Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1878

Department in the result primer all states all states and the first Skeep for your records. Interest committed in the states of the first states and the states of the st		For calendar year 2017, or fiscal year beginning, 2017, and ending	, 20	2017
Name and title of officer EDWARD FILINE FOUNDATION 46 - 2082 969		Do not send to the IRS. Keep for your records.	ion	2017
Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do ngt complete more than one line in Part I. 1a Form 990-EC Londs here		The state of the s		ation number
Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do ngt complete more than one line in Part I. 1a Form 990-EC Londs here	Z	IMMER FELINE FOUNDATION	46-20829	69
Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -O-). But, if you entered -O- on the return, then enter -O- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-EZ check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 2b □ 3a Form 1120-POL, check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 3b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 5a Form 890-EF check here ▶ □ □ 5a Form 890-EF check here ▶ □ 5a F				
Check the box for the return for which you are using this Form 8878-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 Check here b b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 3b Total revenue, if any (Form 990-EZ, line 9) 4a Form 990-PF check here b Total revenue, if any (Form 990-EZ, line 9) 5a Form 180-POL check here b Total revenue, if any (Form 990-EZ, line 9) 5b Total revenue, if any (Form 990-EZ, line 9) 5c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue, if any (Form 990-PF, Part VI, line 5) 6c Form 8886 check here b Total revenue and (Form 980-PF, Part VI, line 5) 6c Form 990-PF, Part VI, line 1b, Interesting the p				
check the box on line 1a, 2a, 3a, 4a, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 Check here	Part I Type of I	Return and Return Information (Whole Dollars Only)		
leave line 1b, 2b, 3b, 4b, cr 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	Check the box for the retur	n for which you are using this Form 8879-EO and enter the applicable amount, if	any, from the return. If	fyou
the applicable line below. Do not complete more than one line in Part I. Is Form 990-EZ check here	check the box on line 1a, 2	a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with	this form was blank, th	nen
1a Form 990-Ez check here ▶	leave line 1b, 2b, 3b, 4b, o	or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on t	he return, then enter -(0- on
2a Form 990-EZ check here	the applicable line below. D			
3a Form 1120-POL check here	1a Form 990 check here	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
4a Form 990-PF check here ▶		re Total revenue, if any (Form 990-EZ, line 9)	2b	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return or political or send the organization's electronic return originator (ERO) to send the organization's few and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only ERO firm name ERO firm name on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return	3a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)	3b	200
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receive for reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any return. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to institute an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment (a the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-884-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (FIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize SCHLAUPITZ & MADHAVAN, P.C. Teno firm name on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(es) regulating charities as part of the I	4a Form 990-PF check he	re LA b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	886
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are frue, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's ether to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1848-8354-4537 not later than 2 business days prior to the payment (settlement) date. I also unthorate the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize SCHLAUPITZ & MADHAVAN , P.C. to enter my PIN as my signature on the organization in the application and authorize disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return	5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are frue, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-88-353-4537 not later than 2 business days prior to the payment (settlement) date. I also unthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter	Dard II Danierot	ion and Signature Authorization of Office		
organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission), (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize SCHLAUPITZ & MADHAVAN, P.C. ERO firm name On the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication				
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	are true, correct, and comporganization's electronic reto send the organization's it the transmission, (b) the reauthorize the U.S. Treasurfinancial institution account return, and the financial ins Agent at 1-888-353-4537 n involved in the processing resolve issues related to the electronic return and, if app. Officer's PIN: check one I authorize SCI	plete. I further declare that the amount in Part I above is the amount shown on the sturn. I consent to allow my intermediate service provider, transmitter, or electronic return to the IRS and to receive from the IRS (a) an acknowledgement of receipt eason for any delay in processing the return or refund, and (c) the date of any refuly and its designated Financial Agent to initiate an electronic funds withdrawal (directed in the tax preparation software for payment of the organization's federabilitation to debit the entry to this account. To revoke a payment, I must contact the notater than 2 business days prior to the payment (settlement) date. I also author of the electronic payment of taxes to receive confidential information necessary to be payment. I have selected a personal identification number (PIN) as my signature of the organization's consent to electronic funds withdrawal. **Decomply** **LAUPITZ & MADHAVAN , P.C.** The enter my PI ERO firm name **Alaupication** **The account of the payment of the payment of the enter my PI enter m	e copy of the c return originator (ER or reason for rejection und. If applicable, I rect debit) entry to the al taxes owed on this e U.S. Treasury Financ ize the financial institut o answer inquiries and re for the organization' N 68158 as r Enter five numbers, b do not enter all zeros at a copy of the return i	O) of cial titions s my signature out
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 1 certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	ERO to enter my P	IN on the return's disclosure consent screen. organization, I will enter my PIN as my signature on the organization's tax year 2	2017 electronically filed	d return.
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 3832399999 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.				art of
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 1 certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.			▶ 02/12/18	
number (EFIN) followed by your five-digit self-selected PIN. 3832399999 Do not enter all zeros	Part III Certifica	tion and Authentication		
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.				
ERO's signature DAVID HAFFEY Date Date Date Date Date Date Date Date	indicated above. I confirm	that I am submitting this return in accordance with the requirements of Pub. 4163		⁄leF)
	ERO's signature DAY	VID HAFFEY Date 1	02/12/18	
		ERO Must Retain This Form — See Instructions		

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

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

OMB No. 1545-0052 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.

FOI	calend	dar year 2017 or tax year beginning , a	ına enaing				
N	ame of for	undation			A Employ	yer identification number	
	7 T 3 (ED EELTNE EOINDAMION			16	2082060	
		ER FELINE FOUNDATION d street (or P.O. box number if mail is not delivered to street address)	D _i	oom/suite		2082969 one number (see instructions	.)
		OX 6815	1	JOITI/JUILE		-466-1676	"
С	ity or town	n, state or province, country, and ZIP or foreign postal code	I				
_ :	SANT	A FE NM 87502-6	815		C If exem	ption application is pending,	check here
G	Check	all that apply: Initial return Initial retur	rn of a former public	charity	D 1. Fore	eign organizations, check he	re •
		Final return Amended	return		2. Fore	eign organizations meeting th	ne
		Address change Name cha	nge		85%	6 test, check here and attach	computation •
Н	Check	type of organization:X Section 501(c)(3) exempt privat	e foundation		E If privat	te foundation status was term	ninated under
		n 4947(a)(1) nonexempt charitable trust Other taxable				507(b)(1)(A), check here	
l F	air mai	rket value of all assets at J Accounting method:	Cash X Acc	rual	F If the fo	oundation is in a 60-month te	rmination
6	end of y	ear (from Part II, col. (c), Other (specify)			under s	section 507(b)(1)(B), check he	ere
	ine 16)	▶ \$ 2,279,520 (Part I, column (d) must	be on cash basis.)				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	inco		income	purposes
	1	Contributions, gifts, grants, etc., received (attach schedule)	919,232				(cash basis only)
	2	Check ► if the foundation is not required to attach Sch. B	_				
	3	Interest on savings and temporary cash investments	2,321		2,321	2,321	
	4	Dividends and interest from securities	30,906		30,906	30,906	
	5a		30,300		30,300	30,300	
đ		Net rental income or (loss)					
Ď	6a	Net gain or (loss) from sale of assets not on line 10	55,385				
Revenue	b	Gross sales price for all assets on line 6a 320,322	,				
è	7	Capital gain net income (from Part IV, line 2)			55,385		
_	8	Net short-term capital gain			100	0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,007,844		88,612	33,227	
Expenses	13	Compensation of officers, directors, trustees, etc.	0				
ŝ	14	Other employee salaries and wages					
ğ	. 15	Pension plans, employee benefits					
_	16a	Legal fees (attach schedule)					
and Administrative	b	Accounting fees (attach schedule) STMT 1	3,276				3,276
ati	С	Other professional fees (attach schedule)					
str	17	Interest					
<u></u>	18	Taxes (attach schedule) (see instructions) STMT 2	114				
토	19	Depreciation (attach schedule) and depletion					
ĕ	20	Occupancy					
pu	21	Travel, conferences, and meetings					
	22	Printing and publications Other expenses (att. sch.) STMT 3	206 214				206 214
Operating	23	Uniter expenses (att. scn.) SIMI 5	306,314				306,314
at	24	Total operating and administrative expenses. Add lines 13 through 23	309,704		0	o	309,590
e O	25	0	309,704		U	U	066,606
ō	25	Total expenses and disbursements. Add lines 24 and 25	309,704		0	0	309,590
	27	Subtract line 26 from line 12:	505,704		J		507,550
	a	Excess of revenue over expenses and disbursements	698,140				
	b	Net investment income (if negative, enter -0-)			88,612		
	c	Adjusted net income (if negative, enter -0-)				33,227	

	Part	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
	ı aıtı	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	11,657	12,065	
	2	Savings and temporary cash investments	94,522	1,011,075	1,011,075
	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			
	7	instructions) Other notes and loans receivable (att. schedule) ▶			
	•	Less: allowance for doubtful accounts ▶ 0			
"	8	Inventories for sele or use			
Assets	9	Prepaid expenses and deferred charges	4,950		
155	10a	Investments – U.S. and state government obligations (attach schedule)	17550		
1	_	Investments – corporate stock (attach schedule) SEE STMT 4	1,331,468	1,117,758	1,256,380
	b		1,331,400	1,117,730	1,230,300
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
	40	Less: accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the	1 440 507	2 140 000	2 270 520
\dashv		instructions. Also, see page 1, item I)		600	2,279,520
	17	Accounts payable and accrued expenses	16	177	
S	18	Grants payable			
Liabilities	19	Deferred revenue			
Ε	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
4	23	Total liabilities (add lines 17 through 22)	16	177	
S		Foundations that follow SFAS 117, check here			
nces		and complete lines 24 through 26 and lines 30 and 31.			
lan	24	Unrestricted	1,442,581	2,140,721	
Ва	25	Temporarily restricted			
Þ	26	Permanently restricted			
Assets or Fund Bala		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
AS:	29	Retained earnings, accumulated income, endowment, or other funds			
Net /	30	Total net assets or fund balances (see instructions)	1,442,581	2,140,721	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	1,442,597	2,140,898	
	Part				
1		net assets or fund balances at beginning of year – Part II, column (a), line 30			
	end-	of-year figure reported on prior year's return)		1	1,442,581
2		r amount from Part I, line 27a			698,140
		r increases not included in line 2 (itemize) ▶		3	
		lines 1, 2, and 3			2,140,721
5	Decr	eases not included in line 2 (itemize) ▶		-	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum			2,140,721

Form 990-PF (20	1/) ZIMMER	FELINE FOUNDATIO	N		<u> </u>			Page 3
Part IV C	apital Gains a	and Losses for Tax on Inv	estment Inco	me				
		the kind(s) of property sold (for example, rea rehouse; or common stock, 200 shs. MLC C			(b) How acquired P – Purchase D – Donation	(c) Date a		(d) Date sold (mo., day, yr.)
1a VANGUZ	ARD HEALT	H CARE FUND			P	03/04	1/15	03/01/17
		STOCK MKT INDEX			P	02/02		03/01/17
c VANGUA		H CARE FUND						, ,
d								
е								
(e) Gross	sales price	(f) Depreciation allowed (or allowable)		g) Cost or o	other basis se of sale			or (loss)) minus (g))
а	100,000				109,385			-9,385
b	200,000				155,552			44,448
С	20,322							20,322
d								
е								
Complete onl	y for assets show	ing gain in column (h) and owned	by the foundation	on 12/3	31/69.	(I) (Gains (Col.	(h) gain minus
(i) FMV as	of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col.	* *		(k), but not	less than -0-) or om col. (h))
а								-9,385
b								44,448
С								20,322
d								
е								
2 Capital gain r	et income or (net	canital loss) 4	nter in Part I, line 7 -0- in Part I, line 7			2		55,385
3 Net short-tern	n capital gain or (I	oss) as defined in sections 1222(5) and (6):	_				
If gain, also e	nter in Part I, line	8, column (c). See instructions. If	(loss), enter -0- in	n T				
Part I, line 8				<u></u>		3		
Part V Q	ualification U	Inder Section 4940(e) for	Reduced Tax	on Ne	et Investment I	ncome		
If section 4940(d)	(2) applies, leave	ection 4942 tax on the distributable	e amount of any y	ear in th				Yes X No
	<u>.</u>	ualify under section 4940(e). Do n						
1 Enter the app	· · · · · · · · · · · · · · · · · · ·	n each column for each year; see	the instructions be	efore m	aking any entries.			
	(a) e period years (or tax year beginning i	•		Net value	(c) of noncharitable-use asse			(d) ribution ratio divided by col. (c))
	2016		79,290		1,494,6			0.186855
	2015	2	66,834		1,569,7	708		0.169990
	2014	1	.99,217		1,566,4	196		0.127174
	2013							
	2012							
2 Total of line 1	′ ′ ′					2		0.484019
		e 5-year base period – divide the has been in existence if less that				3		0.161340
4 Enter the net	value of nonchari	table-use assets for 2017 from Pa	urt X, line 5			4		1,465,160
5 Multiply line 4	by line 3					5		236,389
6 Enter 1% of n		ome (1% of Part I, line 27b)						886
7 Add lines 5 ar								237,275
		om Part VII. line 4						309,590
		an line 7, check the box in Part V			nat part using a 1%		ee the	202,000

Part VI instructions.

Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			- <u>J</u> -
1a	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 instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			886
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0
3	Add lines 1 and 2		- 1	886
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-		- 1	886
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 783			
b	Exempt foreign organizations – tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			<u> 783</u>
8	Enter any penalty for underpayment of estimated tax. Check her 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			<u> 103</u>
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 ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities		1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	_	Yes	
_	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			7.
	Instructions for the definition	1b		X
	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.	4 =		v
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
2	If "Yes," attach a detailed description of the activities.			Λ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3		3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b		4b		
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
	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:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
		6	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	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	NM			
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 General Instruction G? If "No," attach explanation	8b	Х	
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 taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"			
	complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses STMT 5	10	X	

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified N/A			
	person had advisory privileges? If "Yes," attach statement. See instructions	12	37	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW • ZIMMER−FOUNDATION • ORG	13	X	
4.4	Website address ► WWW.ZIMMER-FOUNDATION.ORG The books are in care of ► ED ZIMMER Telephone no. ► 505-4	66-	167	
14	PO BOX 6815	.00-	10/	
)_69	15	
15	Located at ► SANTA_FE NM ZIP+4 ► 8 / 5 U ≥ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here		±	
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
		16	.00	X
	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			
Pa	art 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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 N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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? N/A	1c		
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)):			
а	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? Yes X No			
b	If "Yes," list the years ▶ 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
		2b		
С	all years listed, answer "No" and attach statement – see instructions.) 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				
	at any time during the year?			
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.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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?	4h	İ l	X

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P	art VII-B Statements Regarding Activities for Which For	m 4720 May B	e Required (d	continued)		
5a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	ion 4945(e))?	🔲 '	res X No		
	(2) Influence the outcome of any specific public election (see section 4955)					
	directly or indirectly, any voter registration drive?			res X No		
	(3) Provide a grant to an individual for travel, study, or other similar purpose	es?		∕es X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	tion described in				
	section 4945(d)(4)(A)? See instructions		· 📙 ነ	∕es X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literal					
	purposes, or for the prevention of cruelty to children or animals?			∕es X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify					
	Regulations section 53.4945 or in a current notice regarding disaster assists				5b	
	Organizations relying on a current notice regarding disaster assistance, che			▶ 🔲		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
	because it maintained expenditure responsibility for the grant?		N/A ∐ `	res 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?			res X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit	contract?		6b	X
_	If "Yes" to 6b, file Form 8870.					
	At any time during the tax year, was the foundation a party to a prohibited to					
************	If "Yes," did the foundation receive any proceeds or have any net income at				7b	
F	Information About Officers, Directors, Trustees,	roundation w	ianagers, nig	my Paid Emp	Jioyee	:5,
1	and Contractors List all officers, directors, trustees, and foundation managers and their of	componentian So	o inetructions			
-	List an officers, unectors, trustees, and roundation managers and their t			(d) Contributions to	1	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		nse account,
	(a) Name and address	devoted to position	enter -0-)	plans and deferred compensation	other a	llowances
EI	OWARD F ZIMMER SANTA FE	PRESIDENT, T		,		
	D BOX 6815 NM 87502-6815	0.00	0	0		0
	THRYN M ZIMMER SANTA FE	VICE PRESIDE				
P(D BOX 6815 NM 87502-6815	0.00	0	0		0
C:	NTHIA MARSHALL SANTA FE	DIRECTOR				
P	D BOX 6815 NM 87502-6815	0.00	0	0		0
2	Compensation of five highest-paid employees (other than those included)	ed on line 1 – see	instructions). If	none, enter		
	"NONE."	<u>, </u>	1	ı		
		(b) Title, and average		(d) Contributions to employee benefit	(a) Eypor	nse account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		llowances
		devoted to position		compensation		
N	NE					
		. .				
T1	Il number of other employees paid over \$50,000					0
I OTS	n number of other emblovees bald over \$50.000			•	1	O

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Part VIII	017) ZIMMER FELINE FOUNDATION 46-208 Information About Officers, Directors, Trustees, Foundation Mana		Page /
rait VIII	and Contractors (continued)	igers, migniy Faiu	Employees,
3 Five high	est-paid independent contractors for professional services. See instructions. If no	ne, 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		<u> </u>
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 SEE S	TATEMENT 6		
			145 205
2 CEE C	TATEMENT 7		145,305
	IAIEMENI /		
			141,963
3 OUR V	ETERINARY CARE ASSISTANCE PROGRAM HELPED AN	OTHER 61	
	NCOME HOUSEHOLDS OBTAIN URGENT CARE FOR THE	IR PET	
CATS.			12,185
4			
Part IX-B	Summary of Program-Related Investments (see instructions)	I	
Describe the two la	rgest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A			

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

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

Pa	Art 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:		
а	Average monthly fair market value of securities		1,302,323
b	Average of monthly cash balances	1b	185,149
С	Fair market value of all other assets (see instructions)	. 1c	0
d	Total (add lines 1a, b, and c)	1d	1,487,472
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e	0	
2	Acquisition indebtedness applicable to line 1 assets	. 2	0
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	3	1,487,472
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	22,312
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	1,465,160
6	Minimum investment return. Enter 5% of line 5	6	73,258
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	erating fo	undations
	and certain foreign organizations check here ▶X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	_	200 500
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	309,590
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:		
а	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	309,590
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		886
6	Adjusted qualifying distributions. Subtract line 5 from line 4		308,704
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		on

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Pa	rt XIII Undistributed Income (see instruction	s)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				
2	Undistributed income, if any, as of the end of 2017:				
а	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	E 004E				
e					
· •	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
7	line 4: ► \$ 309,590				
_	Applied to 2010, but not more than line 20				
	Applied to undistributed income of prior years				
b	• • •				
_	(Election required – see instructions) Treated as distributions out of corpus (Election				
C					
	required – see instructions)				
	Applied to 2017 distributable amount	309,590			
	Remaining amount distributed out of corpus	309,590			
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:	200 500			
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	309,590			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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				
е	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)				
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
_	F				

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Pa	art XIV Private Operating Fo	oundations (see i	instructions and F	Part VII-A, questio	n 9)	
1a	If the foundation has received a ruling of	or determination letter	that it is a private op	erating		
	foundation, and the ruling is effective for	or 2017, enter the date	e of the ruling	>		N/A
b	Check box to indicate whether the foun				42(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					_
	each year listed	33,227	35,361	42,825	50,242	161,655
b	85% of line 2a	28,243	30,057	36,401	42,706	137,407
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	309,590	279,807	268,101	199,217	1,056,715
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	309,590	279,807	268,101	199,217	1,056,715
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"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/					
	of minimum investment return shown in					
	Part X, line 6 for each year listed	48,839	49,823	52,323	52,217	203,202
С	"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)					
	an exempt organization					
	(4) Gross investment income					
P	art XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5 000 or m	ore in assets at
	any time during the					ioro in accord at
1	Information Regarding Foundation N					
а	List any managers of the foundation wh	_	ore than 2% of the to	otal contributions recei	ved by the foundation	
	before the close of any tax year (but or				•	
	N/A	, ,	, ,	, (,,,,	
b	List any managers of the foundation wh	no own 10% or more	of the stock of a corpo	oration (or an equally I	arge portion of the	
	ownership of a partnership or other ent	ity) of which the found	dation has a 10% or g	reater interest.		
	N/A					
2	Information Regarding Contribution,					
	Check here ► X if the foundation on	ly makes contributions	s to preselected chari	table organizations ar	nd does not accept	
	unsolicited requests for funds. If the fou	undation makes gifts,	grants, etc., to individ	luals or organizations	under other conditions	,
	complete items 2a, b, c, and d. See ins	tructions.				
а	The name, address, and telephone nur	mber or email address	s of the person to who	om applications should	be addressed:	
	N/A					
b	The form in which applications should be	pe submitted and info	rmation and materials	they should include:		
	N/A					
С	Any submission deadlines:					
	N/A					_
d	Any restrictions or limitations on award	s, such as by geograp	ohical areas, charitabl	le tields, kinds of instit	utions, or other	
	factors:					

N/A

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year N/A Total ▶ 3a **b** Approved for future payment N/A ▶ 3b **Total**

Part XVI-A	Analysis of Income-Producing Ac	ctivities				y
Enter gross am	nounts unless otherwise indicated.		ed business income	Excluded by	section 512, 513, or 514	(0)
1 Program se	ervice revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a						
b						
С						
_						
f	nd contracts from government agencies					
	p dues and assessments					
3 Interest on	savings and temporary cash investments			14	52	2,269
4 Dividends	and interest from securities			14	14,954	15,952
	ncome or (loss) from real estate:				-	-
	nanced property					
b Not del	ot-financed property					
6 Net rental i	ncome or (loss) from personal property					
7 Other inves	stment income					
8 Gain or (los	ss) from sales of assets other than inventory			14	20,322	35,063
9 Net income	or (loss) from special events					
	t or (loss) from sales of inventory					
11 Other rever	nue: a					
d e						
	dd columns (b), (d), and (e)		(0	35,328	53,284
13 Total. Add	line 12, columns (b), (d), and (e)			200000000000000000000000000000000000000		88,612
(See workshee	t in line 13 instructions to verify calculations.)				······	
Part XVI-E		Accomplish	nment of Exemp	t Purpos	ses	
Line No.	Explain below how each activity for which incom					o the
	accomplishment of the foundation's exempt purp	poses (other th	nan by providing fund	ds for such	purposes). (See inst	ructions.)
N/A						
-						
-						
-						
-						
-						

Part XVII	In	formation Regarding Transfers To and Transactions and Relationships With Noncharitabl	е
	E	xempt Organizations	
•			-00

		Exempt Organia	<u> </u>						
1 [oid the org	anization directly or in	ndirectly enga	age in any of the	following with a	ny other organizat	tion described	Yes	No
ir	n section 5	501(c) (other than see	ction 501(c)(3	3) organizations)	or in section 52	7, relating to politi	cal		
C	rganizatio	ns?							
		rom the reporting four	ndation to a r	noncharitable exe	mpt organization	on of:			
	1) Cash	• •			-			1a(1)	X
									Х
b (ther trans	sactions:						- /	
		of assets to a nonchar	itable exemr	ot organization				1b(1)	х
								_ ` /	X
(2) Pental	of facilities, equipmen	nt or other a	eepte				1b(3)	X
(1) Poimbi	recoment arrangemen	it, or other as	33613				1b(3)	X
(F) Loope	or loan guarantees							X
-	-	nance of services or r			! -!4 - 4!			41-70)	X
-	-			=				4.0	X
	_	facilities, equipment,	_	-			always about the fair market	IC	<u> </u>
		-		•	_		always show the fair market		
		=			-		received less than fair market		
							ner assets, or services received		
	Line no.	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(a) Descript	tion of transfers, transactions, and sharing	arrangements	
N/A			 						
			 						
			 						
			<u> </u>						
		dation directly or indir							
d	escribed i	n section 501(c) (other	r than section	on 501(c)(3)) or in	section 527?			Yes X	No
b If	"Yes," co	mplete the following s	chedule.						
	(;	a) Name of organization		(b) Type of o	rganization		(c) Description of relationship		
N.	/A								
							nents, and to the best of my knowledge a	and belief, it is tru	ıe,
	Correct, a	and complete. Declaration of	i preparer (otne	i iliali laxpayer) is bas	sed on all iniormatio	in or which preparer ha		scuss this return	
Sign								er shown below?	¬
Here							See instruction	s. X Yes	No
							PRESIDENT, T	REASURI	ΣR
	Sign	nature of officer or trustee			Date	!	Title		
	Print/T	ype preparer's name			Preparer's signatu	ıre	Date		
		71 - FF 3 Hamo					Duito	Check self-er	if mployed
Paid	DAVI	D HAFFEY			DAVID HAR	FEY	02/1	.2/18	you
Prepai	er		AUDTT7	& MADHAV	l .			000188	4
Jse O	niv	address ► 1785		ADIUM BLV	•			-314863	
	FIIIIS		ARBOR,		3-5285			4-665-6	
		T-77.174		1010			Frione no. 73		<u> </u>

544400 Zimmer Feline Foundation

2/12/2018 2:40 PM Federal Statements

46-2082969

FYE: 12/31/2017

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	 Total	Net stment_	,	usted let	_	naritable Purpose
TAX PREPARATION	\$ 3,276	\$ 	\$		\$	3,276
TOTAL	\$ 3,276	\$ 0	\$	0	\$	3,276

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total	Net stment	- 1	usted let	_	aritable urpose
INDIRECT TAXES/LICENSES	\$ 114	\$	\$		\$	
TOTAL	\$ 114	\$ 0	\$	0	\$	0

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	 Total	Ne Invest		Adjusted Net	_	Charitable Purpose
	\$	\$		\$	\$	
EXPENSES						
ACUTE CARE PROGRAM	12,185					12,185
LOW INCOME SPAY-NEUTER PROGRA	145,305					145,305
COMMUNITY SPAY-NEUTER	141,963					141,963
MISCELLANEOUS	178					178
POSTAGE	1,286					1,286
OFFICE SUPPLIES	3,668					3,668
TELEPHONE	1,616					1,616
OTHER EXPENSE	 113				_	113
TOTAL	\$ 306,314	\$	0	\$	0 \$ <u> </u>	306,314

544400 Zimmer Feline Foundation

2/12/2018 2:40 PM

46-2082969

FYE: 12/31/2017

Federal Statements

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
MUTUAL FUNDS	\$ 1,331,468	\$ 1,117,758	COST	\$ 1,256,380
TOTAL	\$ 1,331,468	\$ 1,117,758		\$ 1,256,380

Statement 5 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, State, Zip

BRUDON TRUST

105 QUIET CREEK CIRCLE

CHELSEA MI 48108

544400 Zimmer Feline Foundation

2/12/2018 2:40 PM Federal Statements

46-2082969

FYE: 12/31/2017

Statement 6 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

OUR LOW INCOME CAT SPAY/NEUTER PROGRAM FIXED 1,654 CATS FOR APPROXIMATELY 1,163 HOUSEHOLDS WITH ANNUAL GROSS INCOMES OF LESS THAN \$50,000. THESE SURGERIES WERE FUNDED ENTIRELY BY THE FOUNDATION, WITH NO CO-PAYS CHARGED TO PET OWNER/CAREGIVERS. THIS WORK WAS DONE LOCALLY, IN 16 NEW MEXICO COUNTIES, THROUGH THE PARTICIPATION OF 33 PRIVATE SPAY/NEUTER AND VETERINARY CLINICS. ANOTHER 307 OWNER/CAREGIVERS RECEIVED VOUCHERS FOR OUR SPAY/NEUTER SERVICES THAT WERE NOT YET REDEEMED DURING THE YEAR.

Statement 7 - Form 990-PF, Part IX-A, Line 2 - Summary of Direct Charitable Activities

Description

OUR COMMUNITY CAT OUTREACH PROGRAM PARTNERED WITH SEVEN OTHER NEW MEXICO NONPROFITS TO PROVIDE ESSENTIAL VETERINARY CARE FOR AN ADDITIONAL 2,281 CATS IN LOW INCOME HOUSEHOLDS. THROUGH THESE PARTNERING ARRANGEMENTS WITH OTHER NONPROFITS, ESSENTIAL VETERINARY CARE SERVICES WERE PROVIDED FOR CAT POPULATIONS IN SAN MIGUEL, SANTA FE, RIO ARRIBA, MCKINLEY, TAOS AND VALENCIA COUNTIES.

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization Employer identification number

ZIMMER FELINE FOUNDATION 46-2082969

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule . 2), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special Rules	
regulations under sect 13, 16a, or 16b, and the \$5,000; or (2) 2% of the For an organization decontributor, during the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
	I purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
contributor, during the contributions totaled n during the year for an General Rule applies	exclusively religious, charitable, etc., purposes, but no such exclusively religious, charitable, etc., purposes, but no such exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions enduring the year
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, set answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

ZIMMER FELINE FOUNDATION

Employer identification number 46-2082969

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	EDWARD ZIMMER PO BOX 6815 SANTA FE NM 87502-6815	\$ 877,193	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 BRUDON TRUST DAVID BRUDON, TRUSTEE 105 QUIET CREEK CIRCLE CHELSEA MI 48108	Total contributions \$ 42,039	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name

Form **990PF**

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning

. endir

Taxpayer Identification Number 46-2082969

		ZIMMER	FELINE FO	UNDATION		46	-2082969	
		2	016	201	7	Differences		
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	
1. Contributions, gifts, grants, and similar amounts receive	∕edi.	100,228		919,232		819,004		
2. Interest on savings and temporary cash investments	2.	219	219	2,321	2,321	2,102	2,10	
3. Dividends and interest from securities	3.	35,142	35,142	30,906	30,906	-4,236	-4,23	
4. Gross rents	4.		_					
5. Net gain or (loss) from sale of assets	5.	16,384		55,385		39,001		
6. Capital gain net income	6.		16,384	_	55,385	100000	39,00	
7. Gross profit or (loss)	7.		,				•	
8. Other income	8.							
9. Total. Add lines 1 through 8	9.	151,973	51,745	1,007,844	88,612	855,871	36,86	
10. Compensation of officers, directors, trustees, etc.	10.	, -	,	, , , , ,		,		
11. Other employee salaries and wages	11.							
12. Pension plans, employee benefits	12.							
13. Professional fees	13.	3,139		3,276		137		
11. I loterast	14.	37233		3,2,0		237		
14. Interest	15.	1,559		114		-1,445		
15. Taxes 16. Depreciation and depletion	16.	1,333				1,113		
17. Occupancy	17.							
A	18.	276,668		306,314		29,646		
18. Other expenses 19. Contributions, gifts, grants paid	19.	0		0		25,010		
20. Total expenses and disbursements. Add lines 10 through 1	_	,		309,704		28,338		
21. Net income (if negative investment activity, enter -		-129,393	51,745	698,140	88,612		36,86	
	∪ z)i. 22.	-129,393	517	090,140	886		36,86	
22. Excise Tax	23.		317		000		30	
23. Section 511 Tax	24.							
24. Subtitle A income tax	25.		517		886		36	
25. Total Taxes			1,300		783			
26. Estimates and overpayments credited	26. 27.		1,300		763		-51	
27. Foreign tax withheld	27. 28.							
28. Other Payments	_		1 200		702		-51	
29. Total payments and credits	29.		1,300		783			
30. Balance due / (Overpayment)	30. 31.		-783		103		88	
31. Overpayment credited to next year			783				-78	
32. Penalty	32.				7.0			
33. Net due / (Refund)	33.	1 440 505	0	0 140 000	103		10	
34. Total assets	34.	1,442,597		2,140,898		0		
35. Total liabilities	35.			177		0		
36. Net assets	36.	1,442,581		2,140,721		0		