5019 N SAWYER AVE GARDEN CITY, ID 83714 3,603. Total from continuation sheets

Part XV

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

	HOLLAND M. WARE CHARITABLE FOUNDATION	59-3666403			
Organization type (che	· · · · · · · · · · · · · · · · · · ·				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	tion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ri	ule See instructions			
General Rule					
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin n any one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a any one contri	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a ributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount of the complete Parts I and II	, or 16b, and that received from			
year, total con	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
year, contribut is checked, er purpose Don'	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from itions exclusively for religious, charitable, etc., purposes, but no such contributions totaled manter here the total contributions that were received during the year for an exclusively religiously complete any of the parts unless the <b>General Rule</b> applies to this organization because it intable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,			
but it must answer "No	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I o" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	* * * * * * * * * * * * * * * * * * * *			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

59-3666403

Part I	Contributors (see instructions) Use duplicate copies of Part I	f additional space is needed	3000103
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOLLAND M. WARE  2797 W SUGARBERRY DRIVE  EAGLE , ID 83616	\$\$ 1,013,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## HOLLAND M. WARE CHARITABLE FOUNDATION

59-3666403

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   s	
(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
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	ganization		Employer identification number				
нот.т.а	<u>ND M. WARE CHARITABLE</u> F	OTINIDA MT ON	F0 2666402				
Part III	Exclusively religious, charitable, etc., continue year from any one contributor. Complete (completing Part III, enter the total of exclusively religious)  Use duplicate copies of Part III if addition	ributions to organizations described columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 o	to in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year (Enter this info once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of git	ift				
	Transferee's name, address, ar	nd 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 git	ıft				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) Ala							
(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				
(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, a	11U ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF INTERE	ST ON SAVING	S AND TE	MPORA	RY CA	SH IN	VESTMENTS	ST	ATEMENT	1
SOURCE	REV	(A) REVENUE PER BOOKS 4,363.		(B) NET INVESTMENT INCOME  4,363.  4,363.		(C) ADJUSTED NET INCOME			
INTEREST INCOME									
TOTAL TO PART I, LI									
FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM	SECUR	ITIES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	3		NUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTE NET INCO	
MERRIL LYNCH	37,315.	13,7	93.	23,522. 23,		23,52	2.		
TO PART I, LINE 4	37,315.	13,7	93.	23	3,522.	23,52	2.		
FORM 990-PF		RENTAL I	NCOME				ST	ATEMENT	3
KIND AND LOCATION C	F PROPERTY					ACTIVITY NUMBER	RE	GROSS NTAL INCO	)ME
COMMERICAL JV LAKE	PARK, GA					1		62,27	78.
TOTAL TO FORM 990-P	F, PART I, L	INE 5A						62,27	78.
FORM 990-PF	R	ENTAL EX	(PENSE	S			ST.	ATEMENT	4
DESCRIPTION			ACTIV NUMB		A	MOUNT		TOTAL	
JV LAKE PARK INVEST JV LAKE PARK FLOWER JV LAKE PARK INSURA JV LAKE PARK LEGAL JV LAKE PARK MISCEL JV LAKE PARK OFFICE JV LAKE PARK REPAIR	S & GIFTS NCE & PROFESSION LANEOUS E EXPENSE	IAL				3,000. 148. 3,162. 1,202. 7,264. 47. 6,575.			

HOLLAND M. WARE CHARITABLE	FOUNDATION			59-366640
JV LAKE PARK TAXES & LICENCE JV LAKE PARK UTILITIES			6,255. 8,012.	
	SUBTOTAL -	1		35,665
TOTAL RENTAL EXPENSES				35,665
NET RENTAL INCOME TO FORM 99	0-PF, PART I	, LINE 5B	=	26,613
FORM 990-PF	OTHER I	NCOME		STATEMENT
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
HUNTING LEASES		2,007,608.	2,007,258.	
TOTAL TO FORM 990-PF, PART I	T.TNE 11	2,007,608.	2,007,258.	
TOTAL TO FORM 330 IF, TAKE I				
FORM 990-PF		FEES		STATEMENT
	LEGAI (A) EXPENSES	<del></del>	(C) ADJUSTED	STATEMENT (D) CHARITABL
FORM 990-PF	LEGAI (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	STATEMENT (D) CHARITABL
FORM 990-PF  DESCRIPTION	LEGAI  (A)  EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME 98,364	(C) ADJUSTED NET INCOME	STATEMENT  (D)  CHARITABLE PURPOSES
FORM 990-PF  DESCRIPTION  LEGAL FEES	LEGAI  (A) EXPENSES PER BOOKS  98,516.	(B) NET INVEST- MENT INCOME 98,364	(C) ADJUSTED NET INCOME	STATEMENT  (D)  CHARITABL PURPOSES
FORM 990-PF  DESCRIPTION  LEGAL FEES  TO FM 990-PF, PG 1, LN 16A	LEGAI  (A) EXPENSES PER BOOKS  98,516.	(B) NET INVEST- MENT INCOME 98,364	(C) ADJUSTED NET INCOME	STATEMENT  (D) CHARITABLE PURPOSES  0  STATEMENT  (D) CHARITABLE

36,618.

36,561.

TO FORM 990-PF, PG 1, LN 16B

0.

		<del></del>	<u> </u>		
FORM 990-PF (	OTHER PROFES	SIONAL FEES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
JV LAKE PARK LEGAL & PROFESSIONAL	1,202.	1,202.		0.	
TO FORM 990-PF, PG 1, LN 16C	1,202.	1,202.		0.	
FORM 990-PF	TAXES		STATEMENT 9		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROPERTY TAXES TIMBER TAX PAYROLL TAXES JV LAKE PARK TAXES &	766,769. 12,425. 9,025.	12,425. 9,011.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	6,255. 794,474.	794,302.		0.	
FORM 990-PF	OTHER E	XPENSES	S	FATEMENT 10	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK FEES INSURANCE OFFICE SUPPLIES PROPERTY MANAGEMENT TRAVEL IRC 194(A) AMORTIZATION	222. 48,599. 7,097. 748,005. 8,560.	48,524. 7,097.		0. 0. 0. 0.	
EXPENSE  JV LAKE PARK FLOWERS & GIFTS  JV LAKE PARK INSURANCE  JV LAKE PARK MISCELLANEOUS  JV LAKE PARK OFFICE EXPENSE  JV LAKE PARK REPAIRS &	2,081,004. 148. 3,162. 7,264. 47.	148. 3,162.		0. 0. 0. 0.	
MAINTENANCE JV LAKE PARK UTILITIES	6,575. 8,012.	6,575. 8,012.		0. 0.	
TO FORM 990-PF, PG 1, LN 23	2,918,695.	2,902,065.		0.	