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2017

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2017, or tax year beginning 08-01-20)17 , aı	nd ending 07-31-		
		ındatıon ston Feel Good Foundation		26-1603664	entification numbe	r
				26-1603664		
		d street (or P O box number if mail is not delivered to street address) st Lohman Avenue	Room/suite	B Telephone nu	mber (see instruction	ns)
City	or town	s state or province country, and ZID or foreign postal code		(575) 382-8245	5	
		n, state or province, country, and ZIP or foreign postal code NM 88001		C If exemption	application is pendin	g, check here
G Cł	neck al	ll that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere 📘 🗍
		Final return Amended return			ganizations meeting k here and attach coi	
		Address change Name change			undation status was t	· -
_		/pe of organization ✓ Section 501(c)(3) exempt private			n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust Other taxabl				
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c),	Cash L Accru		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach				
	2	schedule) Check If the foundation is not required to attach				
	*	Sch B				
	3	Interest on savings and temporary cash investments	1,324		·	
	4	Dividends and interest from securities	6,041		6,041	
	5a	Gross rents	44,950	44,950	44,950	
ē	6a	Net rental income or (loss)	55,774			
er.	b	• , ,				
Revenue	7	Gross sales price for all assets on line 6a 934,124 Capital gain net income (from Part IV, line 2)		55,774		
ш.	8	Net short-term capital gain		·	10,365	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)	•••			
	11	Other income (attach schedule)	645		63.600	
	12	Total. Add lines 1 through 11	108,734	108,089	62,680	
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages				
υΛ	15	Pension plans, employee benefits				
156	16a	Legal fees (attach schedule)				
<u>B</u>	ь	Accounting fees (attach schedule)	1,990			
Ĕ	l c	Other professional fees (attach schedule)	_			
tive	17	Interest				
tra	18	Taxes (attach schedule) (see instructions)	9 526			
Operating and Administrative Expenses	19	Depreciation (attach schedule) and depletion	18,733	18,733		
틉	20	Occupancy				
φ	21	Travel, conferences, and meetings				
a	22	Printing and publications				
ing	23	Other expenses (attach schedule)	12,727	9,230		
rat	24	Total operating and administrative expenses.				
ad C		Add lines 13 through 23	33,976	· ·		0
_	25	Contributions, gifts, grants paid	49,072			49,072
	26	Total expenses and disbursements. Add lines 24 and 25	83,048	27,963		49,072
	27	Subtract line 26 from line 12				
	а	Excess of revenue over expenses and disbursements	25,686			
	ь	Net investment income (If negative, enter -0-)		80,126		
	С	Adjusted net income(If negative, enter -0-)			62,680	
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289)	< For	m 990-PF (2017)

Form 990-PF (2017)							
Part II		Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End of year		
	Balance Sheets		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest	-bearing	-13,286	11,169		
	2	Savings and temporary cash investments		308,385	279,622		
	I		_				

Net Assets or Fund Balances

24

25

26

27

28

29 30

31

Part III

2 3

4

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

	2	Savings and temporary cash investments	308,385	279,622	
	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) ▶ 272,733			
		Less allowance for doubtful accounts ▶		272,733	272,73
y,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ 495,570			
		Less accumulated depreciation (attach schedule) ►	679,758	%] 437,019	
	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)	974,857	1,000,543	272,73
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ıab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities(add lines 17 through 22)		0	

974.857

974,857

974,857

1,000,543

1,000,543

1,000,543

2

3 4

5

6

974,857

1,000,543

1,000,543 Form **990-PF** (2017)

25,686

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Table	e				
b					
С					
d					
e					
(-)	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
	(or allowable)	plus expe	ense of sale	(e) plus (f) minus (g)
a See Additional Data Table	e				
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(1)
(i)	(i)		(k)		h) gain minus
F M V as of 12/31/69	Adjusted basis as of 12/31/69		of col(ı) (j), ıf any		less than -0-) or om col (h))
a See Additional Data Table		Over cor	()), ii aily	200000 (111	on cor (11))
b					
c d					
	+				
e		If gain, also enter in P	- ut T u 7	+ -	
· -	or (net capital loss) gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	,	3	55,774 10,365
	Jnder Section 4940(e) for Re				
(For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	t investment incor	me)	
If section 4940(d)(2) applies, le	eave this part blank				
Was the foundation liable for th	e section 4942 tax on the distributal		in the base period	d? \ \ \ Y	es 🗸 No
1 Enter the appropriate am	nount in each column for each year,	see instructions before	making any entri	es	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	le-use assets	Distribution rat (col (b) divided by c	
2016	51,450		1,106,567	(co. (b) divided by c	0 04650
2015	42.181		837,808		0 05035
2014	42,400		997,971		0 04249
2013	41,176		1,017,204		0 04048
2012	46,396		827,997		0 05603
2 Total of line 1, column (c	d)		2		0 235842
3 Average distribution ratio	for the 5-year base period—divide		, or by the		
number of years the four	dation has been in existence if less	than 5 years 🔒 .	<u>3</u>		0 047168
	ncharitable-use assets for 2017 fron	•	4	-	1,090,640
5 Multiply line 4 by line 3			5		51,443
	ent income (1% of Part I, line 27b)		6		801
			7		52,244
	ons from Part XII, line 4 ,				49,072
	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part us	ng a 1% tax rate Se	e the Part VI
instructions					000 DE (2017
				Fo	orm 990-PF (2017

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

	•
Doub MITT	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Part VIII	and Contractors

2 Compensation of five highest-paid en (a) Name and address of each employee paid more than \$50,000 NONE Total number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid NONE	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 IONE Total number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 IONE Total number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 IONE Total number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 ONE Otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 ONE otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 ONE otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 ONE Otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
(a) Name and address of each employee paid more than \$50,000 ONE otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
Name and address of each employee paid more than \$50,000 ONE Otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	hours per week (b) devoted to position	services (see instructi	plans and deferred (d) compensation	(e) other allowances
otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	actors for professional s	services (see instructi	▶ ons). If none, enter "NON	
otal number of other employees paid over \$5 3 Five highest-paid independent contra (a) Name and address of each person paid	actors for professional s	services (see instructi	ons). If none, enter "NON	
Five highest-paid independent contra (a) Name and address of each person paid	actors for professional s	services (see instructi	ons). If none, enter "NON	
Five highest-paid independent contra (a) Name and address of each person paid	actors for professional s	services (see instructi	ons). If none, enter "NON	
Five highest-paid independent contra (a) Name and address of each person paid	actors for professional s	services (see instructi	ons). If none, enter "NON	
Five highest-paid independent contra (a) Name and address of each person paid	actors for professional s	services (see instructi	ons). If none, enter "NON	
Five highest-paid independent contra (a) Name and address of each person paid	actors for professional s	services (see instructi	ons). If none, enter "NON	
 Five highest-paid independent contra (a) Name and address of each person paid 	actors for professional s	services (see instructi	ons). If none, enter "NON	
 Five highest-paid independent contra (a) Name and address of each person paid 	actors for professional s	services (see instructi	ons). If none, enter "NON	
 Five highest-paid independent contra (a) Name and address of each person paid 	actors for professional s	services (see instructi	ons). If none, enter "NON	
 Five highest-paid independent contra (a) Name and address of each person paid 	actors for professional s	services (see instructi	ons). If none, enter "NON	
(a) Name and address of each person paid				
	d more than \$50,000	(6) 199	e or service	(C) Compensation
		-		
		_		
		4		
) c			
otal number of others receiving over \$50,000 Part IX-A Summary of Direct Char			<u> ▶ </u>	
st the foundation's four largest direct charitable activ		ıde relevant statistical inform	nation such as the number of	_
ganizations and other beneficiaries served, conference	ces convened, research papers	s produced, etc		Expenses
1 The Foundation donated to the Church of J	,			32,178
2 The Foundation purchased food, clothing, r		nedical expenses for nee	edy families	4,044
3 The Foundation donated for Education, Tuit				2,850
4 The Foundation Provided Transportation an			d life environment	10,000
Part IX-B Summary of Program-R		· · · · · · · · · · · · · · · · · · ·		A
Describe the two largest program-related investme	ints made by the foundation di	uring the tax year on lines 1	and 2	Amount
-				
2				
All other program-related investments See	ınstructions			
All other program-related investments See 3_	instructions			
All other program-related investments See 3	instructions			

2

3a 3h

4

5

49.072

49,072

Form **990-PF** (2017)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

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

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

a From 2012. **b** From 2013. c From 2014. . . . d From 2015. e From 2016.

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a))

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. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

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. . .

Subtract lines 7 and 8 from line 6a

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 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 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) . . . (d)

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Page 9

OIII	1 330-F1 (2017)	,					
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions)
							(a) Corpus
1	Distributable a	mount for	2017 fro	m Part	XI, line 7		
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017		
а	Enter amount	for 2016 o	nly				
b	Total for prior	years 2	.0,	20	_ , 20		

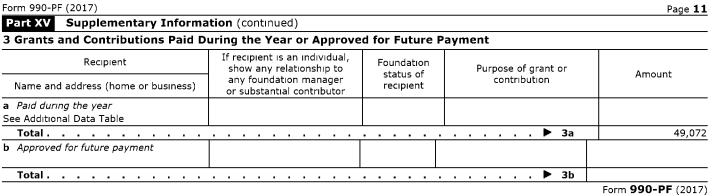
(b)

Years prior to 2016

(c)

2016

Restrictions or limitations will be imposed by the Board of Directors based on an assessment of need



Part XVI-A Analysis of Income-Producing	Activities				Page 12
Enter gross amounts unless otherwise indicated	Unrelated b	ousiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a b					
c					
d e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	1,324	
4 Dividends and interest from securities			14	6,041	
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property			16	16,987	
6 Net rental income or (loss) from personal property7 Other investment income					
8 Gain or (loss) from sales of assets other than					FF 774
inventoryNet income or (loss) from special events					55,774
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a Unrealized Gain-Security			18	645	
b					
c					
e					
12 Subtotal Add columns (b), (d), and (e) 13 Total . Add line 12, columns (b), (d), and (e)				24,997	55,774 80,771
(See worksheet in line 13 instructions to verify calcu			1.	3	80,771
Part XVI-B Relationship of Activities to th			<u> </u>		
Explain below how each activity for which the accomplishment of the foundation's exinstructions)	empt purposes	(other than by pro	viding funds for such	purposes) (See	
Interest income received from investments a support the Foundations' charitable purposes		e contributions to t	the poor and needy a	nd increases the a	ssets available to
5b Rental income and gains from properties are purposes	used to increas	se income and the	amount of funds avai	lable to make dona	ations for charitable
Dividends on investments are used to provide	le funds to furth	er the purposes of	the Foundation		
				F_	000-BE (2017

Form 990	-PF (2017)				Pa	ge 13
Part X	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
		idirectly engage in any of the following with a on 501(c)(3) organizations) or in section 527	any other organization described in section 501 , relating to political organizations?		Yes	No
a Trans	ers from the reporting foun	idation to a noncharitable exempt organization	on of			
(1)	Cash			1a(1)		No
				1a(2)		No
b Other	transactions					
(1) 9	ales of assets to a nonchar	itable exempt organization		1b(1)		No
				1b(2)		No
(3) F	Rental of facilities, equipmen	nt, or other assets		1b(3)		No
(4) F	leimbursement arrangemer	nts		1b(4)		No
(5) L	oans or loan guarantees.			1b(5)		No
(6) P	erformance of services or m	embership or fundraising solicitations		1b(6)		No
c Sharir	ng of facilities, equipment, r	mailing lists, other assets, or paid employees		1c		No
of the	goods, other assets, or ser transaction or sharing arra		column (b) should always show the fair market on the foundation received less than fair market values goods, other assets, or services received (d) Description of transfers, transactions, and sha	ie	ngemen	ts
(-,	(2)	() rame or manage or games or	(-)	9		

	Loans or loan guarantees.						No
(6) P	erformance of services or m	embership or fundr	aising solicitations			. 1b(6)	No
c Sharı	ng of facilities, equipment, n	nailing lists, other a	ssets, or paid employees.			. 1c	No
of the	answer to any of the above goods, other assets, or ser y transaction or sharing arra	vices given by the i	reporting foundation. If the	e foundation receiv	ved less than fair mar	ket value	
(a) Line N	lo (b) Amount involved	(c) Name of noncha	ritable exempt organization	(d) Description (of transfers, transactions	, and sharing arranger	ments
descri	e foundation directly or indire libed in section 501(c) of the es," complete the following si	Code (other than s	•			🗆 Yes	☑ No
	(a) Name of organization		(b) Type of organiza	aion	(c) Description	n of relationship	
	Under penalties of perjury, of my knowledge and belief	, it is true, correct,					
Sign Here	which preparer has any kno		2018-11-13			May the IRS discus return with the preparer s below	

(see instr)? 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00090796 employed ightharpoonupAsa Laws Firm's name ▶ Zlotnick Laws & Sandoval PC Firm's EIN ▶85-0237894 Firm's address ▶ One Calle Medico Phone no (505) 982-3894 Santa Fe, NM 87505 Form **990-PF** (2017)

Paid **Preparer Use Only**

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date sold How acquired Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 14863 141 Pimco High Yield Fund-Instl Ρ 2017-08-31 2017-11-09 3934 Proshares Ultra S&P 500 Р 2017-07-19 2018-06-29 254 677 Vanguard GNMA Fixed Inc. Fund 2017-12-08 2017-09-08 19 521 179 Prudential High Y Р 2018-06-11 2018-06-28 Ρ 917 Jason 2008-11-20 2018-02-02 6839 Fox Road 2014-12-02 2018-01-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 133,767 134,217 -450412,893 401,826 11,067 2,700 2,757 -57 105,805 106,000 -195 150,059 37,353 159,816 27,596 128,900 10,870 121,957 17,813 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any -450 11,067 -57 -195 27,596 17,813

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Kenneth R Thurston President & CEO 0 00 27125 North Highway 185 Rincon, NM 87940 Vicki | Thurston Treasurer 0.00 27125 North Highway 185 Rincon, NM 87940 Jamie Bloomfield Vice President 0.00 3116 East Holmes Avenue Mesa, AZ 85204 Janalee Bloomfield Secretary ٥ 0.00 3656 West Williams Way Thatcher, AZ 85552 Julie Johnson Director

0 00

632 North Maple Ridge Ct Preston, ID 83263

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Hatch Branch of LDS Church None 501C3 Church donation 26,368

Hatch, NM 87937				
Betty Lindsay12400 Carr Lane Radium Springs, NM 87941	None	I	To fix Domestic Water Well	1,000
Becky Martinez210 Herrera Road Hatch, NM 87937	None	I	Hotel Bill	200

Total . 3a 49.072

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
Ida Sanchez904 Palmer Las Cruces, NM 88005	None	I	New Glasses	303

200

600

as Cruces, Nin 00005				
elsey Carter4513 S Bridgeside Way aylorsville, UT 84123	None	I	Wedding Expenses	

Kelsey Carter4513 S Bridgeside Way Taylorsville, UT 84123	None	I	Wedding Expenses	
Pay it ForwardGeneral delivery	None	l _T	Christmas Drive	

Taylorsville, UT 84123				
Pay it ForwardGeneral delivery Hatch, NM 87937	None	I	Christmas Drive	

Pay it ForwardGeneral delivery Hatch, NM 87937	None	I	Christmas Drive	
			_	

Hatch, NM 87937	None	 Similar Billie	
Total		 	49.07

natch, NM 67937		I
Total	 	49,072

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Girl Scouts Silver Sage Council None PC Dues for Girl Scouts 310

8948 W Barnes Street Boise, ID 83709				
Karen Roach121 East 1st North Franklın, ID 83237	None	I	Stage 4 Cancer	250
Care Net605 S Solano St Las Cruces, NM 88001	None	PC	To help with pregnancy for mothers and babies	1,000

Total . 3a 49,072

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year El Caldito999 West Amador None PC Food for the Homeless 1.500

Las Cruces, NM 88005				
Houston Relief Effort 2700 Southwest Freeway Houston, TX 77098	None	PC	Hurricane Relief Effort	1,000
Various Individuals1880 East Lohman Las Cruces, NM 88001	None	I	Assistance for schooling	2,850

Houston, TX 77098				
Various Individuals1880 East Lohman Las Cruces, NM 88001	None	I	Assistance for schooling	2,850
Total			· · · · · · · · · · · · · · · · · · ·	49,072

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Various Individuals1880 E Lohman Ave	None	I	Assistance for home	150

1,000

49,072

Various Individuals1880 E Lohman Ave Las Cruces, NM 88001	None	-	Assistance for home improvements	
Immaculate Heart of Mary Cathedral		PC	Family Ministries	

Immaculate Heart of Mary Cathedral 1240 S Espina Street Las Cruces, NM 88001	PC	Family Ministries	

Las Cruces, NM 88001			
Basılıca of San Albıno 2070 Calle de Santıago	PC	St John Bosco Project	

Basılıca of San Albıno	PC	St John Bosco Project	
2070 Calle de Santiago			
as Cruces, NM 88005			

3a

Las Cruces, NM 88005	
Las Cruces NM 88005	

Basilica of San Albino	PC	St. John Bosco Project	, 1
2070 Calle de Santiago			I
Las Cruces, NM 88005			I

asılıca of San Albıno	PC	St John Bosco Project	1,000
070 Calle de Santiago			
as Cruces, NM 88005			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
Mike Romneill12690 N 4800 W Cornish, UT 84308	I	Car Repair Expenses	5,000
Alec Romneill12690 N 4800 W	I	Church Mission Fund	5,000

33111311/31 31333			
Alec Romneill12690 N 4800 W Cornish, UT 84308	I	Church Mission Fund	5,000
Various Individuals 1880 E Lohman Avenue	I	Medical Expenses	1,341

Cornish, UT 84308			
Various Individuals 1880 E Lohman Avenue Las Cruces, NM 88001	I	Medical Expenses	1,341
Total			49 072

Various Individuals 1880 E Lohman Avenue Las Cruces, NM 88001	I	Medical Expenses	1,341
Total	 		49,072

efile GRAPHIC print - DO NOT I	PROCESS	As Filed D	ata -	DI	N: 93491319014298		
TY 2017 Accounting F	TY 2017 Accounting Fees Schedule						
Name: Ken Thurston Feel Good Foundation							
	EIN: 26-1603664						
Software ID: 17005038							
Software '	Version:	2017v2.2	2				
Accounting Fees Schedule							
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Tax Preparation		1,990	0	0	0		

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.	
TY 2017 Depreciation Schedule	

Name: Ken Thurston Feel Good Foundation

4,491 SL

As Filed Data -

EIN: 26-1603664

efile GRAPHIC print - DO NOT PROCESS

2016-10-24

4693 Rimrock Rd

Software ID: 17005038

156,000

Software Version: 2017v2.2 Description of Cost or Other Prior Years' **Computation Method** Rate / **Current Year's** Net Investment Adjusted Net Cost of Goods Date Basis Life (# of years) Sold Not Property Acquired Depreciation Depreciation Income Income Included Expense 917 Jason 2008-11-20 120,272 34,984 SL 3 64 % 2,369 2,369 2509 Violet 2008-11-20 122,570 35,656 SL 3 64 % 4,458 4,458 6839 Fox Road 2014-12-02 96,957 9,254 SL 3 64 % 1,616 1,616 3 64 % 1169 Gunsight Peak 2016-10-12 127,000 3,656 SL 4,618 4,618

3 64 %

5,672

5,672

DLN: 93491319014298

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319014298					
TY 2017 Investments - Land Schedule							
Name:	Ken Thurston Feel Good Found	ation					
EIN:	26-1603664						
Software ID:	17005038						

Software Version: 2017v2.2									
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value					
Buildings	405,570	58,551	347,019						
Land	90,000		90,000						

efile GRAPHIC print - DO NOT PROCESS	DL	DLN: 93491319014298						
TY 2017 Other Expenses Schedule								
Name:	Name: Ken Thurston Feel Good Foundation							
EIN:	26-1603664							
Software ID: 17005038								
Software Version:	2017v2.2							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
Bank Charges	11							
Investment management fees	3,441							
Registration and fees	45							

9,230

Rental Expenses

9,230

TY 2017 Other Income Schedule								
Name:	Ken Thursto	on Feel Good Found	dation					
EIN:	26-1603664							
Software ID:	17005038							
Software Version:	2017v2.2							
Other Income Schedule								
Description		Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income				

645

DLN: 93491319014298

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efile GRAPH	IC print - DO N	NOT PROCES	S As F	iled Data	1 -					DLN: 9349	91319014298
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Other Notes/Loans Receivable Long Schedule											
Name: Ken Thurston Feel Good Foundation EIN: 26-1603664 Software ID: 17005038 Software Version: 2017v2.2											
Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
Claudis Bowman	None	10,671	9,733	2018-01	2022-12	\$261 monthly for 4 years	800 00 %	Vehicle	To buy a vehicle	Note Receivable	10,671
Peter Paulos	None	193,000	193,000	2018-06	2038-06	\$1327 62 monthly for 20 years	550 00 %	Building at 614 E Lohman	To purhcase building	Note receivable	
Russel Jan Cattle Co	None	70,000	70,000	2018-06	2028-06	\$9510 76 annually for 10 years	600 00 %	None	Business Capital	Note receivable	

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491319014298				
TY 2017 Taxes Schedule								
Nar	me: Ken Thursto	n Feel Good Found	lation					
EIN: 26-1603664								
Software ID: 17005038								
Software Versi	i on: 2017v2.2							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
Federal Income Tax	526							