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Form **990-PF** 

EXTENDED TO NOVEMBER 15, 2018
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

Fo	or calendar year 2017 or tax year beginning SEP	14, 2017	, and ending	DEC 31, 201	7
1	Name of foundation			A Employer identification	n number
_	WESTWINGS FAMILY FOUNDATION	N		82-295878	8
Ň	Number and street (or P O box number if mail is not delivered to street a	•	Room/suite	B Telephone number	
වු –	275 E BROADWAY, PO BOX 415			307-733-5	
	City or town, state or province, country, and ZIP or foreign po ${ t JACKSON}$ , ${ t WY}$ 83001	ostal code		C If exemption application is	pending, check here
© G	Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ns, check here
<b>S</b>	Final return	Amended return		2 Foreign organizations m	seating the 85% toet
_ دُ H د	X Address change	Name change		Foreign organizations mechanisms and attach of the conductions are sent attached.	computation
_ [	Check type of organization: X Section 501(c)(3) exc Section 4947(a)(1) nonexempt charitable trust		tion 1	E If private foundation st under section 507(b)(	
	Fair market value of all assets at end of year   J   Accounting		Accrual 1	F If the foundation is in a	., .
Ž	· 1 —	her (specify)	<u> </u>	under section 507(b)(	
<b>\$</b> _	▶\$ 2,096,077. (Part I, colum	n (d) must be on cash basis	s )		
	Part   Analysis of Revenue and Expenses (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	(d) Disbursements for charitable purposes (cash basis only)
-	1 Contributions, gifts, grants, etc., received	2,094,367.		N/A	
	2 Check if the foundation is not required to attach Sch B Interest on savings and temporary		24.		CMAMEMENTO 1
	cash investments     Dividends and interest from securities	24.	24.		STATEMENT 1
	5a Gross rents				
	D Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10			- NILI)	\
	b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)			ECEL !	<u> </u>
	7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21 2018	Φ\ \\b\
	9 Income modifications		1:81	AUG 31 F	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Gross sales less returns 10a and allowances		\ <u>;</u>	111	نسا
	D Less Cost of goods sold		١٣٠	なったという	
	c Gross profit or (loss)		-		
	11 Other income	2,094,391.	24.		
_	12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees b Accounting fees				ļ
			<del></del>		<del></del>
	© Other professional fees  9 17 Interest		<del></del>		<del></del>
:	c Other professional fees  17 Interest  18 Taxes STMT 2  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications	7.	7.		0.
	19 Depreciation and depletion				
	통 20 Occupancy				
:	21 Travel, conferences, and meetings				
:	23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23			<del> </del> -	
	expenses Add lines 13 through 23	7.	7.		0.
(	25 Contributions, gifts, grants paid	0.			0.
	26 Total expenses and disbursements	_			
_	Add lines 24 and 25	7.	7.		0.
	27 Subtract line 26 from line 12	2,094,384.			, •
	Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	2,074,004.	17.		<u> </u>
	c Adjusted net income (if negative, enter -0-)			N/A	• 1

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

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	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art	cotumn should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		700,017.	700,017.
		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			
	1	disqualified persons			
	7	Other notes and toans receivable			
	ĺ	Less: allowance for doubtful accounts			
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds STMT 4	0.	600,777.	1,396,060.
		Investments land, buildings, and equipment basis			······································
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	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)	0.	1,300,794.	2,096,077.
	17	Accounts payable and accrued expenses		·	
		Grants payable			•
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
j	22	Other liabilities (describe >			
		<u> </u>			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31			
ances	24	Unrestricted			
aŭ	25	Temporarily restricted			
Ва	26	Permanently restricted			
Fund Ba		Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31			
s or	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,300,794.	
Net	30	Total net assets or fund balances	0.	1,300,794.	
	İ				
	31	Total liabilities and net assets/fund balances	0.	1,300,794.	
Г	art	Analysis of Changes in Net Assets or Fund B	alances		
_	_		···		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		•
		t agree with end-of-year figure reported on prior year's return)		1	0.
		amount from Part I, line 27a		2	2,094,384.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	<b>~=</b> - ~=	4	2,094,384.
		eases not included in line 2 (itemize)		ATEMENT 3 5	793,590.
6_	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,300,794.
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	e kınd(s) of property sold (for exame house; or common stock, 200 sha		ate,	(b))	How acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
a				<u> </u>				
NON NON	E		<u>-</u>	↓_		<del></del>		
; 				<b>├</b>		<del> </del>		
<u> </u>			<u>·                                      </u>	╄		<del> </del>		
e	40.0			ь,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) ( (e) plu	Sain or (loss is (f) minus	) (g)) 
a b								
<u></u>								
1								
:								
Complete only for assets showing	gain in column (h) and owned by	he foundation	n on 12/31/69.			(I) Gains (	Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (I) r col (I), if any			col. (k), but Losses	not less that s (from col. (	n -0-) <b>o</b> r h))
1								
)								
1								
Capital gain net income or (net capi	If gain, also enter If (loss), enter -0	in Part I, line in Part I, line	7 e 7	}	2			
Net short-term capital gain or (loss	•						-	
If gain, also enter in Part I, line 8, co		<b>u</b> (0)		]				
If (loss), enter -0- in Part I, line 8					3			
	der Section 4940(e) for					ncome		
or optional use by domestic private f	oundations subject to the section 4	1940(a) tax or	n net investment i	ncome	e.)			N/A
section 4940(d)(2) applies, leave this	s nart blank							
. , , , , ,	·							
as the foundation liable for the section			•	rıod?				Yes
"Yes," the foundation doesn't qualify								
Enter the appropriate amount in ea		ISTRUCTIONS DE	elore making any i					-(4)
Base period years Calendar year (or tax year beginning	n) Adjusted qualifying dis	tributions	Net value of ne	(c) oncha		ets	Distrit (col (b) div	oution ratio vided by col (c))
2016								
2015								
2014								
2013								
2012			<u> </u>					
Total of line 1, column (d)						2	<del> </del>	
Average distribution ratio for the 5-		on line 2 by 5	0, or by the numb	er of	years			
the foundation has been in existence	e if less than 5 years					[_3_	<u> </u>	
Enter the net value of noncharitable	-use assets for 2017 from Part X.	line 5				4		
		-				<u> </u>	1	
Multiply line 4 by line 3						5	<del>                                     </del>	
Enter 1% of net investment income	(1% of Part I, line 27b)					6		
Add lines 5 and 6						7		
	D. d. VIII. L							
Enter qualifying distributions from I	•	1b and se-	alata that sart		0/ tou roto	8	1	
If line 8 is equal to or greater than li See the Part VI instructions.	ine 7, check the box in Part VI, line	10, and com	piete mat part USI	ny a I	70 Idx fale.			

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1.		
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%		0.
of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0.
3 Add lines 1 and 2		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0.
6 Credits/Payments;		
a 2017 estimated tax payments and 2016 overpayment credited to 2017		
b Exempt foreign organizations - tax withheld at source 6b 0.		
c Tax paid with application for extension of time to file (Form 8868) 6c 0.		
d Backup withholding erroneously withheld 6d 0.		
7 Total credits and payments Add lines 6a through 6d		0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11 Enter the amount of line 10 to be; Credited to 2018 estimated tax		
Part VII-A   Statements Regarding Activities		
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes	No
any political campaign?	1 -	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	<del>                                     </del>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	+	1
distributed by the foundation in connection with the activities	1	}
c Did the foundation file Form 1120-POL for this year?	}	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	+	<del>                                     </del>
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$		1
e 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?		x
If "Yes," attach a detailed description of the activities.	1-	<b>†</b>
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	X
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A		<del>                                     </del>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	+-	X
If "Yes," attach the statement required by General Instruction T	1	1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		j
By language in the governing instrument, or		1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	}	
remain in the governing instrument?	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	<del></del> -	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.   NONE		1
· · · · · · · · · · · · · · · · · · ·		
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)	Ì	1
of each state as required by General Instruction G? If "No," attach explanation	_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 calendar		T
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV		_X_
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 5	) X	

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Pa	art 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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► BRET_HILDE  Telephone no. ► 612-74	9-0	229	
	Located at ▶ 465 NICOLLET MALL, #2507, MINNEAPOLIS, MN ZIP+4 ▶55			
15	Section 4047(a)(1) page yearst characteristic trippe form 000 DE in liquid Form 1041, check have		_	П
	N. 1 de la	· N	/A	_
18	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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	- <del>``</del>		
	foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	I		L
<u>ٺ</u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
10	During the year, did the foundation (either directly or indirectly):		103	1.10
10	(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)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(4) Fay compensation to, or pay of reinhourse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
u	of fany 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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		_	
Ü	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1c		x
1	before the first day of the tax year beginning in 2017?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	F		1
۷	defined in section 4942(j)(3) or 4942(j)(5));			
	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			
٥	before 2017?			
	If "Yes," list the years ▶			
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		ŀ
	statement - see instructions )  N/A	2b		
	•	20		<del> </del>
Ų	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		}
34	during the year?  Wes X No			
	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after		ŀ	
C		1	l	
	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,		1	
		24		
4-	· · · · · · · · · · · · · · · · · · ·	3b	-	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	+^
0	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4b	l	x
_	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	rm 99		

Total number of other employees paid over \$50,000

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	349,015.
b	Average of monthly cash balances	1b	349,015. 175,004.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	16	524,019.
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	524,019.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,860.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	516,159.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	7,707.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	7,707.
2a	Tax on investment income for 2017 from Part VI, line 5		_ <del></del> _
b	Income tax for 2017. (This does not include the tax from Part VI.)	1 1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,707.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,707.
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	7,707.
P	art XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for th	ie section

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## 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,				7 707
line 7		· - · · · · · · · · · · · · · · · · · ·	·· · · · · · · · · · · · · · · · · · ·	7,707.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0		
C. France distributions on the contract of the		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014				
dFrom 2015				
eFrom 2016	ا م			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4 ► \$ 0.			•	
a Applied to 2016, but not more than line 2a			0.	
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				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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				7,707.
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	0.			
10 Analysis of line 9.		-		
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

	GS FAMILY F				58/88 Page 10
Part XIV Private Operating For			A, question 9)	N/A	
1 a If the foundation has received a ruling of		. , ,			
foundation, and the ruling is effective for	2017, enter the date of t	he ruling	▶ ∟		
b Check box to indicate whether the found	ation is a private operatir	ig foundation described i		4942(j)(3) or 49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a		<del></del>	<del></del>	1	· ·
c Qualifying distributions from Part XII,					
line 4 for each year listed					1
d Amounts included in line 2c not	<del></del>	<del></del>	<del></del>	+	
used directly for active conduct of				, '	
exempt activities				,	
e Qualifying distributions made directly				<del>                                     </del>	<del></del>
· · · · · · · · · · · · · · · · · · ·				1	
for active conduct of exempt activities.				1,100	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<del></del>			./	
alternative test relied upon:			/		
a "Assets" alternative test - enter					
(1) Value of all assets				- <del></del> -	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	·			_ <del> </del>	
b "Endowment" alternative test - enter 2/3 of minimum investment return			1		
shown in Part X, line 6 for each year			Y		
listed					
c "Support" alternative test - enter.		/			
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section		1			
512(a)(5)), or royalties)		<i>J</i> *			
(2) Support from general public					
and 5 or more exempt organizations as provided in			j		
section 4942(j)(3)(B)(III)	/				
(3) Largest amount of support from					
an exempt organization	(				
(4) Gross investment income	,			<del></del>	
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t				. ,	
1 Information Regarding Foundatio	n Managers:	·			<del>-</del>
a List any managers of the foundation who		than 2% of the total cont	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2) )			oc or any tan
SEE STATEMENT 7					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation i	or an equally large nort	uon of the ownership of a n	artnershin or
other entity) of which the foundation has	a 10% or greater interes	st.	or an equally large poin	non or mo omnoromp or a p	artifolomp of
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarchin etc. Dr	ograme:		
Check here ► X if the foundation of				ant accent uncollected real	igete for funde. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	itions under other condit	organizations and does ions, complete items 2a	not accept unsolicited requ	16212 101 101102. 11
a The name, address, and telephone numb				<del></del>	
a The hame, address, and telephone numb	ici di cinali addiess di li	ie beizou io muom abbiid	ations should be addre	SSEU.	
h The form in which applications should b	a cultimitted and informati	ion and materials that	nould include		
<b>b</b> The form in which applications should be	e Subminien sine milotimal	non and materials they st	ionia ilicipae		
e Any culturerion deadlines	<del></del>	<del></del> -			<del></del>
c Any submission deadlines					
4 Any restrictions or limitations on accord	nuch as by seesers	al arong abordable fields	lundo of metallica	ather feeters	<del></del>
d Any restrictions or limitations on awards	, such as by geographica	n areas, charitable fields,	KINGS OF INSTITUTIONS, OF	other factors	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future i	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
NONE				
· · · · · · · · · · · · · · · · · · ·				
Total		<del></del>	<b>▶</b> 3a	0.
<b>b</b> Approved for future payment				
NONE				
	<del>                                     </del>	<del> </del>		
	<del> </del>		<u> </u>	
		)		
Total		L	<b>N</b> 01	
Total			<b>&gt;</b> 3b	0.

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

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)	
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	Loue		wue .			
a	<u> </u>		<del></del>	<del></del>		
b			<del> </del> -			
c			<b>├</b> ──			
d			<b>├</b> ─			
e			<u> </u>			
f			<u> </u>			
g Fees and contracts from government agencies			Ļ			
2 Membership dues and assessments			ļ			
3 Interest on savings and temporary cash			١			
investments			14	24.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate			<u> </u>			
a Debt-financed property						
b Not debt-financed property			<u> </u>			
6 Net rental income or (loss) from personal			Γ			
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory	1		<b>\</b>	l		
9 Net income or (loss) from special events		-				
10 Gross profit or (loss) from sales of inventory			$\vdash$			
11 Other revenue:						
a			Ì		}	
b	·		$\top$			
С			<del>                                     </del>			
d			<del>                                     </del>			
e			†		<del></del>	
•						
		0.		1 24.	0.	
12 Subtotal. Add columns (b), (d), and (e)		0.		24.	0. 24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)		0.		13_		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )	the Acc			13_		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to		omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income	ne is reported	omplishment of Ex	cemp	13_ ot Purposes	24.	

Part XVII			sfers to a	nd Transactions	and Relations	hips With Nonchari	table	
	Exempt Organ						<del></del>	<del></del>
1 Did the o	rganization directly or indir	rectly engage in any o	of the followin	g with any other organizat	tion described in sect	ion 501(c)	Ye	s No
•	an section 501(c)(3) organ	•			?			
a Transfers	s from the reporting founda	ation to a noncharital	ole exempt or	ganization of			1 1	
(1) Casi	1						1a(1)	X
(2) Othe	er assets						1a(2)	X
<b>b</b> Other tra	nsactions							
(1) Sale	s of assets to a noncharital	ble exempt organizat	ion				1b(1)	<u> </u>
(2) Puro	chases of assets from a not	ncharitable exempt o	rganization				1b(2)	X
(3) Ren	tal of facilities, equipment,	or other assets					1b(3)	X
(4) Rein	nbursement arrangements						1b(4)	X
	ns or Ioan guarantees 📖 .				.,		1b(5)	X
	ormance of services or me						1b(6)	X
c Sharing	of facilities, equipment, ma	iling lists, other asse	ls, or paid em	ployees			10	X
d If the ans	swer to any of the above is	"Yes," complete the f	ollowing sche	dule. Column <b>(b)</b> should a	always show the fair	market value of the goods, o	ther assets,	
				ed less than fair market va	lue in any transaction	n or sharing arrangement, sh	iow iu	
	d) the value of the goods,							
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Descriptio	n of transfers, transactions, and s	haring arrange	ments
			N/A					
						···•		
		<u> </u>						
	indation directly or indirect	•	•	or more tax-exempt organ	nizations described	Γ-	¬., г	ਚਾ
	n 501(c) (other than sectio		ction 527?			L	Yes	X No
b If Yes, o	complete the following sche			(A) Torre of annual real		(a) Description of volational		
<del></del>	(a) Name of org	janization		(b) Type of organization	'	(c) Description of relationsh	ир	
	N/A							
					+			
Unde	r penalties of perjury, I declare	that I have examined this	return includir	an accompanying schedules as	ed statements, and to the	hest of my knowledge		
	pelief, it is true correct and con					, , , May	the IRS discu	iss this eparer
Here		116		18/24/1	7 N DDEGT	s <u>ho</u>	wn below? See	e instr
<u>                                   </u>	nature of officer or trustee	<del>/</del>		Data Data	PRESI:	DENI	Yes	No
	Print/Type preparer's na	<u>v</u>	Preparer's s	Date	Title Date	Check   If PTIN		
	Trillo Type preparer 3 lia	inic	r reparer 3 3	igriature	Date	self- employed		
Paid	TODD A. JA	CKCOM	0.12	Monteriol	8-16-18	, ,	009267	12
Preparer	Firm's name ► RSM		1000	17 UCA WICH	VID IN IO	Firm's EIN ▶ 42-0		
Use Only		מחח פט		•		CITIII S CIN P 42-U	114363	,
Joe Only		1 NICOLLE	ጥ Μλττ	, SUITE 110	0			
		NNEAPOLIS			U	Phone no 612-33	32-120	١0
		MURWLOTTS	, гии Э	J = U 4	<del></del>		rm <b>990-P</b>	
						FU	1111 23U-P	· (2017)

## 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

WESTWINGS FAMILY FOUNDATION 82-2958788 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 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 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 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)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)

Name of organization

Employer identification number

## WESTWINGS FAMILY FOUNDATION

82-2958788

MESIM	INGS FAMILI FOUNDATION	02	-2936766
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AL HILDE JR.  ROUTE 65 9555 SNAKE RIVER ROAD  JACKSON, WY 83001	\$\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AL HILDE JR.  ROUTE 65 9555 SNAKE RIVER ROAD  JACKSON, WY 83001	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AL HILDE JR.  ROUTE 65 9555 SNAKE RIVER ROAD  JACKSON, WY 83001	\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AL HILDE JR.  ROUTE 65 9555 SNAKE RIVER ROAD  JACKSON, WY 83001	\$\$ <u>373,860.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JAYNE HILDE  ROUTE 65 9555 SNAKE RIVER ROAD  JACKSON, WY 83001	sss	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JAYNE HILDE  ROUTE 65 9555 SNAKE RIVER ROAD  JACKSON, WY 83001	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
723452 11-0		Schedule B /Form	990. 990-EZ. or 990-PF) (2017)

Employer identification number

## WESTWINGS FAMILY FOUNDATION

82-2958788

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditior		-2936766
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
2	4350 SHARES OF AMCAP FUND (AMCPX) COST BASIS \$70,189			
		\$_	137,417.	12/21/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
3	1375 SHARES OF TRAVELERS (TRV) COSTS BASIS \$68,189			
		\$_	184,003.	12/21/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
4	2000 SHARES OF RAYTHEON (RTN) COST BASIS \$105,323			
		\$_	373,860.	12/21/17
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
6	22,130 SHARES OF AMCAP FUND (AMCPX) COST BASIS \$357,076			
		\$_	699,087.	12/21/17
(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
		\$		

TO FORM 990-PF, PG 1, LN 18 7. 7. FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT  DESCRIPTION AMOUNT  DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT 793,590  TOTAL TO FORM 990-PF, PART III, LINE 5 793,590  FORM 990-PF CORPORATE BONDS STATEMENT  DESCRIPTION BOOK VALUE FAIR MARKET VALUE  AMCAP FUND CLASS A 427,265. 833,85  RAYTHEON CO COM 105,323. 375,70  THE TRAVELERS COMPANIES INC 68,189. 186,50	FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
### TOTAL TO PART I, LINE 3    CA	REVENUE 1				NET	INVESTMENT	ADJUSTED	
FORM 990-PF  TAXES  (A)  (B)  (C)  (C)  (D)  EXPENSES NET INVEST- ADJUSTED CHARITABLY  PER BOOKS MENT INCOME NET INCOME PURPOSES  TEFRA TAX ON INTEREST  7.  7.  7.  TO FORM 990-PF, PG 1, LN 18  7.  7.  FORM 990-PF  OTHER DECREASES IN NET ASSETS OR FUND BALANCES  STATEMENT  DESCRIPTION  DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT  TOTAL TO FORM 990-PF, PART III, LINE 5  FORM 990-PF  CORPORATE BONDS  STATEMENT  DESCRIPTION  BOOK VALUE  FAIR MARKET  VALUE  AMCAP FUND CLASS A  RAYPHEON CO COM  105,323. 375,70  THE TRAVELERS COMPANIES INC  STATEMENT  186,50	RBC WEALTH MANAGEMENT		<del></del>			24.		
(A) (B) (C) (D)  EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSE:  TEFRA TAX ON INTEREST 7. 7.  TO FORM 990-PF, PG 1, LN 18 7. 7.  FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT  DESCRIPTION AMOUNT  DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT 793,590  TOTAL TO FORM 990-PF, PART III, LINE 5 793,590  FORM 990-PF CORPORATE BONDS STATEMENT  DESCRIPTION BOOK VALUE FAIR MARKET  VALUE  AMCAP FUND CLASS A 427,265. 833,85  RAYTHEON CO COM 105,323. 375,70  THE TRAVELERS COMPANIES INC 68,189. 186,50	TOTAL TO PART I, LINE 3					24.		
EXPENSES NET INVEST- ADJUSTED CHARITABLY PER BOOKS MENT INCOME NET INCOME PURPOSE:  TEFRA TAX ON INTEREST 7. 7. 7.  TO FORM 990-PF, PG 1, LN 18 7. 7.  FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT  DESCRIPTION AMOUNT  DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT 793,590  TOTAL TO FORM 990-PF, PART III, LINE 5 793,590  FORM 990-PF CORPORATE BONDS STATEMENT  DESCRIPTION BOOK VALUE FAIR MARKET VALUE  AMCAP FUND CLASS A 427,265. 833,85  RAYTHEON CO COM 105,323. 375,70  THE TRAVELERS COMPANIES INC 68,189. 186,50	FORM 990-PF		TAX	ES			STATEMENT	2
TO FORM 990-PF, PG 1, LN 18 7. 7. FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT  DESCRIPTION AMOUNT  DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT 793,590  TOTAL TO FORM 990-PF, PART III, LINE 5 793,590  FORM 990-PF CORPORATE BONDS STATEMENT  DESCRIPTION BOOK VALUE FAIR MARKET VALUE  AMCAP FUND CLASS A 427,265. 833,85 RAYTHEON CO COM 105,323. 375,70 THE TRAVELERS COMPANIES INC 68,189. 186,50	DESCRIPTION	EXPE	NSES	NET II	NVEST-	ADJUSTED	CHARITA	
FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT  DESCRIPTION AMOUNT  DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT 793,59  TOTAL TO FORM 990-PF, PART III, LINE 5 793,59  FORM 990-PF CORPORATE BONDS STATEMENT  DESCRIPTION BOOK VALUE FAIR MARKET VALUE  AMCAP FUND CLASS A 427,265. 833,85 RAYTHEON CO COM 105,323. 375,70 THE TRAVELERS COMPANIES INC 68,189. 186,50	TEFRA TAX ON INTEREST		7.		7	7.		0.
DESCRIPTION  DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT  TOTAL TO FORM 990-PF, PART III, LINE 5  FORM 990-PF  CORPORATE BONDS  STATEMENT  DESCRIPTION  BOOK VALUE  AMCAP FUND CLASS A RAYTHEON CO COM 105,323. 375,70 THE TRAVELERS COMPANIES INC  AMOUNT  793,590  FAIR MARKET VALUE  427,265. 833,85 105,323. 375,70 68,189. 186,50	TO FORM 990-PF, PG 1, LN 18		7.		7	·		0.
DONATED SECURITIES - FMV TO COST BASIS ADJUSTMENT         793,590           TOTAL TO FORM 990-PF, PART III, LINE 5         793,590           FORM 990-PF         CORPORATE BONDS         STATEMENT           DESCRIPTION         BOOK VALUE         FAIR MARKET VALUE           AMCAP FUND CLASS A RAYTHEON CO COM THE TRAVELERS COMPANIES INC         427,265. 833,85 375,70 68,189. 186,50	FORM 990-PF OTHER DECREAS	ES IN	NET AS	SETS OI	R FUNI	BALANCES	STATEMENT	3
TOTAL TO FORM 990-PF, PART III, LINE 5  FORM 990-PF  CORPORATE BONDS  STATEMENT  DESCRIPTION  BOOK VALUE  FAIR MARKET  VALUE  AMCAP FUND CLASS A  RAYTHEON CO COM  105,323. 375,70  THE TRAVELERS COMPANIES INC  68,189.  186,50	DESCRIPTION						TUUOMA	
FORM 990-PF CORPORATE BONDS STATEMENT  DESCRIPTION BOOK VALUE VALUE  AMCAP FUND CLASS A RAYTHEON CO COM THE TRAVELERS COMPANIES INC  CORPORATE BONDS  FAIR MARKET VALUE  427,265. 833,85 105,323. 375,70 68,189. 186,50	DONATED SECURITIES - FMV TO	COST B	ASIS A	DJUSTMI	ENT	•	793,5	90.
DESCRIPTION  BOOK VALUE  AMCAP FUND CLASS A  RAYTHEON CO COM THE TRAVELERS COMPANIES INC  FAIR MARKET VALUE  105,323. 375,70 68,189. 186,50	TOTAL TO FORM 990-PF, PART I	II, LII	NE 5				793,5	90.
DESCRIPTION         BOOK VALUE         VALUE           AMCAP FUND CLASS A         427,265.         833,85           RAYTHEON CO COM         105,323.         375,70           THE TRAVELERS COMPANIES INC         68,189.         186,50	FORM 990-PF	CO	RPORAT	E BOND	S		STATEMENT	4
RAYTHEON CO COM 105,323. 375,70 THE TRAVELERS COMPANIES INC 68,189. 186,50	DESCRIPTION				I	BOOK VALUE		т
TOTAL TO FORM 990-PF PART IT LINE 10C 600 777. 1 396 06	RAYTHEON CO COM					105,323.	375,7	00.
1011B 10 101d1 330 11, 11M1 11, BIRE 100 000,777. 1,330,00	TOTAL TO FORM 990-PF, PART I	I, LIN	E 10C			600,777.	1,396,0	60.

	STANTIAL CONTRIBUTORS VII-A, LINE 10				5
NAME OF CONTRIBUTOR	ADDRESS				
AL HILDE JR.	ROUTE 65 9555 SNAKE JACKSON, WY 83001	RIVE	R ROAD		
JAYNE HILDE	ROUTE 65 9555 SNAKE JACKSON, WY 83001	RIVE	R ROAD		
	T OF OFFICERS, DIRECTO FOUNDATION MANAGERS	RS	STATI	EMENT	6
NAME AND ADDRESS	TITLE AND COMP AVRG HRS/WK SATI			EXPENS	
BRET A. HILDE 1618 CENTRAL AVENUE, STE 150 MINNEAPOLIS, MN 55413	PRESIDENT, DIRECTOR 30.00	0.	0.		0.
AL HILDE JR. ROUTE 65 9555 SNAKE RIVER ROAD JACKSON, WY 83001	CHAIRMAN OF THE BOAR	D, DI:			0.
JAYNE HILDE ROUTE 65 9555 SNAKE RIVER ROAD JACKSON, WY 83001	VICE PRESIDENT & SEC	RETAR 0.	-		0.
TIMOTHY G. HILDE 20050 75TH AVENUE N HAMEL, MN 55340	TREASURER, DIRECTOR 0.50	0.	0.		0.
TODD L. HILDE 2530 XENIUM LANE N PLYMOUTH, MN 55441	DIRECTOR 0.50	0.	0.		0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.		0.

WESTWINGS FAMILY FOUNDATION

82-2958788

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

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NAME OF MANAGER

AL HILDE JR. JAYNE HILDE