# Form **990-PF**

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

OMB No. 1545-0052 2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For cale	endar year 2015, or tax year beginning	, 2015,	and ending	, ,	
				A Employer identification	
C/0 H	CINNABAR FOUNDATION HOLMES & TURNER			B Telephone number (se	
1283 BOZEN	N 14TH AVE #201 MAN, MT 59715			_ , , , , , , ,	:
BUZEI	MAN, MI 39713			C If exemption applicat	ion is pending, check here.
G Che	ck all that apply: Initial return	Initial return of a form Amended return	ner public charity	D 1 Foreign organizations	s, check here
	Address change	Name change		2 Foreign organizations	s meeting the 85% test, check
H Che	ck type of organization: X Section 501	(c)(3) exempt private f	oundation	nere and attach com	putation
Γ	Section 4947(a)(1) nonexempt charitable to	rust Other taxable p	orivate foundation		status was terminated (1)(A), check here
			ash X Accrual	under section 507(b)	(1)(A), check here
00000		Other (specify)			n a 60-month termination (1)(B), check here
<b>►</b> \$		column (d) must be or			
Part I	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investme income	nt (c) Adjusted no income	et (d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	expenses per books			purposes
	sarily equal the amounts in column (a) (see instructions).)				(cash basis only)
-	1 Contributions, gifts, grants, etc, received (attach schedule)	34,954.			
	2 Ck ► if the foundation is not required to attach Sch B	<b>《</b> 及 数据制理 数 标题			
	3 Interest on savings and temporary cash investments	554.	5!	54.	
	4 Dividends and interest from securities	223,803.	223,80		
	5 a Gross rents				
	b Net rental income or (loss)				
R	6 a Net gain or (loss) from sale of assets not on line 10	-9.			
REVENU	b Gross sales price for all assets on line 6a 1,791,806.  7 Capital gain net income (from Part IV, line 2)			0.	
N	8 Net short-term capital gain	Service Comments			
Ü	9 Income modifications		No.		STATE OF THE STATE OF
E	10 a Gross sales less returns and				
	allowances b Less: Cost of	AND AND DESCRIPTION OF THE PARTY.			
	goods sold  C Gross profit or (loss) (attach schedule)			V.V.V.	
	11 Other income (attach schedule)		PERSONAL PROPERTY AND ADDRESS OF THE PERSON	NAME OF TAXABLE PARTY.	
	355.65				
	12 Total. Add lines 1 through 11	259,302.	224,3	57.	0. 36,675.
	13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	40,750. 4,818.			4,336.
	15 Pension plans, employee benefits	4,010.			
А	16a Legal fees (attach schedule)				
Ď M	<b>b</b> Accounting fees (attach sch) SEE . ST1	14,000.			12,600.
I N	c Other prof. fees (attach sch)				
PS	17 Interest	7 075		0.5	2,846.
E T R	10 Description (attack	7,275.		85.	2,040.
Ŷ Ŷ	schedule) and depletion SEE . S.TMT 3	54.			
N V	20 Occupancy.	202			643.
	21 Travel, conferences, and meetings	929. 4,207.			3,495.
A E N D	23 Other expenses (attach schedule)				
E	SEE STATEMENT 4	8,394.		15.	6,210.
S	24 Total operating and administrative expenses. Add lines 13 through 23	80,427.	1	00.	66,805.
S	25 Contributions, gifts, grants paid. PART XV.	423,500.			423,500.
	26 Total expenses and disbursements.				0.000
	Add lines 24 and 25	503,927.	1	00.	0. 490,305.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses				
	and disbursements	-244,625.	<b>以</b>		
	b Net investment income (if negative, enter -0-)		224,2	57.	0
	C Adjusted net income (if negative, enter -0-)		A STATE OF THE PARTY OF THE PAR	12/04/15	0 . Form 990-PF (2015)
HAA F	For Paperwork Reduction Act Notice, see ins	tructions.	TEEA0504L	12/04/15	1 01111 330-FF (2013)

Attached schedules and amounts in the description Beginning of year En					of year		
Part	III	Balance Sheets  Attached schedules and amounts in the description column 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	58,531.	9,092.	9,092.		
	2		820,914.	2,094,172.	2,094,172.		
- 1		Accounts receivable					
- 1	3			***************************************			
- 1							
	•	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND THE PARTY STATE OF THE PARTY OF THE PART	<u> </u>			
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7						
A	,	Other notes and loans receivable (attach sch) Less: allowance for doubtful accounts					
S	8	Inventories for sale or use					
Ĕ	9	Prepaid expenses and deferred charges	5,480.	5,480.	5,480.		
ASSETS	14.5	Investments – U.S. and state government	0,1001				
5		obligations (attach schedule)	3,544,256.	3,891,078.	5,555,713.		
			3,615,116.	1,812,606.	1,520,120.		
		Investments — corporate bonds (attach schedule)	3,613,110.	1,012,000.			
	11	Investments – land, buildings, and equipment: basis					
		Less: accumulated depreciation (attach schedule)					
	12	Investments – mortgage loans	461 077	117 776	447,775.		
	13	Investments — other (attach schedule)	461,277.	447,776.	447,775.		
	14	Land, buildings, and equipment: basis ►					
		Less: accumulated depreciation (attach schedule) SEE . STMT . 5 . ►	54.				
	15	Other assets (describe					
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	8,505,628.	8,260,204.	9,632,352.		
T	17	Accounts payable and accrued expenses	800.				
Ī	18	Grants payable					
A B I	19	Deferred revenue					
	20	Loans from officers, directors, trustees, & other disqualified persons					
L I T	21	Mortgages and other notes payable (attach schedule)					
Ť	22			1.			
E				1			
E S	23		800.	1.			
		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.					
NF	24		8,463,248.	8,218,581.			
N F E U T N	25		41,580.	41,622.			
D	26	Permanently restricted					
A B A L A N		Foundations that do not follow SFAS 117, check here > and complete lines 27 through 31.					
ĒĻ	27						
SN	28						
C	29	- 1000 (1000 1000 1000 1000 1000 1000 10					
OERS	30		8,504,828.	8,260,203.			
	31	Total liabilities and net assets/fund balances (see instructions)	8,505,628.	8,260,204.			
Par		Analysis of Changes in Net Assets or Fund Balance					
1	Tota	al net assets or fund balances at beginning of year — Part II, col	umn (a), line 30 (must a	gree with 1	8,504,828.		
2	Ent	er amount from Part I, line 27a		2	-244,625.		
3	Othe	r increases not included in line 2 (itemize)		3			
4	Add	r increases not included in line 2 (itemize)		4	8,260,203.		
5		가게 가는 게 되었다. 있다는 방법이었다. 그런 그리는 그 없는 사람들이 살아 보다 하다.					
6	Tot	eases not included in line 2 (itemize)	i) - Part II, column (b),	line 30 6	8,260,203.		

Part	IV Capital Gains and L	osses for Tax on Investmen	Income	(h)	-1 (c) Data assuited	(d) Date sold
	(a) List and describe 2-story brick warehouse	the kind(s) of property sold (e.g., ree; or common stock, 200 shares ML	eal estate, C Company)	(b) How acquir P — Purchas D — Donatio	e (mo., day, yr.)	(mo., day, yr.)
1 a	PUBLICLY TRADED SEC	URITIES		P	VARIOUS	VARIOUS
b						-
d						
<u>u</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sal		(h) Gain o (e) plus (f) r	
a	1,791,806.		1,79	1,815.		-9.
b						
С						
d						
е						
		ing gain in column (h) and owned b	y the foundation on 12/31/	69	(I) Gains (Co gain minus col. (k),	ol. (h) hut not less
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		than -0-) or Losses (	from col. (h))
а						-9.
b						
С						
d						
е						
2	Capital gain net income or (ne	t capital loss) If gain, also	enter in Part I, line 7 er -0- in Part I, line 7	•	2	-9.
		(loss) as defined in sections 1222(5)			_	
3			_			
	If gain, also enter in Part I, line	e 8, column (c) (see instructions). If	(loss), enter -u-		3	0.
Par		r Section 4940(e) for Reduce		ent Incor	ne	
(For (	ontional use by domestic private for	oundations subject to the section 4940	(a) tax on net investment inc	come.)		
If sec	ction 4940(d)(2) applies, leave t	his part blank.				
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	mount of any year in the b	ase period?	Yes	X No
		alify under section 4940(e). Do not o			_	
		each column for each year; see the ins		entries.		
		(b)	(c) Net value of		(d)	
	(a) Base period years Calendar year (or tax year	Adjusted qualifying distributions	Net value of noncharitable-use as	sets (	Distribution Col. (b) divided by	
	beginning in)		nonchartable ase as	50.5	oon (b) amee	(-//
	2014	467,825.	9,84	0,668.		0.047540
	2013	439,348.	9,38	8,754.		0.046795
	2012	439,140.	8,84	7,098.		0.049637
	2011	361,613.	8,79	3,945.		0.041121
	2010	376,991.	8,68	1,834.		0.043423
2	Total of line 1, column (d)				2	0.228516
3	Average distribution ratio for t	he 5 year hase period - divide the	total on line 2 by 5, or by t	he		(0.5) <u>10.00</u> 000000000000000000000000000000000
J	number of years the foundatio	n has been in existence if less than	5 years		3	0.045703
4	Enter the net value of nancha	ritable-use assets for 2015 from Par	t X line 5		4	9,617,935.
4						Paradia re-
5	Multiply line 4 by line 3				5	439,568.
6	Enter 1% of net investment in	come (1% of Part I, line 27b)			6	2,243.
7	Add lines 5 and 6				7	441,811.
8	Enter qualifying distributions f	rom Part XII, line 4			8	490,305.
S.E.	M 5 5/	an line 7, check the box in Part VI, line		100	ax rate. See the	

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see instruction	15)		
1 a Exempt operating foundations described in section 4940(d)(2), check here ▶   and enter 'N/A' on line 1.				
Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)				
b Domestic foundations that meet the section 4940(e) requirements in Part V,	1		2,2	43.
check here. ► X and enter 1% 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)			17210	SPINE
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
foundations only. Others enter -0-)	2			0.
3 Add lines 1 and 2			2,2	243.
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	5		2,2	243.
6 Credits/Payments:				
	60.			
b Exempt foreign organizations — tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				2000
d Backup withholding erroneously withheld	Digital Paris			1.50
7 Total credits and payments. Add lines 6a through 6d	7		4, /	760.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			$\frac{1.}{0.}$
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		2 5	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	2 10		2,5	16.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax 2, 516. Refunded	5 11			0.
Part VII-A   Statements Regarding Activities		1000	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	l it 	Canada	165	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 b		х
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.	d			
c Did the foundation file Form 1120-POL for this year?		1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0.	5		
(1) On the foundation \$ 0. (2) On foundation managers \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	0.	-		
foundation managers > \$				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	N. W. Connection	X
If 'Yes,' attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		10-11 (Pa)		A SH
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	es	3		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N.	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
If 'Yes,' attach the statement required by General Instruction T.				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
<ul> <li>By language in the governing instrument, or</li> </ul>				
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conf</li> </ul>	lict			Contract to
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		7	X	July 100
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)  MT				
<b>b</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? If 'No,' attach explanation</i>		8 b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)	(3) or 4942(j)(5)	通道		
for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' co		9		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nar and addresses	MENT6	10 form 990	X	2015)
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Par	rt VII-A   Statements Regarding Activities (continued)			
	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	
14	Website address WWW.THECINNABARFOUNDATION.ORG   The books are in care of ► HOLMES & TURNER Telephone no. ► (406)   Located at ► 1283 N 14TH AVE STE 201 BOZEMAN MT ZIP + 4 ► 59715	587	-426	5
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.	.Ņ/Ā	<b>-</b>	III
16	and the state of t	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Day	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	No. of Concession,	-	
Pa	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1:	a 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?			
	(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?			
	(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)?			
	(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.).			
	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)?	1 b		Х
	Organizations relying on a current notice regarding disaster assistance check here			
9	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 2015?	1 c		Х
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20			
	b 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 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.)	2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2	► 20, 20, 20  a Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
	b If 'Yes,' did it have excess business holdings in 2015 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 2015.)	21		/7
	a Did the foundation invest during the year any amount in a manner that would jeopardize its	3 b	N	VA.
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	5,000	Х
	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 2015?	4 b		X
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Part VII-B   Statements Regarding Activitie	es for Which Form	4720 May Be Requ	uired (continued)					
5 a During the year did the foundation pay or incur	any amount to:		_					
(1) Carry on propaganda, or otherwise attempt			Yes X	No				
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registral	tion drive?		Yes X	The Court of the C				
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
(4) Provide a grant to an organization other th in section 4945(d)(4)(A)? (see instructions)	an a charitable, etc, org	ganization described	Yes X	No No				
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No No				
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to c a current notice regard	qualify under the except ling disaster assistance	tions	5b N/A				
Organizations relying on a current notice regarding disaster assistance check here.								
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response				No No				
If 'Yes,' attach the statement required by Regu			81000 N					
6 a Did the foundation, during the year, receive an on a personal benefit contract?b Did the foundation, during the year, pay premi	y funds, directly or indi	rectly, to pay premiums	Yes X	No No				
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirect	tly, on a personal benef	fit contract?	6Ы Х				
If 'Yes' to 6b, file Form 8870.		titud turn abaltas transa	ation? Dyes V	No.				
7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed	lation a party to a profil	ibited tax shelter transa	ransaction?	I/A. 7b				
Part VIII Information About Officers, Di	rectors Trustees	Foundation Manag	ers. Highly Paid E	mployees,				
and Contractors	rectors, musices,	Touristics manag	, o. o, g ,					
1 List all officers, directors, trustees, foundatio	n managers and their o	compensation (see inst	ructions).					
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account, other allowances				
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances				
SEE STATEMENT 7								
		40,750.	0.	4,818.				
2 Compensation of five highest-paid employees (or			ns). 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				
NONE			Compensation					
<u>NONE</u>								
****				-				
	1							
Total number of other employees paid over \$50.00			<u> </u>					
Lotal number of other employees hald over \$50 000				1				

and Contract	tors (continued)	addion managere, mgm, r = = =	., .
3 Five highest-paid indep	endent contractors for professional services (see i	nstructions). If none, enter 'NONE.'	
(a) Name and address	ss of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			0
Total number of others received	ring over \$50,000 for professional services		U
Part IX-A Summary of	Direct Charitable Activities		
List the foundation's four largest directions and other beneficiaries	ct charitable activities during the tax year. Include relevant statistic served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B Summary of	Program-Related Investments (see instru	uctions)	
Describe the two largest progra	am-related investments made by the foundation during t	he tax year on lines 1 and 2.	Amount
1			
N/A			
2			
All other program-related in	vestments. See instructions		
1880 - 57	resuments. See instructions.		
3			
Total. Add lines 1 through 3			0.
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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:	1	E 055 050
	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	1 a	7,855,863.
1	Average of monthly cash balances	1 b	1,905,303.
(	Fair market value of all other assets (see instructions)	1 c	3,235.
(	Total (add lines 1a, b, and c)	1 d	9,764,401.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		21
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,764,401.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	146,466.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,617,935.
6	Minimum investment return. Enter 5% of line 5	6	480,897.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting fo	oundations
	and certain foreign organizations check here		
1	Minimum investment return from Part X. line 6.	1	480,897.
	a Tax on investment income for 2015 from Part VI, line 5		
	b Income tax for 2015. (This does not include the tax from Part VI.)		
	c Add lines 2a and 2b	2 c	2,243.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	478,654.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	478,654.
6	Deduction from distributable amount (see instructions)	6	
7	Det VIII lies 1	7	478,654.
Pa	rt 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	1 a	490,305.
	b Program-related investments — total from Part IX-B.	1 b	
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)	3 a	
	b Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	490,305.
	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	2,243.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	488,062.

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.

Form 990-PF (2015)

#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI,				478,654.
2 Undistributed income, if any, as of the end of 2015:				470,034.
a Enter amount for 2014 only			484,031.	
b Total for prior years: 20 , 20 , 20		0.		<b>建筑。而是对于</b>
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012			計算 经营存款	
d From 2013				
e From 2014		· · · · · · · · · · · · · · · · · · ·	直列亚岛人 的时	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part				
XII, line 4: \$ 490,305.  a Applied to 2014, but not more than line 2a			404 021	
a Applied to 2014, but not more than line 2a		<b>信息 经单价等三位的</b>	484,031.	
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 2015 distributable amount			Med - Comment	6,274.
e Remaining amount distributed out of corpus.	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
Same amount must be shown in column (a).)				
6 Enter the net total of each column as		· 1000 -		
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b		0.	CREATE STATE OF THE STATE OF TH	
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)		0.		
tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from			0.	
line 2a. Taxable amount — see instructions				
f Undistributed income for 2015. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2016				472,380.
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 2010 not				
applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		100	High A lyts at	
a Excess from 2011				
b Excess from 2012			<b>的时间</b> 多层的特	<b>非公司的</b>
c Excess from 2013	<b>建筑</b>			
d Excess from 2014				
e Excess from 2015			CHARLES OF STREET	the restriction to be a second or the second or the second

Part XIV   Private Operating Foundar	tions (see instr	uctions and Par	t VII-A, question	9)	N/A
1 a If the foundation has received a ruling or dete is effective for 2015, enter the date of the	ermination letter that	t it is a private operat	ing foundation, and th	ne ruling	
b Check box to indicate whether the founda				4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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 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 assets at any time during the	(Complete this ne year – see i	s part only if the nstructions.)	e foundation had	1 \$5,000 or more	in
1 Information Regarding Foundation Mana	gers:				
a List any managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more	than 2% of the total of than \$5,000). (See	contributions received e section 507(d)(2).)	by the foundation before	ore the
				line of the suppor	ahin of
b List any managers of the foundation who ow a partnership or other entity) of which the NONE	n 10% or more of the e foundation has a	e stock of a corporati 10% or greater inte	on (or an equally large rest.	e portion of the owner	ship of
2 Information Regarding Contribution, Gra	nt Cift Lace C-L	olarchia etc Bross	rams:		
Check here if the foundation only m requests for funds. If the foundation mak complete items 2a, b, c, and d.	akes contributions to	o preselected charital	ble organizations and	does not accept unsolanizations under other	icited er conditions,
a The name, address, and telephone number of	or e-mail address of	the person to whom	applications should be	addressed:	
SEE STATEMENT 8				·	
b The form in which applications should be	submitted and info	ormation and mater	ials they should inclu	ıde:	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines:					
SEE STATEMENT FOR LINE 2A  d Any restrictions or limitations on awards,	such as by geogra	aphical areas, charit	able fields, kinds of	institutions, or other	factors:
		.p			
SEE STATEMENT FOR LINE 2A					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or Foundation Purpose of grant or contribution Recipient Amount status of recipient substantial contributor Name and address (home or business) a Paid during the year 423,500. PROMOTE ENVIROMENTAL PUBLIC SEE ATTACHED SCHEDULE NONE PROTECTION AND CONSERVATION IN THE STATE OF MONTANA AND THE GREATER YELLOWSTONE ECOSYSTEM. 423,500. Total..... b Approved for future payment Total.....▶ 3 b

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

Related or exemply function income (See instructions.)
224,34
to the tructions.)

Form 990-PF (2015) THE CINNABAR FOUNDATION 81-0415045

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

					E	res No
de	d the organization direction 501( escribed in section 501( lating to political organi	c) of the Code (oth	gage in any of the following wi ner than section 501(c)(3) orga	th any other organization nizations) or in section 527,		
			noncharitable exempt organiz	ation of:		
(1)	) Cash				1 a (1)	X
(2)	Other assets				1 a (2)	X
b Ot	ther transactions:					5 M 1881
(1)	) Sales of assets to a r	noncharitable exen	npt organization		1 b (1)	X
(2)	) Purchases of assets	from a noncharitab	le exempt organization		1 b (2)	X
(3)	Rental of facilities, ed	quipment, or other	assets		1 b (3)	X
(4	Reimbursement arrar	ngements			1 b (4)	X
						X
			or fundraising solicitations			X
			s, other assets, or paid employ			X
d If the ar	the answer to any of the goods, other assets, or by transaction or sharin	e above is 'Yes,' o services given by the g arrangement, sh	complete the following schedule ne reporting foundation. If the fou ow in column (d) the value of t	e. Column (b) should always ndation received less than fair he goods, other assets, or s	show the fair market val market value in ervices received.	ue of
(a) Line	no. (b) Amount involved	(c) Name of	noncharitable exempt organization	(d) Description of transfers	, transactions, and sharing arra	ngements
N/A						
	_			<del></del>		
		_				
	the foundation directly of escribed in section 501 ( 'Yes,' complete the foll		with, or related to, one or more ther than section 501(c)(3)) or i	ax-exempt organizations n section 527?	Yes	s X No
Dil	(a) Name of organi		(b) Type of organization	(c) De	escription of relationship	
N/A	(a) Name of organi	zation	(b) Type of organization	(0) 5.	outplien of total one in	
N/A						
	Under penalties of periury 1 d	eclare that I have examin	ned this return, including accompanying s	chedules and statements, and to the	pest of my knowledge and belief,	it is true,
Sign	correct, and complete. Declare	ation of preparer (other th	ned this return, including accompanying s nan taxpayer) is based on all information	of which preparer has any knowledge	May the	IRS discuss
Here			1	TREASURER	preparer	shown below tructions)?
	Signature of officer or truste	e	Date	Title		Yes No
	Print/Type preparer's	s name	Preparer's signature	Date	Check if PTIN	
Paid	LAURA TURN	NER			self-employed P0064	0023
Prepa	125	HOLMES & T	URNER	Firm	n's EIN - 81-0347988	
Use O			H AVENUE STE 201		02 001,300	
USC U	iny   initial districts		T 59715	Pho	ne no. (406) 587-	4265
BAA		DOBLINAN, M	1 33113	11110		0-PF (2015)
					1 01111 33	(=0.0)

#### Form 2220

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

2015

Employer identification number

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

THE CINNABAR FOUNDATION 81-0415045 C/O HOLMES & TURNER Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Required Annual Payment 1 2,243. 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included 2a on line 1..... b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income 2b c Credit for federal tax paid on fuels (see instructions)...... d Total. Add lines 2a through 2c..... 2dSubtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 3 2,243. does not owe the penalty. Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is 4.748. 4 zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, 2.243. Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must Part II file Form 2220 even if it does not owe a penalty (see instructions). 6 The corporation is using the adjusted seasonal installment method. 7 The corporation is using the annualized income installment method. The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax. 8 Part III Figuring the Underpayment (d) (c) (b) (a) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's 12/15/15 9 9/15/15 5/15/15 6/15/15 tax year..... Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 561. 10 560 561 561 5 above in each column..... Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount 4,028 from line 11 on line 15..... 11 732 Complete lines 12 through 18 of one column before going to the next column. 3,078. 12 172 12 Enter amount, if any, from line 18 of the preceding column . . . . . . 13 172 4.028 3,078. 389 14 14 Add amounts on lines 16 and 17 of the preceding column . . . . . . . 3,078 15 Subtract line 14 from line 13. If zero or less, enter -0-..... 732 172 3,639 15 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-.... 0 0 16 Underpayment. If line 15 is less than or equal to line

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

17

3,078

10, subtract line 15 from line 10. Then go to line 12 of

the next column. Otherwise, go to line 18 ...... Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the

next column.....

172

389

Part IV | Figuring the Penalty (d) (c) (a) (b) Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 7/31/15 990-T filers: Use 5th month instead of 3rd month.).... 19 Number of days from due date of installment 46 20 on line 9 to the date shown on line 19..... Number of days on line 20 after 4/15/2015 and 21 before 7/1/2015..... Number of days 22 Underpayment on line 21 on line 17 22 0.48 365 Number of days on line 20 after 6/30/2015 and 31 23 before 10/1/2015..... Number of days 24 Underpayment x 3%... on line 23 on line 17 0.99 24 Number of days on line 20 after 9/30/2015 and 25 before 1/1/2016..... Number of days 26 Underpayment on line 25 on line 17 365 26 Number of days on line 20 after 12/31/2015 and 27 before 4/1/2016..... Number of days Underpayment on line 27 366 28 Number of days on line 20 after 3/31/2016 and 29 before 7/1/2016..... Number of days Underpayment x on line 29 on line 17 30 366 31 Number of days on line 20 after 6/30/2016 and 31 before 10/1/2016..... Number of days Underpayment x on line 31 on line 17 32 366 Number of days on line 20 after 9/30/2016 and 33 before 1/1/2017..... Number of days 34 Underpayment on line 33 on line 17 366 34 Number of days on line 20 after 12/31/2016 and before 2/16/2017..... Number of days Underpayment on line 35 x on line 17 36 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36..... 37 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the

comparable line for other income tax returns .....

<sup>\*</sup>Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

2015 CLIENT CINNABAR	FEDERAL STATEMENTS THE CINNABAR FOUNDATION C/O HOLMES & TURNER	PAGE 1 81-0415045
7/26/16		01:04PM
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
BOOKKEEPING AND TAX SERVICES.	PER BOOKS INCOME NET INCOME	(D) CHARITABLE PURPOSES 12,600. 12,600.
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
EXCISE TAXESPAYROLL TAXESTAXES DEDUCTED FROM INVESTMEN	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME  \$ 4,028. 3,162. NTS 85. \$ 85. TOTAL \$ 5. 0. \$	(D) CHARITABLE PURPOSES  2,846.
STATEMENT 3 FORM 990-PF, PART I, LINE 19 ALLOCATED DEPRECIATION  DATE COST PRIOR ACOUIRED BASIS DEP EXEC. DIRECTOR COMPUTER 4/26/10 782		ST ADJUSTED NET INCOME 0 0
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
ADVERTISING BANK FEES INSURANCE INVESTMENT COMMISSIONS & FEE LICENSES & REGISTRATIONS MEALS MISCELLANEOUS TELEPHONE WORKERS COMPENSATION INSURAN	89. 997. S. 15. \$ 15. 15. \$ 15. 1,485. 216.	(D) CHARITABLE PURPOSES \$ 3,629. \$ 14. 1,391. 46. 686. 444. \$ 6,210.

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#### **FEDERAL STATEMENTS**

THE CINNABAR FOUNDATION C/O HOLMES & TURNER

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STATEMENT 5 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS		ACCUM. DEPREC.		BOOK VALUE	FAI	R MARKET VALUE
MACHINERY AND EQUIPMENT TOTAL	\$ \$	782 <u>.</u> 782.	\$ \$	782. 782.	\$ \$	0. 0.	\$	<u>0.</u> 0.

STATEMENT 6 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

CIDNEY BROWN 2815 OLD FORT RD, APT 310 MISSOULA, MT 59804

JUDI STAUFFER 1610 COUGAR RIDGE BUELLTON, CA 93427

STATEMENT 7
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBIN TAWNEY 3545 PATTEE CANYON ROAD MISSOULA, MT 59802	CHAIR O	\$ 0.	\$ 0.	\$ 0.
JAMES POSEWITZ PO BOX 5088 HELENA, MT 59604	EMERITUS MEMBER 0	0.	0.	0.
STEVEN S. THOMPSON PO BOX 4471 WHITEFISH, MT 59937	EXECUTIVE DIR. 30.00	6,750.	0.	0.
ERNEST J TURNER 1283 N 14TH AVE, STE 201 BOZEMAN, MT 59715	TREASURER 0	0.	0.	0.
GARY WOLFE PO BOX 7323 MISSOULA, MT 59807	EXECUTIVE DIR. 30.00	34,000	0.	4,818.

2015

## **FEDERAL STATEMENTS**

THE CINNABAR FOUNDATION C/O HOLMES & TURNER

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**CLIENT CINNABAR** 7/26/16

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STATEMENT 7 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GORDON "CORKY" BRITTAN PO BOX 1360 LIVINGSTON, MT 59047	VICE CHAIR 0	\$ 0.	\$ 0.	\$ 0.
GRANT PARKER 655 E. BECKWITH AVE. MISSOULA, MT 59801	DIRECTOR 0	0.	0.	0.
JUDI STAUFFER 1610 COUGAR RIDGE ROAD BUELTON, CA 93427	SECRETARY 0	0.	0.	0.
	TOTAL	\$ 40,750.	\$ 0.	\$ 4,818.

### **STATEMENT 8** FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

THE CINNABAR FOUNDATION

CARE OF:

GARY WOLFE

STREET ADDRESS:

PO BOX 7323

CITY, STATE, ZIP CODE:

MISSOULA, MT 59807

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

DETAILED EXPLANATION OF PAST, PRESENT AND FUTURE

ACTIVITIES.

SUBMISSION DEADLINES:

VARIES - REFER TO CONTACT ABOVE

NONE. RESTRICTIONS ON AWARDS:

#### Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

#### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ..... If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. . . . . All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or THE CINNABAR FOUNDATION print 81-0415045 C/O HOLMES & TURNER Social security number (SSN) Number, street, and room or suite number. If a P.O. box, see instructions. File by the due date for 1283 N 14TH AVE #201 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. BOZEMAN, MT 59715 Enter the Return code for the return that this application is for (file a separate application for each return)..... Return Application Is For Application Return Code Is For Code 07 01 Form 990-T (corporation) Form 990 or Form 990-EZ 08 02 Form 1041-A Form 990-BL 09 03 Form 4720 (other than individual) Form 4720 (individual) 10 Form 5227 04 Form 990-PF 11 05 Form 6069 Form 990-T (section 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) The books are in the care of ► HOLMES & TURNER Fax No. ► Telephone No. ► (406) 587-4265 If the organization does not have an office or place of business in the United States, check this box...... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. . . . . ▶ . If it is for part of the group, check this box . . . ▶ . and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  $\underline{\phantom{a}}$ , 20  $\underline{16}$  , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 15 or , 20 \_ \_ , and ending tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 3 b 0. tax payments made. Include any prior year overpayment allowed as a credit..... **c Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions..... Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.