

Form 990-PF

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

OMB No 1545-0052
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or tax year beginning , 2017, and ending , 20

Name of foundation
JAMES & WANDA HOLLENSTEINER FNDTN

Number and street (or P O box number if mail is not delivered to street address) Room/suite
22993 ROLLINS LAKE SHORE DR

City or town, state or province, country, and ZIP or foreign postal code
ROLLINS MT 59531

A Employer identification number
84-1395820

B Telephone number (see instructions)
406-844-2976

C If exemption application is pending, check here ☐

D 1 Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

H Check type of organization. ☒ Section 501(c)(3) exempt private foundation **CA**
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) **\$3446327**

J Accounting method. ☒ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income.	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	- 0 -			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	106049	106049	106049	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	106049	106049	106049	
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	2177	2177	2177	2177
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	20183	1391	1391	1391
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	9840	9840	9840	9840
	22 Printing and publications	860	860	860	860
	23 Other expenses (attach schedule)	700	700	700	700
	24 Total operating and administrative expenses. Add lines 13 through 23	14968	14968	14968	14968
	25 Contributions, gifts, grants paid	132450			132450
	26 Total expenses and disbursements. Add lines 24 and 25	147418	14968	14968	147418
	27 Subtract line 26 from line 12	(41368)			
	a Excess of revenue over expenses and disbursements		91081		
	b Net investment income (if negative, enter -0-)			91081	
	c Adjusted net income (if negative, enter -0-)			91081	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	55123	24239	24239
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	3086157	3446327	3446327
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	3141280	3470566	3470566	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	- 0 -	- 0 -	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)			
	31	Total liabilities and net assets/fund balances (see instructions)			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3141280
2	Enter amount from Part I, line 27a	2	(41368)
3	Other increases not included in line 2 (itemize) ▶ <u>stock appreciation</u>	3	370654
4	Add lines 1, 2, and 3	4	
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	3470566

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(j) FMV as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) See instructions. If (loss), enter -0- in Part I, line 8			3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016			
2015			
2014			
2013			
2012			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions			8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	1822	
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-)	2		
3	Add lines 1 and 2	3	1822	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1822	
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7	-0-	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1822	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<input checked="" type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		<input checked="" type="checkbox"/>
c Did the foundation file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		<input checked="" type="checkbox"/>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8a Enter the states to which the foundation reports or with which it is registered. See instructions <input type="checkbox"/> <u>MONTANA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation <u>See Schedule B</u>		<input checked="" type="checkbox"/>
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 year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<input checked="" type="checkbox"/>

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>Legal notice published in Lake County Leader (MT)</u>	X	
14 The books are in care of ► <u>JAMES HOLLINSTEINER</u> Telephone no ► <u>406-844-2976</u> Located at ► <u>22993 ROLLINS LAKESHORE DR. ROLLINS MT</u> ZIP+4 ► <u>59931</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year		<input type="checkbox"/>
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ►		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)		X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017)		X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

Organizations relying on a current notice regarding disaster assistance, check here

☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Exhibit A	minimal	-0-	-0-	\$500 per meeting for travel expenses incurred as a Director

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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	(e) Expense account, other allowances

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a	Average monthly fair market value of securities	1a	3123000
b	Average of monthly cash balances	1b	99000
c	Fair market value of all other assets (see instructions)	1c	-
d	Total (add lines 1a, b, and c)	1d	3222000
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	-
3	Subtract line 2 from line 1d	3	3222000
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	48330
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3173670
6	Minimum investment return. Enter 5% of line 5	6	158683

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	158683
2a	Tax on investment income for 2017 from Part VI, line 5	2a	1822
b	Income tax for 2017 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1822
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	156861
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	156861
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	156861

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	147418
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	147418
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	147418

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.

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				156861
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 147418				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2017 distributable amount				147418
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (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				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				(9443)
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
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				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test—enter				
(1) Value of all assets				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed				
c "Support" alternative test—enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

JAMES A. HOLLENSTEINER

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- a** The name, address, and telephone number or email address of the person to whom applications should be addressed

- b** The form in which applications should be submitted and information and materials they should include

- c** Any submission deadlines

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future 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 recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p style="text-align: center; font-size: 2em;">See Exhibit C</p> <p style="text-align: center;">NONE</p>	<p style="text-align: center;">NONE</p>	<p style="text-align: center;">NONE</p>	<p style="text-align: center;">General & Unrestricted</p>	
<p>Total ▶ 3a</p>				
<p>b <i>Approved for future payment</i></p>				
<p>Total ▶ 3b</p>				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
b						
c						
d						
e						
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.)

13

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
	N.A.

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash		X
(2)	Other assets		X
b	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

James A. Hollensted *May 12* *President*

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below? See instructions ☐ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

Exhibit A

JAMES & WANDA HOLLENSTEINER FOUNDATION
(Tax ID 84-1395820)

Names and addresses of officers and directors

James A. Hollensteiner, President
22993 Rollins Lakeshore Dr.
Rollins MT 59931

Wanda M. Hollensteiner, Vice President
22993 Rollins Lakeshore Dr.
Rollins MT 59931

Jena Hollensteiner Armistead, Treasurer
6542 Melinda Dr.
Nashville TN 37205

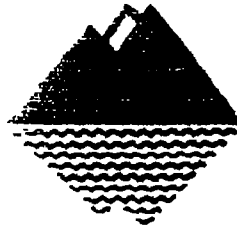
John Hollensteiner, Secretary
3409 Lower Valley Rd.
Kalispell MT 59901

Lisa Hollensteiner, Director
4006 Grimes Ave. South
Edina MN 55416

James F. Hollensteiner, Director
25585 Wagon Wheel Dr.
Barrington IL 60010

Andrew Hollensteiner, Director
14065 Hwy 2 East
Essex MT 59916

Steve Cummings, Director
1150 N. Somers Rd.
Kalispell MT 59901



Natural Resource &
Corporation Tax Division
Sam W. Mitchell Building

Montana Department of
REVENUE

P.O. Box 202701
Helena, Montana 59620-2701

Exhibit B

July 9, 1998

FSIN 841395820

JAMES AND WANDA HOLLENSTEINER FOUNDATION
299 LAKESHORE DR
ROLLINS, MT 59931

Re Nonprofit Tax Exempt Status for JAMES AND WANDA HOLLENSTEINER
FOUNDATION

Dear Taxpayer

This letter will acknowledge receipt of your request for non-profit exempt status for your organization. Upon review of the submitted information, we have determined JAMES AND WANDA HOLLENSTEINER FOUNDATION to be a nonprofit corporation under Montana Code Annotated (MCA), §15-31-102(1)(d).

An organization exempt from tax is only required to file a return when it has any unrelated business income earned which results in a federal unrelated business income tax liability of more than \$100. An exempt corporation subject to tax on unrelated business income must file a copy of its federal exempt organization business income tax return on which it reports its unrelated business income with the Department of Revenue (§15-31-102(3), MCA).

Please feel free to contact our office at (406) 444-3574, if you have any further questions.

Sincerely,

Sharon Blunn, Administrative Assistant
Corporate Tax Bureau

✓

Exhibit C

CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS FROM THE
JAMES & WANDA HOLLENSTEINER FOUNDATION (84-135820)

Northwest Montana Historical Society
P.O. Box 2293
Kalispell MT 59903

year-2017

\$ 20000

Flathead Land Trust
P.O. Box 1913
Kalispell MT 59901

2000

Flathead Lakers
P.O. Box 70
Polson MT 59860

2100

Glacier Institute
P.O. Box 1887
Kalispell MT 59903

1000

Glacier National Park Conservancy
P.O. Box 2749
Columbia Falls MT 59912

2000

Doctors Without Borders
333 7th Ave., 2nd Floor
New York NY 10001

2000

Rush University Medical Center
Office of Philanthropy
1700 W. Van Buren, Suite 250
Chicago IL 60612

10000

Glacier Symphony & Chorale
P.O. Box 2491
Kalispell MT 59903

4000

Conrad Mansion Museum
P.O. Box 1041
Kalispell MT 59903

500

Foys to Blacktail Bike Trail
P.O. Box 81
Kalispell MT 59903

1

Kalispell Regional Medical Center Foundation
310 Sunnyview Lane
Kalispell MT 59901

\$ 40000

Loppet Foundation
1301 Theodore Wirth Parkway
Minneapolis MN 55422

3500

Night Ministry
4711 Ravenswood Ave.
Chicago IL 60640

250

Flathead Lake Biological Station
32125 Bio Station Lane
Polson MT 59860

Crossroads Christian Fellowship Church
7454 Hwy 35
Bigfork MT 59911

500

Somers Middle School
Big Creek Project
Somers MT 59932

1000

Parkinson's Disease Foundation
1359 Broadway, Suite 1509
New York NY 10018

250

Kalispell Montesorri Elementary
349 Willow Glen Dr.
Kalispell MT 59901

2000

Big Mountain Firefighters Assn.
3790 Big Mountain Rd.
Whitefish MT 59937

Stumptown Art Studiios
145 Central Ave.
Whitefish MT 59937

500

Calling All Crows

~~1330 Beacon St., Suite 231~~
~~Brookline MA 02446~~

250 W 57th St
NEW YORK NY 10107

250

Lakeview Food Pantry

~~3831 N. Broadway~~ 3945 N. SHERIDAN RD
Chicago IL 60613

\$ 250

Somers Company Town Project

P.O. Box 130

Somers MT 59932

250

Bob Marshall Wilderness Foundation

P.O. Box 190688

Hungry Horse MT 59919

2000

National Parkinson Foundation

200 SE 1st St., Suite 800

Miami FL 33131

250

United States Naval Academy Foundation

291 Wood Road,

Beach Hall

Annapolis MD 21402

500

Old Friends

1841 Paynes Depot Road

Georgetown KY 40324

1000

Somers Schoold District 29

P.O. Box 159

Somers MT 59931

1000

Friends of Hospice

42 Bruyer Way

Kalispell MT 59901

Lakeside Somers PTA

LAKESIDE MT 59922

1200

Gray Bear Land Trust

Light House CHRISTIAN HOME

~~2590 Hwy 2~~ PO Box 8931

Kalispell MT ~~59901~~ 59904

1000

Hope Pregnancy Ministries
1281 Burns Way
Kalispell MT 59901

\$ 2000

Safe Passage for Children of Minesota
2148 Eleanor Ave.
St. Paul MN 55116

2000

Blue Grass Farms Charities
340 Legion Dr., Suite 20
Lexington KY 40504

500

Youth for Christ
370 West Front St.
Wheaton IL 60187

1000

Hospitality House of Nashville
214 Reidhurst Ave.
Nashville TN 37203

250

Nashville Humane Society
213 Oceola Ave.
Nashville TN 37209

500

Fannie Battle
108 Chapel Ave.
Nashville TN 37206

300

Nashville Rescue Mission
639 Lafayette St.
Nashville TN 37203

500

ALS Assn. KY
8640 Haines Dr.
Florence KY 41042

500

Eastern KY University
521 Lancaster Ave.
CPO 19A
Richmond KY 40475

250

Salvation Army
1010 Currie Ave. North
Minneapolis MN 55403

1000

Montana State Alumni Foundation
P.O. Box 172750
Bozeman MT 59717

5000

13800

A Place to Bark
P.O. Box 649
Portland TN 37148

500

Flathead Valley Community College
777 Grandview Dr.
Kalispell MT 59901

100

Methodist Camp—Flathead Lake
21339 Methodist Camp Road
Rollins MT 59931

Dayton Presbyterian Church
P.O. Box 188
Dayton MT 59914

500

Lyric Opera of Chicago
20 N. Wacker
Chicago IL 60640

1000

Citizens for a Better Flathead
P.O. Box 771
Kalispell MT 59903

14 3rd St East
Suite 240 K 59901

250

Upper West Shore Quick Response Unit
P.O. Box 911
Lakeside MT 59922

500

Humane Society of Northwest Montana
P. O. BOX 221
Kalispell MT 5993

250

3100
~~2600~~

Calvin Christian School
4015 Inglewood Ave. South
Edina MN 55416

\$ 2250

University of Montana FNDTN
P.O. Box 7159
Missoula MT 59807

2500

Clear Choice Clinic
1281 Burns Way
Kalispell MT 59901

2000

Michael J. Fox FNDTN
Church Street Station
P.O. Box 780
New York NY 10008

200

Royal Family Kids Camp
258 LONGVIEW DR
ELGIN IL 60124

8200

Special Olympics MN
Northland 300
2535 California St. NE
Minneapolis MN 55418

500

A Place to Bark

PO Box 649
PORTLAND TN 37148

\$ 500

Flathead Valley Community College
777 Grandview Dr.
Kalispell MT 59901

100

Total

\$ 132450

15650

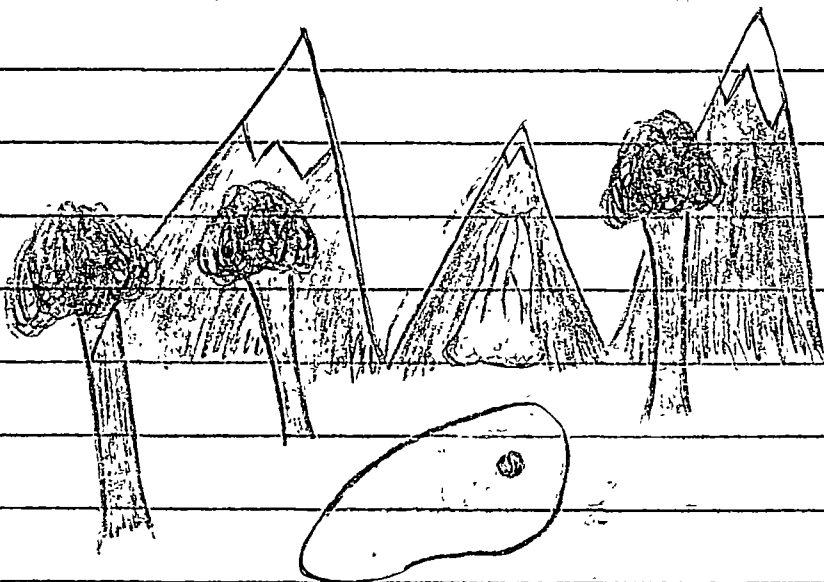
Typical letter from kids in a 6th
Grade Class who we sponsor to go on a
field trip to Glacier National
Park. They are most appreciative! (5) January 26, 2018

Dear Mr. and Mrs. Hollensteiner,

Thank you for your generous donations.
You have helped give us the wonderful
opportunity to go to Big Creek and
participate in lots of other activities. I
am very excited to learn more about
forestry, campfires, aquatics, cooking, cleaning, and
other valuable things. I appreciate your
generosity because it gives us the chance
to have more outdoor education. I am also
looking forward to the awesome trips and
activities that follow. Thank you again for
supporting our outdoor education.

Sincerely,

Bailey N.



Jan 26th, 2018

Dear Mr. & Mrs. Hollensteiner,

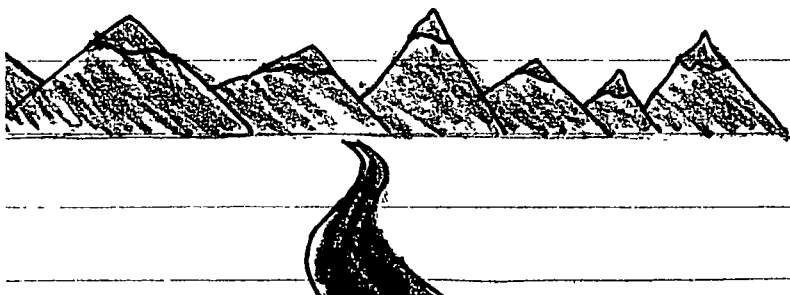
Thank you for supporting our 6th grade field trip to Big Creek. We very much appreciate your generosity towards Somers Middle Schools 6th grade. We also appreciate the money you have donated for our other field trips too!

A Big Creek I am looking forward to learning about aquatics. I am also looking forward to making our own meals and bunking with my friends! :)

I am so thankful for the opportunity to learn and have fun in such a wonderful way! Thank you again!

Sincerely,

Sophie Brown





KALISPELL REGIONAL HEALTHCARE

This letter spells out the details of our 500,000 commitment to The Kalispell Regional Healthcare Foundation.

310 Sunnyview Lane | Kalispell, MT 59901
(406) 751-6930 | www.kalispellregional.org/foundation

September 12, 2014

Mr. and Mrs. James Hollensteiner
James and Wanda Hollensteiner Foundation
22993 Rollins Lakeshore Dr.
Rollins, MT 59931

Dear Jim and Wanda,

On behalf of the Kalispell Regional Healthcare Foundation, thank you for your pledge of \$500,000.00 to The New Emergency Services Center Campaign. It is our understanding that you wish to pay your pledge over a period of five years in increments of \$100,000.00 per year.

We are in receipt of your first pledge payment of \$10,000.00 toward your pledge of \$500,000.00. Your new pledge balance is \$490,000.00. You have indicated that we will be receiving two additional payments in 2014; \$40,000.00 from Glacier Bank stock in November and \$50,000.00 from an IRA rollover in December. As requested, here are our D.A. Davidson DTC and account numbers, DTC-0361, account-44860329.

In recognition of your gift, your name will be listed on our Wall of Honor in the hospital lobby and on a special Donor Recognition Wall to be located in a prominent place in the new Emergency Services Center. In addition, you will have naming opportunities on the six new trauma rooms.

Gifts like yours help further the mission of Kalispell Regional Healthcare – to improve health, comfort and life. On behalf of the patients and families who will benefit from your caring gift, thank you again.

Sincerely,


Tegen Vine
President

Kalispell Regional Healthcare Foundation

Required Disclosure - Please retain this receipt for your records

This disclosure is intended to comply with the provisions of the Internal Revenue Code enacted as part of the 1993 Tax Act. Unless otherwise stated on this receipt, you have received no goods and services in exchange for this contribution. The IRS requires you to keep this receipt to substantiate charitable gifts of \$250.00 and above. You can no longer rely solely on your cancelled check to substantiate your contribution.

Tax ID No. 31-1703013

Please remember Kalispell Regional Healthcare Foundation in your estate planning.

Kalispell Regional Healthcare Foundation respects your privacy. We protect your personal information and adhere to all privacy regulations. We do not rent, sell, or trade mailing lists.

**SCHEDULES TO ACCOMPANY THE 2017 990 PF FOR THE JAMES & WANDA
HOLLENSTEINER FOUNDATION: TAX ID 84-1395820**

Part 1, Line 16a: Legal fees consist of \$35 paid to the Montana Secretary of State with the filing of our Annual Corporate Registration; \$599 paid to the Illinois Institute for Continuing Education; \$385 paid to the State of Illinois for a Legal License; \$1140 paid to a Montana law firm for legal counsel and amending our documents; \$18 paid to the Lake County Leader in Lake County Montana to publish a Legal Notice. No fees were incurred for accounting or other professional fees. I prepare this tax return without compensation.

Line 18: Taxes of \$1391 were paid with the 2016 return.

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

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

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

See Exhibit A for a listing of Directors and Officers

See Exhibit C for a listing of contributions given by our Foundation to specific charities in 2017.