Form 8879-E0

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2017, or fiscal year beginning	, 2017, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

SPANISH MUSTANG FOUNDATION

20-0117068

Name and title of officer

DONNA MITCHELL

SECRETARY/TREASURER

Part I Type of Return and Return Information (Whole Dollars

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 -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

٦а	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here X b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	0.
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

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 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	LAKE	PEAK	ASSOCIATES	Ι	LLC	to enter my PIN	12345
			ER	₹0 f	firm name		Enter five numbers, bu do not enter all zeros

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 also authorize the aforementioned ERO to enter my PIN on the return's 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 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

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

85040511111 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.

Date \triangleright 04/02/18 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **990-PF**

Return of Private Foundation

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



 Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Department of the Treasury Internal Revenue Service For calendar year 2017 or tax year beginning , and ending

Nai	ne of	foundation	A Employer identification	number		
c	. א כד	NICH MUCHANC POINDANTON	•		20-0117068	
		NISH MUSTANG FOUNDATION nd street (or P.O. box number if mail is not delivered to street		Room/suite		
7		VENIDA VISTA GRANDE B7	address)	#106	B Telephone number 505-466-10	64
City		own, state or province, country, and ZIP or foreign p	ostal code	" 100	C If exemption application is pe	
		TA FE, NM 87508			il exemption application is pe	ending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	mputation test,
H (_	type of organization: X Section 501(c)(3) ex			E If private foundation stat	us was terminated
		. , , , ,	Other taxable private founda		under section 507(b)(1)	(A), check here
			ng method: X Cash	Accrual	F If the foundation is in a 6	
•			ther (specify)		under section 507(b)(1)	(B), check here▶∟
Ě	·\$ irt I	Analysis of Revenue and Expenses	nn (d) must be on cash basis		/ > A 1:	(d) Disbursements
P	Ir L I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	50,614.			7/
	2	Check if the foundation is not required to attach Sch. B	,			
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
Revenue	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	10a 	and allowances				
		Less: Cost of goods sold				
	լ ։ 11	Gross profit or (loss)				
	12	Other income	50,614.	0.	0.	
	13	Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14	Other employee salaries and wages				
		Pension plans, employee benefits				
enses		Legal fees				
ens	b	Accounting fees STMT 1	1,990.	0.	0.	1,990.
Ĕ	С	Other professional fees				
<u>i</u>	17	Interest				
trat	18	Taxes				
inis	19	Depreciation and depletion				
ם	20	Occupancy				
٧Þ	21	Travel, conferences, and meetings				_
Operating and Administrative Exp	22	Printing and publications	19,644.	0.	0.	10 644
ting	23	Other expenses STMT 2	19,044.	0.	0.	19,644.
era	24	Total operating and administrative expenses. Add lines 13 through 23	21,634.	0.	0.	21 634
o	25	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50,534.	<u> </u>	0.	21,634. 50,534.
	26	Total expenses and disbursements.	30,334.			50,554.
	-	Add lines 24 and 25	72,168.	0.	0.	72,168.
	27					,=330
		Excess of revenue over expenses and disbursements	-21,554.			
		Net investment income (if negative, enter -0-)		0.		
		Adjusted net income (if negative, enter -0-)			0.	

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

Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	beginning of year	Lilu oi	•
			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	29,481.	7,927.	7,927.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	l	Less; allowance for doubtful accounts			
G	١.				
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations		4	
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	29,481.	7,927.	7,927.
	17	Accounts payable and accrued expenses			,
		Grants payable			
m		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
Ξ	١				
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	١.,	T. 111 11111 (111: 47.11 1 20)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26, and lines 30 and 31.			
ces	24	Unrestricted			
Net Assets or Fund Balan	25	Temporarily restricted			
ĕ	26	*			
Ĕ		Foundations that do not follow SFAS 117, check here 🕨 🗓			
Ē		and complete lines 27 through 31.			
S O	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	29,481.	7,927.	
<u>e</u> t	30	Total net assets or fund balances	29,481.	7,927.	
Z	••			.,,,,,	
	31	Total liabilities and net assets/fund balances	29,481.	7,927.	
_	01			175214	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
=	Toto	I not accept on fund halances at havinning of year. Part II column (a) line	20	1 1	
		I net assets or fund balances at beginning of year - Part II, column (a), line			20 401
		st agree with end-of-year figure reported on prior year's return)			29,481.
		r amount from Part I, line 27a			-21,554.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	7,927.
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	7,927.

Part IV	Capital Gains a	ind Losses for Tax on In	vestment	Income					
		he kind(s) of property sold (for exar ehouse; or common stock, 200 shs		te,	(b) F	low acquired - Purchase - Donation	(c) Date (mo., d		(d) Date sold (mo., day, yr.)
1a									
b	NON	1E							
С									
d									
е					<u> </u>				
(e) (Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale				ain or (loss s (f) minus (
a									
b									
<u>c</u>									
d									
Comple	to only for accets chowing	g gain in column (h) and owned by t	ho foundation	on 12/21/60			(I) O-i (O	-1 /l-\!	
Comple	le offig for assets showing	, ,						ol. (h) gain not less thai	
(i) FM	IV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. (h))
		20 01 12/01/00		(1), ()					
<u>a</u>									
d d									
e									
		CHARLE		-	$\overline{}$				
2 Canital a	ain net income or (net cap	oital loss) If gain, also enter If (loss), enter -0-			\rightarrow	2			
	, ,			/	· 기	-			
		s) as defined in sections 1222(5) an	d (6):		٦				
	lso enter in Part I, line 8, o enter -0- in Part I, line 8	olumn (c).			}	2			
		nder Section 4940(e) for	Reduced	Tax on Net	Inv	estment In	come		
		foundations subject to the section 4							
(i oi optiona	r ase by definestic private	ioundations subject to the section	io io(u) tux oii	not invostment in	1001110	-)			
If section 49	40(d)(2) applies, leave thi	is part blank.							
Was the four	ndation liable for the secti	on 4942 tax on the distributable am	ount of any ve	ear in the hase ne	rind?				Yes X No
		under section 4940(e). Do not com		•	1001				100 110
		ach column for each year; see the ir	· · · · · · · · · · · · · · · · · · ·		ntries				
	(a)	(b)			(c)			Distrib	(d)
Calendar	Base periód years year (or tax year beginnin	Adjusted auslifying dist	tributions	Net value of no		itable-use asset	3		oùtión ratio rided by col. (c))
	2016		7,696.			42,65		· · · /	1.352778
	2015	4	8,228.			27,562	2.		1.749800
	2014		3,642.			16,370) .		2.055101
	2013		1,248.			3,39	4.		9.206836
	2012		3,554.			15,65	3.		1.504759
		'	. ,						
2 Total of I	ine 1. column (d)						2		15.869274
		-year base period - divide the total c							
-		ce if less than 5 years	-		-		3		3.173855
ano rount	dation had boon in oxioton	oo ii lood than o youro							
∆ Enter the	net value of noncharitable	e-use assets for 2017 from Part X, I	line 5				4		29,069.
T LINGI UIG	Thet value of Hollonariable	o use assets for 2017 from r arr X, i					-		23,0031
5 Multiply I	line 4 hy line 3						5		92,261.
• Multiply									32,201
6 Enter 1%	of not investment income	e (1% of Part I, line 27b)					6		0.
U LIIIGI 170	o of their investment income	E (176 011 att 1, iiile 27 b)							<u> </u>
7 Add lines	5 and 6						7		92,261.
, Auu III188	ο ο απα υ						/		J
8 Enter qua	alifying distributions from	Part XII, line 4					. 8		72,168.
If line 8 is	s equal to or greater than	line 7, check the box in Part VI, line							<u> </u>
See the F	Part VI instructions.								

Forn	n 990-PF (2017) SPANISH MUSTANG FOUNDATION			0117			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4	948 -	- see i	nstru	ctio	าร)
18	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 instructions)						
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%		1				0.
	of Part I, line 27b						
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). \supset						
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		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
	Credits/Payments:	_					
	a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a	0.					
	b Exempt foreign organizations - tax withheld at source 6b	0.					
	c Tax paid with application for extension of time to file (Form 8868)	0.					
	d Backup withholding erroneously withheld 6d	0.					_
7	Total credits and payments. Add lines 6a through 6d		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached if Form 2220 is attached		8				0.
	· · · · · · · · · · · · · · · · · · ·		9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► art VII-A Statements Regarding Activities	a 🖊	11				
		001000	in			Yes	No
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or into				10	163	X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for th				1a 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	e ueiiii			10		
	distributed by the foundation in connection with the activities.						
,	c Did the foundation file Form 1120-POL for this year?				1c		Х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
١	(1) On the foundation. ► \$ O • (2) On foundation managers. ► \$	0.					
,	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		•				
	managers. > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х
_	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 of incorpora	ation, o	ır				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-			3		Х
48	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		Х
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	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 conflict with the	e state	law				
	remain in the governing instrument?				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	Х	
88	a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶						
t	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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) f						

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses Form **990-PF** (2017)

10

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	Statements negaring Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.SPANISHMUSTANGFOUNDATION.ORG			
14	The books are in care of ▶ DONNA MITCHELL Telephone no. ▶505-66	0-2	791	
	Located at ▶86B LA JARA RANCH TRAIL, GALISTEO, NM ZIP+4 ▶87	540		
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 15		/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	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	Nο
1:	During the year, did the foundation (either directly or indirectly):			110
	(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? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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.)			
ı	o 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			
(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?	1c		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)):			
	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			
	If "Yes," list the years \blacktriangleright			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
1	olf "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		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	- a		
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		Х
	Dograms and populary botors and mot day or and tax your boginning in Ed IT .	טד	1	

Page 6

Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F	Required (continu	ued)			
5a During the year, did the foundation pay or incur any amount to:				Ye	es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	🔲 Ye	es X No			
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,				
any voter registration drive?			es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	🔲 Ye	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
4945(d)(4)(A)? See instructions		Ye	es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,						
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 und						
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check h						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
expenditure responsibility for the grant?			es 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 p	pay premiums on					
a personal benefit contract?		Ye	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b		
Part VIII Information About Officers, Directors, Trusto						
Paid Employees, and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•			
List all officers, directors, trustees, and foundation managers and the	neir compensation.					_
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expenunt, o	ise
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acco	uni, o wanc	es :es
OOUG LANHAM	PRESIDENT	,	oo iii poilouudii			
11B ARROYO HONDO TRAIL						
SANTA FE, NM 87508	3.00	0.	0.			0.
JACK FISHER	VICE PRESIDEN	Т				
11 MAYFLOWER DRIVE						
SANTA FE, NM 87506	2.00	0.	0.			0.
OONNA MITCHELL	SECRETARY/TRE	ASURER				
B6B LA JARA RANCH TRAIL						
GALISTEO, NM 87540	15.00	0.	0.			0.
	DIRECTOR					
B6A LA JARA RANCH TRAIL						
GALISTEO, NM 87540	2.00	0.	0.			0.
Compensation of five highest-paid employees (other than those inc	luded on line 1). 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	acco	Expenunt, owanc	ther
NONE	·					
				<u> </u>		
Total number of other employees paid over \$50,000		I	<u> </u>	1		0

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	e of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 SPECIAL FREE CLINICS/DEMONSTRATIONS FEATURING THE SPANI MUSTANG HORSE WITH CHILDREN; EDUCATION VIDEO SCREENING	ISH	
2 CREATE AND PRINT FREE BROCHURES AND NEWSLETTER		0.
Z CKEMIE AND IKINI IKEE BROCHOKED AND NEWDEETER		
3 FEED/HAY FOR BREEDER SUPPORT		459.
		50,534.
4 REHABILITATION OF RESCUED HORSES		
		14,608.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A		Amount
1 21/ 22		
DT / 7		0.
2 N/A		
		0.
All other program-related investments. See instructions.		
3		
SEE STATEMENT 3		0.
Total Add lines 1 through 3	—	0.

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, 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	1a	0.
	Average of monthly cash balances	1b	<u>0.</u> 29,512.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	29,512.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	29,512.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	443.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,069.
6	Minimum investment return. Enter 5% of line 5	6	1,453.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,453.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,453.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,453.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,453.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	72,168.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	12,100.
b	•	1b 2	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	0.0	
	Suitability test (prior IRS approval required)	3a	
b	////	3b	72,168.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	14,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	72,168.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	section

20-0117068

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	Сограб	Tours prior to 2010	2010	
line 7				1,453.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2017:		0.		
ı				
a From 2012 b From 2013				
32 022				
150045				
eFrom 2016 55,563.				
f Total of lines 3a through e	135,236.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 72,168.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				1,453.
e Remaining amount distributed out of corpus	70,715.			
Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	205,951.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2018				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	205,951.			
10 Analysis of line 9:	•			
a Excess from 2013				
b Excess from 2014 32,823.				
c Excess from 2015 46,850.				
d Excess from 2016 55,563.				
e Excess from 2017 70,715.				

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Part XIV	Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the fou	ndation has received a ruling or	determination letter that	it is a private operating			
foundatio	n, and the ruling is effective for	2017, enter the date of the	he ruling	.		
	x to indicate whether the found				4942(j)(3) or 49	942(j)(5)
2 a Enter the	lesser of the adjusted net	Tax year		Prior 3 years	,	.,,,,
income fr	om Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investme	nt return from Part X for					
each vear	listed					
	ne 2a					
	distributions from Part XII,					
	each year listed					
	included in line 2c not					
	ctly for active conduct of					
	ctivities					
	distributions made directly					
	conduct of exempt activities.					
	line 2d from line 2c					
3 Complete	3a, b, or c for the					
	e test relied upon:					
	Ilternative test - enter: e of all assets					
	e of assets qualifying er section 4942(j)(3)(B)(i)					
	ent" alternative test - enter					
	nimum investment return					
	Part X, line 6 for each year					
	alternative test - enter:					
• • •	support other than gross					
	stment income (interest,					
	ends, rents, payments on					
	rities loans (section a)(5)), or royalties)					
	port from general public					
and	5 or more exempt					
	nizations as provided in					
	on 4942(j)(3)(B)(iii)					
(,)	est amount of support from					
	kempt organization					
	s investment income Supplementary Info	rmation (Comple	to this part only	 if the foundation	had \$5,000 or m	ore in accets
I alt XV	at any time during t			ii tile loulidation	ι παα ψο,σου σι πι	ore in assets
1 Informa		-	401.01.01,			
	tion Regarding Foundatio nanagers of the foundation who	-	than 20/ of the total cont	ributions received by the	foundation before the clo	co of any tay
	only if they have contributed m			indutions received by the	iounuation before the cio	Se of ally lax
NONE		, ,	. , , , ,			
	nanagers of the foundation who	own 10% or more of the	e stock of a corporation (or an equally large portion	on of the ownership of a n	artnershin or
	ity) of which the foundation has			or an equally large portion	on or the ownership of a p	artiforallip of
NONE	-,	-				
	tion Regarding Contributi	on Grant Gift Loan	Scholarship etc. Dr	ograme:		
Check he				-	not accept unsolicited requ	iests for funds. If
	lation makes gifts, grants, etc.,					10313 101 1u11u3. 11
	e, address, and telephone numb	<u>_</u>				
w monain	, asarooo, ana tolophono hulli	,o. or oman address of the	o poroon to whom applic	anono onoura po audito		
SEE STA	ATEMENT 4					
	in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
ווויטוטוווו	πι νιποπ αργποαποπό όπουπα σ	5 Sastinuoa ana imoimat	ion and materials triby Si	iodia moiduo.		
c Any subn	nission deadlines:					
• Ally Subli	mooron avaamioo,					
d Any restr	ictions or limitations on awards	Such as by geographica	l areas charitable fields	kinds of institutions or	other factors	
a runy rooti	ionono or infinationo on awarus	, saon as by goograpilloa	، ما صمی مااندا انتخاب انتخاب	ao oi montanono, Ul 1	J 1401010.	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ROBIN DOUGHMAN COVER COST OF N/A N/A 103 OLD LAMY TRAIL HAY/FEED/CARE FOR SPANISH MUSTANGS LAMY, NM 87540 2,016. COVER COST OF MONERO MUSTANGS N/A N/A PO BOX 433 HAY/FEED/CARE FOR SPANISH MUSTANGS TIERRA AMARILLA, NM 82720 3,000. THE HORSE SHELTER N/A COVER COST OF 1600 LENA STREET HAY/FEED/CARE FOR SPANISH MUSTANGS 400. SANTA FE, NM 87505 JOSIE BRISLAWN/CAYUSE RANCH N/A N/A COVER COST OF 2740 D ROAD HAY/FEED/CARE FOR SPANISH MUSTANGS MOORCROFT, WY 82721 37,118. CENTER FOR AMERICA'S FIRST HORSE N/A COVER COST OF N/A HAY/FEED/CARE FOR PO BOX 31 JOHNSON VT 05661 SPANISH MUSTANGS 2,000. 50,534. SEE CONTINUATION SHEET(S) ightharpoonup3a Total **b** Approved for future payment NONE Total **▶** 3b

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Alliouiit	Tunction income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					

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

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

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

1	Did the o	rganization directly or indir	rectly engage in any o	of the followin	g with any other organization	on described in section	on 501(c)		Yes	No
	(other th	an section 501(c)(3) organ	nizations) or in section	n 527, relatinç	g to political organizations?	1				
а		s from the reporting founda								37
										X
		r assets nsactions:						1a(2)		Λ
D			hla avamat arganizati	on				1b(1)		Х
	(1) Sale	s ui asseis iu a iiuiiciiaiiiai shacac of accate from a noi	ncharitahle evemnt o	raanization				1b(1)		X
										X
	(4) Rein	nbursement arrangements						1b(4)		X
	(5) Loai	ns or loan guarantees						1b(5)		X
	(6) Perf	ormance of services or me	mbership or fundrais	ing solicitatio	ns			1b(6)		X
C					ployees					X
d	If the ans	swer to any of the above is	"Yes," complete the fe	ollowing sche	dule. Column (b) should al	ways show the fair m	arket value of the g	oods, other ass	ets,	
					ed less than fair market valu	ue in any transaction	or sharing arranger	nent, show in		
		(d) the value of the goods,								
(a)∟	ine no.	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transaction	ns, and sharing ar	angeme	nts
				N/A						
				\rightarrow						
				_						
					-					
2a			-		or more tax-exempt organi				77	٦
				ction 527?				Yes	LX.	No
b	If "Yes," (complete the following scho (a) Name of org			(b) Type of organization	1 /	c) Description of rel	ationchin		
		(a) Name of org	allization		(b) Type of organization	<u> </u>	C) Description of rei	aliulisilip		
		N/A								
	Unde	er penalties of perjury, I declare	that I have examined this	return, includin	g accompanying schedules and	statements, and to the l	pest of my knowledge	May the IRS	iscuee :	his
Sig	gn and b	pelief, it is true, correct, and con	nplete. Declaration of pre	parer (other that	g accompanying schedules and n taxpayer) is based on all inforn	nation of which preparer SECRET	ÄRY/TREAS	May the IRS of return with the shown below	e prepar See in:	er str
He	re	•				URER		X Yes		No
	Sig	nature of officer or trustee			Date	Title		<u> </u>		
		Print/Type preparer's na	ime	Preparer's si	gnature	Date		PTIN		
_		JEAN M. HO				1	self- employed			
Pa		MULLIN, CP				04/02/18		P01458		
	eparer	Firm's name ► LAK	E PEAK AS	SOCIAT	ES LLC		Firm's EIN ► 2	/-14124	53	
US	e Only		0 507 05	1.0						
		Firm's address P.			A 0E10			5 O E A A	700	
		l SA	NTA FE, N	м 0/20	4-72TO		Phone no. 505	5 – 9 5 4 – 4 Form 99 ((0047)
								ruiii 99 0	,-PF	(2017)

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient SPANISH MUSTANG PRESERVE N/A N/A COVER COST OF PO BOX 502 HAY/FEED/CARE FOR BAYFIELD, WI 58414 SPANISH MUSTANGS 500. GWALTNEY FRONTIER FARM LLC N/A N/A COVER COST OF 16 DASHIELL DRIVE HAY/FEED/CARE FOR SMITHFIELD, VA 23430 SPANISH MUSTANGS 1,000. COVER COST OF BLACKHILLS WILD HORSE SANCTUARY N/A N/A HAY/FEED/CARE FOR 12165 HIGHLAND ROAD HOT SPRINGS, SD 57747 SPANISH MUSTANGS 2,000. RETURN TO FREEDOM N/A COVER COST OF PO BOX 926 HAY/FEED/CARE FOR SPANISH MUSTANGS LOMPAC, CA 93438 1,000. AMERICAN WILD HORSE CAMPAIGN N/A N/A COVER COST OF PO BOX 1733 HAY/FEED/CARE FOR 1,000. DAVIS, CA 95617 SPANISH MUSTANGS WALK FOR THE CURE N/A N/A GENERAL CHARITABLE 2902 E 15TH STREET DONATION DOUGLAS, AZ 85607 500. Total from continuation sheets 6,000.

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization Employer identification number SPANISH MUSTANG FOUNDATION 20-0117068 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

SPANISH MUSTANG FOUNDATION

20-0117068

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDROCLES FOUNDATION C/O LAMB AND BARNOSKY LLP, 534 BROADHOLLOW RD #210 MELVILLE, NY 11747	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WOODRUFF FOUNDATION 1351 15 AVENUE PO BOX 750 COLUMBUS, GA 31902	s9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DOUG LANHAM 11B ARROYO HONDO TRAIL SANTA FE, NM 87508	\$ 5,500.	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SPANISH MUSTANG FOUNDATION

20-0117068

Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.)	

ianie oi orga			Employer Identification number
Part III	the year from any one contributor. Complete c	olumns (a) through (e) and the followi	20-0117068 in section 501(c)(7), (8), or (10) that total more than \$1,000 for fing line entry. For organizations less for the year (State this info ang.)
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona		ess for the year. (Enterthis info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an	dd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		A	
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
-			

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	1,990.	0.	0.	1,990.	
TO FORM 990-PF, PG 1, LN 16B	1,990.	0.	0.	1,990.	
FORM 990-PF	OTHER E	XPENSES		PATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
WEBSITE ADVERTISING INSURANCE OFFICE EXPENSE NEWSLETTER EXPENSE RESCUE REHABILITATION VETERINARY EXPENSE/SUPPLIES	204. 0. 2,577. 1,065. 459. 14,608. 731.	0. 0. 0. 0. 0.	0. 0. 0. 0. 0.	204. 0. 2,577. 1,065. 459. 14,608. 731.	
TO FORM 990-PF, PG 1, LN 23	19,644.	0.	0.	19,644.	

FORM 990-PF	OTHER	PROGRAM-RELATED	INVESTMENTS	STATEMENT	3
DESCRIPTION				AMOUNT	
N/A					0.
DESCRIPTION				AMOUNT	
N/A					0.
TOTAL TO FORM 9	90-PF, PAR	T IX-B, LINE 3			0.

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DONNA MITCHELL 86B LA JARA RANCH TRAIL GALISTEO, NM 87540

TELEPHONE NUMBER NAME OF GRANT PROGRAM

505-660-2791

SPANISH MUSTANG SUPPORT

FORM AND CONTENT OF APPLICATIONS

WRITTEN LETTER INCLUDING STATEMENT OF INTENT FOR SUPPORT OF SPANISH MUSTANG BREED/HERD

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

MUST RELATE TO THE CARE AND PROMOTION OF THE BREED

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