LAKE PEAK ASSOCIATES LLC P.O. BOX 2510 SANTA FE, NM 87504-2510

> SPANISH MUSTANG FOUNDATION 7 AVENIDA VISTA GRANDE B7, NO. #106 SANTA FE, NM 87508

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CLIENT'S COPY

FORM 990-PF

Tax Return Carryovers to 2017

NAME: SPAN	PANISH MUSTANG FOUNDATION ID NO				: 20-0117068
Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			135,236.

LAKE PEAK ASSOCIATES LLC P.O. BOX 2510 SANTA FE, NM 87504-2510 505-954-4702

APRIL 2, 2018

SPANISH MUSTANG FOUNDATION 7 AVENIDA VISTA GRANDE B7 NO. #106 SANTA FE, NM 87508

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2016 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990-PF, RETURN OF PRIVATE FOUNDATION SCHEDULE B, SCHEDULE OF CONTRIBUTORS FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

LAKE PEAK ASSOCIATES LLC P.O. BOX 2510 SANTA FE, NM 87504-2510 505-954-4702

MAY 9, 2017

SPANISH MUSTANG FOUNDATION 7 AVENIDA VISTA GRANDE B7 NO. #106 SANTA FE, NM 87508

SPANISH MUSTANG FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

NO AMOUNT IS DUE ON FORM 990-PF.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$135,236. THIS MAY BE APPLIED TO TAX YEAR 2017 AND SUBSEQUENT YEARS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JEAN M. HOLMBERG MULLIN, CPA

Form	8879	9-EO
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IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2016, or fiscal year beginning ______, 2016, and ending ______, 20

Do not send to the IRS. Keep for your records.

2016

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

20-0117068

Employer identification number

SPANISH MUSTANG FOUNDATION

Name and title of officer DONNA MITCHELL SECRETARY/TREASURER

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 -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.

1a	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	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b X b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	0.
5a	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 2016 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

X lauthorize LAKE PEAK ASSOCIATES LLC	to enter my PIN 12345					
ERO firm name	Enter five numbers, but do not enter all zeros					
as my signature on the organization's tax year 2016 electronically filed is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.						
As an officer of the organization, I will enter my PIN as my signature or indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent screen	a state agency(ies) regulating charities as part of the IRS Fed/State					
Officer's signature	Date					
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.	85040511111 do not enter all zeros					
I certify that the above numeric entry is my PIN, which is my signature on the 20 confirm that I am submitting this return in accordance with the requirements of I <i>e-file</i> Providers for Business Returns.	, , , , , , , , , , , , , , , , , , , ,					
ERO's signature	Date D					
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 (2016)					
623051 09-26-16						

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Return of Private Foundation

OMB No. 1545-0052 6 c inspection

Depa	Form 990-PF Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at Www.irs.gov/form990pf.					2016
_	nal Revenue Service	Information about For or tax year beginning	m 990-PF and its separate	instructions is at WWW.IR , and ending	s.gov/torm990pt.	Open to Public Inspection
	me of foundation			, and chang	A Employer identification n	umber
		STANG FOUNDATION			20-0117068	
		box number if mail is not delivered to street VISTA GRANDE B7	address)	Room/suite #106	B Telephone number 505-466-106	Λ
		ovince, country, and ZIP or foreign p	oostal code	11100	C If exemption application is pen	
	SANTA FE,					
G	Check all that apply:	Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations, o	check here
		Final return	Amended return		2. Foreign organizations meeti	ng the 85% test.
	Check type of organiz	Address change zation: X Section 501(c)(3) ex	Name change		2. Foreign organizations meeti check here and attach comp	
		I) nonexempt charitable trust		ation	E If private foundation status under section 507(b)(1)(A)	
I Fa	() (,	ing method: X Cash	Accrual	F If the foundation is in a 60	
	rom Part II, col. (c)		ther (specify)		under section 507(b)(1)(B	
	►\$	29,481. (Part I, colu	ımn (d) must be on cash l			(4)
Pa	Analysis of F (The total of am	Revenue and Expenses ounts in columns (b), (c), and (d) may not al the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		gifts, grants, etc., received	72,204.			(cash basis only)
	2 Check	if the foundation is not required to attach Sch. B				
	3 cash investment	gs and temporary s				
		interest from securities				
		e or (loss)				
	6a Net gain or (loss)	from sale of assets not on line 10				
Revenue	b Gross sales price assets on line 6a	e for all				
eve	7 Capital gain net i	ncome (from Part IV, line 2)		0.		
œ	8 Net Short-term	ı capital gain				
	9 Income modifi	returns				
	10a and allowances	ods sold				
		r (loss)				
	12 Total. Add line	es 1 through 11	72,204.	0.	0.	
		f officers, directors, trustees, etc.	0.	0.	0.	0.
		e salaries and wages, employee benefits				
es	16 Legal fees					
ens	b Accounting fee	es				
Ĕ	c Other professi	onal fees				
tive	17 Interest					
stra	18 Taxes					
nini	19 Depreciation a 20 Occupancy	nd depletion				
Adn	21 Travel, confere	ences, and meetings				
and Administrative Expenses	22 Printing and p	ublications				
ing (23 Other expense	s STMT 1	21,561.	0.	0.	21,561.
Operating	24 Total operatin	ig and administrative	01 EC1	•		01 E <i>c</i> 1
ŏŏ	expenses. Ad 25 Contributions,	d lines 13 through 23	21,561. 36,135.	0.	0.	21,561. 36,135.
		es and disbursements.	50,155.			50,155.
		nd 25	57,696.	0.	0.	57,696.
	27 Subtract line 2					
		e over expenses and disbursements	14,508.			
	I D Net investme	nt income (if negative, enter -0-)		0.		

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

C Adjusted net income (if negative, enter -0-).

Form **990-PF** (2016)

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1 2016.05070 SPANISH MUSTANG FOUNDATION

SMF70681

For					0117068 Page 2
Þ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	-
F			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	14,973.	29,481.	29,481.
	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			
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
	· ·				
	12	Less: accumulated depreciation			
		Investments - other			
		Land, buildings, and equipment: basis ►			
	14				
	15	Less: accumulated depreciation			
		Other assets (describe)			
	10	Total assets (to be completed by all filers - see the	14,973.	29,481.	29,481.
	47	instructions. Also, see page 1, item I)		29,401.	29,401.
		Accounts payable and accrued expenses			
		Grants payable			
Liabilities		Deferred revenue			
jiit		Loans from officers, directors, trustees, and other disqualified persons			
-iat		Mortgages and other notes payable			
_	22	Other liabilities (describe)			
				0	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ŝ		and complete lines 24 through 26 and lines 30 and 31.			
ő	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
ЧB	26				
Ľ.		Foundations that do not follow SFAS 117, check here ► X			
P.		and complete lines 27 through 31.			
ŝts		Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund		• •	
τA	29	Retained earnings, accumulated income, endowment, or other funds	14,973.	29,481.	
Š	30	Total net assets or fund balances	14,973.	29,481.	
			14 072	20 401	
	31	Total liabilities and net assets/fund balances	14,973.	29,481.	
Ρ	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	l net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		st agree with end-of-year figure reported on prior year's return)		1	14,973.
		r amount from Part I, line 27a			14,508.
		r increases not included in line 2 (itemize) 🕨		3	0.
4	Add	lines 1, 2, and 3			29,481.
		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, col	umn (b), line 30		29,481.
					Form 990-PF (2016)

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2 2016.05070 SPANISH MUSTANG FOUNDATION SMF70681

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• • • • • • • • • • • • • • • • • • •		es for Tax on Investme s) of property sold (e.g., real esta		(b) How acquired P - Purchase	(c) Date acq		(d) Date	
		cómmon stock, 200 shs. MLC Co.		D - Donation	`(mo., day,		mó., day	
1a								
b NC	DNE							
C								
d								
e	(0.5		<u> </u>		(1) 0 :	(1)		
(e) Gross sales price			Cost or other basis us expense of sale			or (loss)) minus (g)		
а								
b								
<u>C</u>								
d e								
	l na aain in col	umn (h) and owned by the founda	tion on 12/31/69	(1)	Gains (Col	(h) gain minu	c	
(i) F.M.V. as of 12/31/69	(j) /	Adjusted basis (k	Excess of col. (i) over col. (j), if any	col.	(k), but not	less than -0-) om col. (h))	or	
a								
b								
C								
d								
е								
2 Capital gain net income or (net c	anital loss)	If gain, also enter in Part I, If (loss), enter -0- in Part I,	line 7 line 7	2				
	. ,	、						
3 Net short-term capital gain or (Ic If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (c).	i în sections 1222(5) anu (6).		$\left.\right\}_{3}$				
Part V Qualification L	Jnder Sec	tion 4940(e) for Reduc	ed Tax on Net		ome			
For optional use by domestic privation	te foundations	subject to the section 4940(a) tax	k on net investment ir	ncome.)				
If section 4940(d)(2) applies, leave	this part blank							
$\frac{1}{2} \frac{1}{2} \frac{1}$	uns part blank							
Was the foundation liable for the se			••••••	riod?		L	Yes	X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in				patrice				
(a)						(d)		
Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying distributions	Net value of no	(C) oncharitable-use assets	(00	(d) Distribution I. (b) divided	ratio	c))
		48,228		27,562				<u>.980(</u>
2014		33,642		16,370	•			5101
2013		31,248		3,394				6836
2012		23,554		15,653				4759
2011		38,000		28,191				8161
			•			1		
2 Total of line 1, column (d)					2	1:	5.86	4657
3 Average distribution ratio for the the foundation has been in existence of the foundation has been in existence of the second secon		veriod - divide the total on line 2 b In 5 years			3		3.17	2931
4 Enter the net value of noncharita	ble-use assets	s for 2016 from Part X. line 5			4		42,	650.
5 Multiply line 4 by line 3								326
							155,	
6 Enter 1% of net investment inco	me (1% of Pa	rt I, line 27b)			6			0.
7 Add lines 5 and 6					7		135,	326.
8 Enter qualifying distributions fro					8		57,	696.
	n line 7, checł	the box in Part VI, line 1b, and c	omplete that part usin	ng a 1% tax rate.				
See the Part VI instructions.						-	000 5	
623521 11-23-16						Form	990-H	PF (2016

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Form 990-PF (2016) SPANISH MUSTANG FOUNDATION				117068		Page 4
Part VI Excise Tax Based on Investment Income (Section 494)(e), or 4	948 - 9	see instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and en	nter "N/A" on line 1.	J				
Date of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)					
b 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%	6 of Part I, line 12, col. (b)	J				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers 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. 0)thers enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			0.
6 Credits/Payments:						
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a					
b Exempt foreign organizations - tax withheld at source			1			
c Tax paid with application for extension of time to file (Form 8868)						
d Backup withholding erroneously withhold						
7 Total credits and payments. Add lines 6a through 6d			7			Ο.
 8 Enter any penalty for underpayment of estimated tax. Check here i if Form 2220 is atta 	iched		8			
 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 			9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .			10			<u> </u>
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	1	funded	11			
Part VII-A Statements Regarding Activities	Inc					
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate	or intorvono	in		Ves	No
				1a	103	X
any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	and (and instructions for th		 יס	41		X
	•		,			<u></u>
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities a	ind copies of any mater	iais publisi	nea or			
distributed by the foundation in connection with the activities.						v
c Did the foundation file Form 1120-POL for this year?				10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		0				
(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers			-			
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed on foun	dation				
managers. ▶ \$0.						
2 Has the foundation engaged in any activities that have not previously been reported to the IF	RS?			2		X
If "Yes," attach a detailed description of the activities.						
3 Has the foundation made any changes, not previously reported to the IRS, in its governing i		•				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change						X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the yea						X
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	?			5		X
If "Yes," attach the statement required by General Instruction T.						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ither:					
 By language in the governing instrument, or 						
 By state legislation that effectively amends the governing instrument so that no mandator 						
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," con	mplete Part II, col. (c), a	nd Part XV	/	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructio	ons) 🕨					
NM						
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or design	iate)				
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 se						
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," c	complete Part XIV			9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu						Х
				Form 99	0-PF	(2016)

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Form 990-PF (2016)

SPANISH MUSTANG FOUNDATION

Part VII-A Statements Regarding Activities (continued)

11 A any time during the year, did the foundation, directly or indirectly, con a controlled atily within the meaning of section 312(3)(3) 11 Ves; state should (see instructions) Image: the foundation of a dome advised fund over which the foundation or a disqualified person had advisory privilegies? 12 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Image: the foundation comply with the public inspection requirements for its annual returns and exemption application? 12 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Image: the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW. SPANI. SHMUSTANCE OUNDATION . ORG 13 Exited #31/40(1) noneary to charable trusts in gift of the foundation have an interest in or a signature or other suthority over a bark, securities, or other financial account in a foreign country? Telephone no. \scitements & Secure 347.04 (Mice Med Control 14.1 (Mice Med Control				Yes	No
12 Differentiation make a distribution to a disonable fund over which the foundation or a disqualified person had advisory privileges? 12 X 13 Differentiation comply with the public inspection requirements for its amual reurs and exemption application? 13 X 14 The books are in cate of ▶ DONNA MITCHELL Telephone no. ▶ 505-660-2791 15 Station 43/47(4) nonexempt charing branching branching from 90-FT in lise of Form 1041-Check there ▶ 15 Station 43/47(4) nonexempt charing branching branching the year ▶ 15 N/A 16 A ray time during calandry are 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes N 12 A ray time during calandry are 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes N 9 Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No 16 Branching during the year did the foundation, either of market year nanopelis. No No No 10 Branching during the year did the foundation, either of market year nanopelis. No No No No	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
12 Differentiation make a distribution to a disonable fund over which the foundation or a disqualified person had advisory privileges? 12 X 13 Differentiation comply with the public inspection requirements for its amual reurs and exemption application? 13 X 14 The books are in cate of ▶ DONNA MITCHELL Telephone no. ▶ 505-660-2791 15 Station 43/47(4) nonexempt charing branching branching from 90-FT in lise of Form 1041-Check there ▶ 15 Station 43/47(4) nonexempt charing branching branching the year ▶ 15 N/A 16 A ray time during calandry are 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes N 12 A ray time during calandry are 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes N 9 Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No 16 Branching during the year did the foundation, either of market year nanopelis. No No No 10 Branching during the year did the foundation, either of market year nanopelis. No No No No		section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
13 Did the foundation complexity with the public respection requirements for its annual returns and examption application? 13 X Websta address > WWW.S SPANT SHMUSTANGFOUNDATION.ORG 13 X In the books are in care of > DONNA MITCHELL Telephone not >>505-660-2791 Located at >>805 LA JARA RANCH TRAIL, GALISTEO, NM ZIP+4 >87530 IS Settion 4347(4) noncecent charable trusts filing for 900 P4F in lise of Form 1041-Check here > and enter the anount of tae-exempt interest received or accred during the year > 15 N/A 16 Al any time during calendary year 2016, did the foundation have an interest in or a signature or other authonly over a bank, years on the infrancia acccount in a fordign capturing? Yes No 216 Al any time during calendary year 2016, did the foundation have an interest in or a signature or other authonly over a bank, yes Yes No 216 Contraster any income y too, ind moves execution applies. Yes No 218 Contraster any income y too, ind moves executed receives or common, unless an exception applies. Yes No 218 During the year of the foundation (ether directy or indirecty); Yes No Yes No 218 During the year or tacliflies to (or accept them from) a disqualified p	12				
13 Did the foundation comply with the public inspector requirements for its annual returns and exemption application? 13 X Website address WWA. SPANTS SHUVDS TANGFOUNDATION.ORG Telephone no. >505-660-2791 Located at > 869 BL LA JARA RANCH TRAIL, GALISTEO, NM ZiP+4 >37540 IS Section 4847(a)(1) nonexempt charitable trusts tilling form 90-PF in lieu of Form 1041-Check here Image: Complex com		If "Yes," attach statement (see instructions)	12		Х
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section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years					
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defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. N/A b	0				л
 a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	2				
before 2016? Yes X No If "Yes," list the years >,,,,,,					
If "Yes," list the years,,,,,					
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statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	•				
 c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶,,,,,,			2h		
 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2016 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 2016.) 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 		,			
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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 4a X			3b		
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
		had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		_
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e)) ?	🗌 Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o		ectly,			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	🗌 Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
4945(d)(4)(A)? (see instructions)		🗌 Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		🗌 Ye	s 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				5b	
Organizations relying on a current notice regarding disaster assistance check h			▶∟		
${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?	N	[/A 🗌 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
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					
b If "Yes," did the foundation receive any proceeds or have any net income attribution attribution of the second s				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	pense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowa	inces
DOUG LANHAM	PRESIDENT		·		
11B ARROYO HONDO TRAIL					
SANTA FE, NM 87508	3.00	0.	0.		0.
	VICE PRESIDEN	Г			
41 MAYFLOWER DRIVE					
SANTA FE, NM 87506	2.00	0.	0.		0.
	SECRETARY/TRE	ASURER			
86B LA JARA RANCH TRAIL]				
GALISTEO, NM 87540	5.00	0.	0.		0.
SIERRA PERKINS	DIRECTOR				

2.00

(b) Title, and average hours per week devoted to position

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

.....

0.

(c) Compensation

0

(d) Contributions to employee benefit plans and deferred compensation

0.

0

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(e) Expense account, other allowances

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15500509 149394 SMF7068

86A LA JARA RANCH TRAIL

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

(a) Name and address of each employee paid more than \$50,000

GALISTEO, NM 87540

NONE

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services ► 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 the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 SPECIAL FREE CLINICS/DEMONSTRATIONS FEATURING THE SPANISH MUSTANG HORSE WITH CHILDREN; EDUCATION VIDEO SCREENING 3,322. 2 CREATE AND PRINT FREE BROCHURES AND NEWSLETTER 479. 3 FEED/HAY FOR BREEDER SUPPORT 27,985. 4 REHABILITATION OF RESCUED HORSES 12,200. 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. Amount 1 N/AΟ. $2 \overline{N/A}$ Ο. All other program-related investments. See instructions. 3 SEE STATEMENT 2 0. 0 ► Total. Add lines 1 through 3 Form 990-PF (2016)

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Part VIII

Ρ	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	43,299.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	43,299.
	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	43,299.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	649.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	42,650.
6	Minimum investment return. Enter 5% of line 5	6	2,133.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	2,133.
	Tax on investment income for 2016 from Part VI, line 5		
	Income tax for 2016. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,133.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,133.
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	2,133.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	57,696.
	Program-related investments - total from Part IX-B	1b	0.
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:		
	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	57,696.
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	57,696.
	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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	00,000		2010	
line 7				2,133.
2 Undistributed income, if any, as of the end of 2016:			0.	
a Enter amount for 2015 only b Total for prior years:			0.	
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
dFrom 2014 32,823.				
eFrom 2015 46,850.				
f Total of lines 3a through e	79,673.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 57,696.			•	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	Ο.			
(Election required - see instructions)	0.			2,133.
d Applied to 2016 distributable amount e Remaining amount distributed out of corpus	55,563.			2,133.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	135,236.			
b Prior years' undistributed income. Subtract		0		
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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	Ο.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	Ο.			
9 Excess distributions carryover to 2017.	Ŭ.			
Subtract lines 7 and 8 from line 6a	135,236.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014 32,823.				
dExcess from 2015 46,850.				
e Excess from 2016 55, 563.				
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9 2016.05070 SPANISH MUSTANG FOUNDATION

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Part XIV Private Operating F	oundations (see in:	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of		1 1 0			
foundation, and the ruling is effective for	2016, enter the date of t	he ruling	>		
b Check box to indicate whether the found	ation is a private operatir	g foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
 (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		<u> </u>			<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during t	ne year-see insti	ructions.)			

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 3

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

c Any submission deadlines:

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

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SPANISH MUSTANG FOUNDATION Part XV Supplementary Information (continued)

Part XV Supplementary Information 3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual.			
	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, ano and
a Paid during the year				
CENTER FOR AMERICA'S FIRST HORSE	N/A	N/A	COVER COST OF	
PO BOX 31			HAY/FEED/CARE FOR	
JOHNSON, VT 05661			SPANISH MUSTANGS	1,000
BLACKHILLS WILD HORSE SANCTUARY	N/A	N/A	COVER COST OF	
12163 HIGHLAND ROAD			HAY/FEED/CARE FOR	
HOT SPRINGS, SD 57747			SPANISH MUSTANGS	3,500
WALK FOR THE CURE	N/A	N/A	GENERAL CHARITABLE	
2902 E 15TH STREET	N/A	N/A	DONATION	
DOUGLAS, AZ 85607				500
MONERO MUSTANGS	N/A	N/A	COVER COST OF	
PO BOX 432			HAY/FEED/CARE FOR	
TIERRA AMARILLA, NM 87575			SPANISH MUSTANGS	3,000
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
Total SEE CO	ONTINUATION SHE	ET(S)	> 3a	36,135
b Approved for future payment				
NONE				
NONE				
Total			Þ 3b	0

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded 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	Amount	
a					
D					
C					
d					
e					
g Fees and contracts from government agencies			$\left \right $		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		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 Accor	nnlichmont of Ex	(omn ⁱ	t Durnosos	
			remb	r uiposes	
Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than be			contrib	uted importantly to the accom	olishment of
10 PICTORAL CALENDAR SALES	1)				

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Part	XVII	Information F Exempt Orga		sfers To a	and Transactions a	and Relations	hips With No	ncharitabl	е	5
1 D	d the or	ganization directly or in	directly engage in any	of the followir	ng with any other organizati	on described in sect	ion 501(c) of		Yes	No
					27, relating to political organ					
		from the reporting four								
				-				1a(1))	Х
										X
		sactions:							/	
			itable exempt organizat	ion				1b(1)		x
(5) Durch	ases of assets from a r	nabic exempt organizat	raanization				1b(1)		X
										X
(•) Norma	a or lacinites, equipment	it, UI UIIIEI asseis					1b(3)		X
(*		or loop quarantaaa						10(4)		X
(5) LUalis	s of loan yuarantees	nomborabin or fundraid					1b(5)		X
					ons)	X
					iployees				+ -	_ <u> </u>
				-	edule. Column (b) should al	-			sets,	
					ed less than fair market val	ue in any transaction	or snaring arrange	ment, snow in		
		I) the value of the good								
(a)Line	no.	(b) Amount involved	(c) Name of		e exempt organization	(0) Description	of transfers, transaction	ons, and sharing a	rrangeme	ents
				N/A						
2 a is	the four	dation directly or indire	 ectly affiliated with or r	elated to one	or more tax-exempt organ	izations described				
					tion 527?			Yes	X	No
		mplete the following so								
<u> </u>	100, 00	(a) Name of o			(b) Type of organization		(c) Description of re	elationship		
		N/A	-		(-7.5)		(-)	P		
		11/11								
	Under	penalties of periury. I decla	re that I have examined this	s return includir	Ing accompanying schedules and	d statements, and to the	best of my knowledge			
Sign	and be	elief, it is true, correct, and c	complete. Declaration of pre	eparer (other tha	ng accompanying schedules and in taxpayer) is based on all inforr	mation of which prepare		May the IRS return with t	discuss ne prepar	this rer
Here					1		ANI/INEA		v (see ins	str.)?
		atura of officer or truct	00		Data			_ X Yes	s 🗆	_ No
	Sigr	ature of officer or trust		Droporaria	Date	Title	Check v if	PTIN		
		Print/Type preparer's		Preparer's s	iyiidlule	Date	Check X if	I T I IN		
Deid	1	JEAN M. H					self- employed			
Paid		MULLIN, C				05/09/17		P01458		
Prep		Firm's name 🕨 LA	KE PEAK AS	SOCIAT	ES TTG		Firm's EIN ► 2	/-14124	153	
use	Only	Firme la sub la sub =		1.0			ļ			
		i Firm's address 🌗 P	.O. BOX 25	10			1			

SANTA FE, NM 87504-2510

Phone no. 505-954-4702 Form **990-PF** (2016)

623622 11-23-16

SPANISH MUSTANG FOUNDATION

20-0117068

Part XV Supplementary Information	<u>MUSTANG FOUND</u> n		20 01	17068
3 Grants and Contributions Paid During the `				
Recipient	If recipient is an individual,	Foundation	Durpoon of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE HORSE SHELTER	N/A	N/A	COVER COST OF	
1600 LENA STREET			HAY/FEED/CARE FOR	
SANTA FE, NM 87505			SPANISH MUSTANGS	2,150
ROBIN DOUGHMAN	N/A	N/A	COVER COST OF	
103 OLD LAMY TRAIL			HAY/FEED/CARE FOR	
LAMY , NM 87540			SPANISH MUSTANGS	2,616
ADAM EDWARDS	N/A	N/A	COVER COST OF	
PO BOX 384			HAY/FEED/CARE FOR	751
HULETT, WY 82720			SPANISH MUSTANGS	755
BRISLAWN	N/A	N/A	COVER COST OF	
2740 D ROAD			HAY/FEED/CARE FOR	
MOORCROFT, WY 82721			SPANISH MUSTANGS	17,614
DAVE REYNOLDS	N/A	N/A	COVER COST OF	
27003 SD HWY 89		(v) 21	HAY/FEED/CARE FOR	
HOT SPRINGS , SD 57747			SPANISH MUSTANGS	4,000
				,
Total from continuation sheets		1		27,135

623631 04-01-16

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

20-0117068

Name	of the	organization	
u	01 010	organization	

Organization type (check one):

SPANISH MUSTANG FOUNDATION

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

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

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) (2016)

Employer identification number

20-0117068

SPANISH MUSTANG FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ANDROCLES FOUNDATION C/O LAMB AND BARNOSKY LLP, 534 BROADHOLLOW RD #210 MELVILLE, NY 11747	\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WOODRUFF FOUNDATION		Person X
	1351 15 AVENUE PO BOX 750	\$9,000.	Payroll Noncash
	COLUMBUS, GA 31902		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DOUG LANHAM		Person X Payroll
	11B ARROYO HONDO TRAIL	\$6,000.	Noncash
	SANTA FE, NM 87508		(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-1	⁸⁻¹⁶ 16	Scueanie R (Form	990, 990-EZ, or 990-PF) (2016)

SMF70681

2016.05070 SPANISH MUSTANG FOUNDATION

Employer identification number

20 - 0117068

SPANISH MUSTANG FOUNDATION

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

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2016.05070 SPANISH MUSTANG FOUNDATION SMF70681

Name of orga	inization		Employer identification number
SPANIS	H MUSTANG FOUNDATION		20-0117068
Part III	the year from any one contributor. Complet	e columns (a) through (e) and the follo	I in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
	completing Part III, enter the total of exclusively relig Use duplicate copies of Part III if addition	ous, charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this 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 gi	ft
-	Transferee's name, address,	and 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
-		e) Transfer of gi	ft
-	Transferee's name, address,	and 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
Γ		(e) Transfer of gi	ft
- .	Transferee's name, address,	and 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
-		(e) Transfer of gi	ft
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
623454 10-18- ⁻	16	10	Schedule B (Form 990, 990-EZ, or 990-PF) (201

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2016.05070 SPANISH MUSTANG FOUNDATION SMF70681

FORM 990-PF	OTHER EXPENSES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
WEBSITE	204.		0.	204.	
ADVERTISING	150.	0.	Ο.	150.	
INSURANCE	2,387.	0.	Ο.	2,387.	
OFFICE EXPENSE	756.	0.	0.	756.	
EDUCATIONAL VIDEO	3,322.	0.	0.	3,322.	
RESCUE REHABILITATION	12,200.	0.	0.	12,200.	
VETERINARY EXPENSE/SUPPLIES	187.	0.	0.	187.	
CALENDAR EXPENSE	479.	0.	0.	479.	
DINNER EVENT EXPENSES	1,876.	0.	0.	1,876.	
TO FORM 990-PF, PG 1, LN 23	21,561.	0.	0.	21,561.	

FORM 990-PF	OTHER	PROGRAM-RELATED	INVESTMENTS	STATEMENT	2
DESCRIPTION				AMOUNT	
N/A					0.
DESCRIPTION				AMOUNT	
N/A					0.
		T IX-B, LINE 3			0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

3 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