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Form 990-PF

Department of the Treasury

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2008

1, 2008 AUG and ending JUL 31 2009 For calendar year 2008, or tax year beginning G Check all that apply: Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS label 84-6318731 Otherwise, ANNIE MACLAY LEFFINGWELL FOUNDATION print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. P O BOX 9197 (406) 721-4210 See Specific City or town, state, and ZIP code C if exemption application is pending, check here Instructions. MISSOULA, MT 59807 1 Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: Accrual under section 507(b)(1)(A), check here (from Part II, col (c), line 16) Other (specify) F If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis) ▶\$ 391,725. under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes expenses per books income ıncome (cash basis only) N/A Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 7,828. 7,828 STATEMENT 4,317 4,317. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -35,066 STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 99,288. h assets on line 6a 0. RESEARCH FOR COMPITAL GAI Income modifications 12 -22.921Total Add lines 1 through 11 0. 0 0. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits Expenses 104 104. 0. 16a Legal fees STMT 4 1,760. 0. STMT 5 1,760. **b** Accounting fees 6 3,561. 3,561 0. c Other professional fees STMT 0. Operating and Administrative 290 290 17 Interest STMT 7 16. 16 18 Taxes 19 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings 54 54 0. 22 Printing and publications 23 Other expenses 24 Total operating and administrative 5.785 expenses Add lines 13 through 23 5,785 24,437 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 24,437. 5.785 Add lines 24 and 25 30,222 27 Subtract line 26 from line 12: -53.143a Excess of revenue over expenses and disbursements 6,360 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2008)

SCANNED WAR 1

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30
(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ►

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ► PRIOR PERIOD ADJUSTMENT

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

1 455,309.

2 -53,143.

3 0.

4 402,166.

5 2,778.

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

6 399,388.

Part IV Capital Gains and L	osses for Tax on Inv.	estment	t Income				
(a) List and describe the 2-story brick warehouse	kınd(s) of property sold (e.g., ı e; or common stock, 200 shs.	eal estate,		(b) How acquire P - Purchase D - Donation	ed (d) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SSB #890-19917			-	P		ARIOUS	VARIOUS
b SSB #890-19917				P		ARIOUS	VARIOUS
c					- `	111111111	VIII(IOOD
d			·				
e							
(e) Gross sales price (f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss (e) plus (f) minus	
a 26,767.		-	50,82	4.			-24,057.
ь 72,521.			83,53	0.			-11,009.
С							
			_				
e			40/04/00				
Complete only for assets showing gain i			-			Gains (Col. (h) gair k), but not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)) (I	Losses (from col	(h))
2	-		· · · · · ·		-		-24,057.
b	-						-11,009
			-				
e							
2 Capital gain net income or (net capital los	If gain, also enter in If (loss), enter -0- ii	Part I, line	7 7	} 2			-35,066.
3 Net short-term capital gain or (loss) as de	`						
If gain, also enter in Part I, line 8, column		(0).]			
If (loss), enter -0- in Part I, line 8				<u> </u>		N/A	<u> </u>
Part V Qualification Under	Section 4940(e) for F	Reduced	Tax on Net	Investmen	t Inco	me	
(For optional use by domestic private founda	itions subject to the section 49	40(a) tax on	net investment ind	come.)			
If section 4940(d)(2) applies, leave this part	blank.						
			4 b b				Yes X No
Was the foundation liable for the section 494 If "Yes," the foundation does not qualify unde				007			L Tes LA INO
1 Enter the appropriate amount in each col				S.			
(a) Base period years	(b)			(c)		Dietri	(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distri	butions	Net value of nor	ncharitable-use a	ssets	(col. (b) di	bùtion ratio vided by col. (c))
2007	25	,385.		489,	434.		.051866
2006		,762.		520,	<u>575.</u>		.049488
2005		<i>,</i> 453.		514,			.049455
2004		,812.		511,			.050451
2003	24	,431.		521,	<u>551.</u>		.046843
							0.401.05
2 Total of line 1, column (d)		O b 5		-4		2	.248103
3 Average distribution ratio for the 5-year b the foundation has been in existence if le		line 2 by 5,	or by the number (oi years			.049621
the foundation has been in existence in te	ss man 5 years					3	.043021
4 Enter the net value of noncharitable-use a	assets for 2008 from Part X, lin	e 5				4	423,818.
5 Multiply line 4 by line 3						5	21,030.
6 Enter 1% of net investment income (1%	oi Part I, line 27b)					6	64.
7 Add lines 5 and 6						7	21,094.
8 Enter qualifying distributions from Part X	II, line 4					8	24,437.
If line 8 is equal to or greater than line 7,	check the box in Part VI, line 11	o, and comp	lete that part using	a 1% tax rate.			

	n 990-PF (2008) ANNIE MACLAY LEFFINGWELL FOUNDATION 84-631 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	8731	ıctio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			64.
_	of Part I, line 27b			
С	e All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			64.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 -		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		_	64.
6	Credits/Payments:			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 165.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	1 Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d		1	65.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	01.
11	404 54 44			0.
Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	i Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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 instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	L	X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	o If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b	<u></u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_X_
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	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 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?	7	X	<u></u>
	If "Yes," complete Part II, col. (c), and Part XV			
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	_		
	MT	_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b_	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	L	<u> </u>

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

Form 990-PF (2008) ANNIE MACLAY LEFFINGWELL Part VII-B Statements Regarding Activities for Which			84-63187	731	Page 6
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section). Influence the outcome of any specific public election (see section 4955); any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes. Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instruorganizations relying on a current notice regarding disaster assistance check if the answer is "Yes" to question 5a(4), does the foundation claim exemption fexpenditure responsibility for the grant? 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? b Did the foundation, during the year, pay premiums, directly or indirectly, on a fif you answered "Yes" to 6b, also file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax seems the foundation and the foundation of the foundation and the foundation and the foundation of the	or to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly on described in sections described actions)? There from the tax because it maintains to be pay premiums on the section of the contract?	rectly,	es X No es X No es X No es X No N/A N/A N/A SS No	5b	X
b If yes, did the foundation receive any proceeds or have any net income attribute.		Y €	N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Highly			
1 List all officers, directors, trustees, foundation managers and their	compensation.			 -	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc al) Expense ount, other lowances
HELENA S MACLAY	CO-TRUSTEE				
PO BOX 9197 MISSOULA, MT 59807	0.00	0.	0.		0.
GAIL H. GOHEEN	CO-TRUSTEE				
PO BOX 997					
<u>HAMILTON, MT 59840-0997</u>	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	L Huded on line 1). If none,	enter "NONE."		L	
(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	acc) Expense ount, other lowances
N/A					
		-			
Total number of other employees paid over \$50,000			•	L	

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Part VIII Information About Officers, Directors, Trustees, Foundation N 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) Com	pensation
N/A			
Total number of others receiving over \$50,000 for professional services		<u> </u>	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 infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expenses	3
1 <u>N/A</u>			
2			
3			
4			
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 ar	nd 2	Amount	
1 N/A	10 Z.	Amount	
			0
2			0.
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 3			

• • • • •

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	430,272.
b		1b	
C	Fair market value of all other assets	1c	
d		1d	430,272.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	430,272.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,454.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	423,818.
6	Minimum investment return Enter 5% of line 5	6	21,191.
ГБ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	21,191.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)	i	
C	Add lines 2a and 2b	2c	64.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,127.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	21,127.
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	21,127.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	24,437.
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:	1	**
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	24,437.
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	64.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,373.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies f	
	4940(e) reduction of tax in those years.		

Form **990-PF** (2008)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,		-		
line 7				21,127.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only		_	24,437.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ 24,437.			24 427	
a Applied to 2007, but not more than line 2a			24,437.	
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U•			
d Applied to 2008 distributable amount	0.			0.
e Remaining amount distributed out of corpus	0.			0.
Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	··
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				<u>21,127.</u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.	_			
Subtract lines 7 and 8 from line 6a	0.			
Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				

	ACLAY LEFFI				18731 Page 1
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for b Check box to indicate whether the foun	•	•	Lin contion	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ng touridation described	Prior 3 years	1 4942(J)(3) UI1 48	342(J)(5)
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for	(4) -555	(2) 200	(0)200	(2) 2500	
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					
3 Complete 3a, b, or c for the			 		-
alternative test relied upon.					
a "Assets" alternative test - enter.(1) Value of all assets					
· •				 -	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					-
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or me	ore in assets
at any time during t	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total cor	ntributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:	· · · · · · · · · · · · · · · · · · ·	
	only makes contributions	to preselected charitable	e organizations and does	not accept unsolicited requ	
a The name, address, and telephone num	`				
	BOX 9197	MISSOULA,		406-721-42	10
b The form in which applications should be	 De submitted and informa	tion and materials they	should include:		
WRITTEN REQUEST DEMO					
c Any submission deadlines:					
JULY 15					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields	, kinds of institutions, or	other factors:	
NOT-FOR-PROFIT ORGAN					LLI COUNTY,
MONTANA					F 000 DF (0000)
823601 01-02-09					Form 990-PF (2008)

Total			▶ 3b	0.
NONE				
b Approved for future payment				
Total			▶ 3a	24,437
BITTERROOT LAND TRUST, PO BOX 1806, HAMILTON, MT 59840	NONE	PUBLIC CHARITY	OPERATING EXPENSES	1,200
STEVENSVILLE COMMUNITY FOUNDATION, PO BOX 413, STEVENSVILLE, MT 59870	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,700
BITTER ROOT RC&D AREA, INC., 1709 NORTH 1ST, HAMILTON, MT 59840	NONE	PUBLIC CHARITY	OPERATING EXPENSES	3,937
BITTERROOT COURT APPOINTED SPECIAL ADVOCATES, 127 W MAIN ST, SUIT D, HAMILTO	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,600
SUPPORTERS OF ABUSE FREE ENVIRONMENT, INC (SAFE), PO BOX 534, HAMILTON, MT	NONE	PUBLIC CHARITY	OPERATING EXPENSES	4,500.
RAVALLI HEAD START, INC, 81 KURTZ LANE, HAMILTON, MT 59840	NONE	PUBLIC CHARITY	OPERATING EXPENSES	4,500.
BITTER ROOT HUMANE ASSOCIATION, 262 FAIRGROUNDS ROAD, HAMILTON, MT 59840	NONE	PUBLIC CHARITY	OPERATING EXPENSES	5,000
a Paid during the year				
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
3 Grants and Contributions Paid During the Ye Recipient	If recipient is an individual, show any relationship to	Foundation		Amount

er gross amounts unless otherwise indicated.	Unrelated	business income		y section 512 513, or 514	(e)
	(a) (b) Eximple Substitution (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(c) Exclu- sion	(d) Amount	Related or exempt
Program service revenue:	code		code		1011011011111001110
	- 				
	_			-	
d					
e		·			
		·			······
Fees and contracts from government agencies	-				
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	7,828.	
Dividends and interest from securities			14	4,317.	
et rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	-35,066.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:		•			
a					
b					
C	1 1				
d					
e					
Subtotal. Add columns (b), (d), and (e)		(0.	-22,921.	
Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	-22,92
e worksheet in line 13 instructions to verify calculations.)				
art XVI-B Relationship of Activities		nnlishment of	Evemnt Pi	ımoses	
Teladoliship of Activities	TO the Accord		LACINIPLE		
ne No. Explain below how each activity for which in				importantly to the accomp	olishment of
the foundation's exempt purposes (other th	an by providing fund	s for such purposes).		·	
NOT APPLICABLE					
			-		

823622 01-02-09

Phone no.

(406) 728-1800 Form **990-PF** (2008)

_		E MACLAY LEFFIN			18731	Page 13
P	art XVII Information Exempt Orga		o and Transactions a	and Relationships With Nonc	naritable	
1	Did the organization directly or i	ndirectly engage in any of the follow	wing with any other organizati	on described in section 501(c) of	Y	es No
		1(c)(3) organizations) or in section				
a	,	indation to a noncharitable exempt				
	(1) Cash	·	•		1a(1)	x
	(2) Other assets				1a(2)	X
b	Other transactions					
	(1) Sales of assets to a nonchar	ritable exempt organization			1b(1)	X
	` ·	noncharitable exempt organization	1		1b(2)	Х
	(3) Rental of facilities, equipme	, · •			1b(3)	X
	(4) Reimbursement arrangeme				1b(4)	X
	(5) Loans or loan guarantees				1b(5)	X
	(6) Performance of services or	membership or fundraising solicita	ations		1b(6)	Х
C	Sharing of facilities, equipment,	mailing lists, other assets, or paid of	employees		1c	Х
d	If the answer to any of the above	e is "Yes," complete the following so	chedule. Column (b) should al	ways show the fair market value of the good	ds, other assets	S,
	or services given by the reportin	g foundation. If the foundation rece	eived less than fair market vali	ue in any transaction or sharing arrangemei	າt, show ເກ	
	column (d) the value of the good	is, other assets, or services receive	ed.			
(a)	Line no (b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description of transfers, transactions,	and sharing arran	gements
		N/A	<u> </u>		_	
			··			
					_	
			 			
			<u> </u>			
				_		
2 a	•	rectly affiliated with, or related to, o		zations described		
		ther than section 501(c)(3)) or in se	ection 527?		Yes	X No
b	o If "Yes," complete the following s		(h) Turn of accompany	(a) December of colot		
	(a) Name of		(b) Type of organization	(c) Description of relation	msnip	
	<u>N/A</u>	7				
_						
	<u> </u>					
				<u> </u>		
_	Linder penalties of person Lideclare tha	t I have examined this return, including a	ccompanying schedules and staten	nents, and to the best of my knowledge and belief,	it is this correct	
		other than taxpayer or fiduciary) is based		· · · · · · · · · · · · · · · · · · ·	1 10 11 00, 0011 001,	
ĺ	+ No lough	$\leq 11/1$ and $1/\alpha_{1/2}$	Hillipal	ON CO-TRUSTEE		
و ا	Signature of officer or trustee	Thursday	nale	Title		
륀	,	100/1/2	Date •	- 	parer's identifying	number
Sign Here	Preparer's signature RYCH	IADD THAMAS		self-	002008	-
σ	D 0 5		CPA CALUSHA, PC		72932	<u> </u>
	Firm's name (or yours GAL	OSUW, UIGGINS &		EIN ► 81-02	14734	

FORM 990-PF GA	AIN OR (LOSS) F	ROM SALE	OF P	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY	_			IANNER CQUIRED	DA ACQU		DATE S	OLD
SSB #890-19917	_		PUF	CHASED	VARI	OUS	VARIO	US
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOS	s
26,767.	50,824.		0.		0.		-24,0	57.
(A) DESCRIPTION OF PROPERTY	_			IANNER QUIRED	DA ACQU		DATE S	OLD
SSB #890-19917	_		PUF	CHASED	VARI	ous	VARIO	US
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOS	ន
72,521.	83,530.		0.		0.		-11,0	09.
CAPITAL GAINS DIVIDENDS	FROM PART IV							0.
TOTAL TO FORM 990-PF, PA	ART I, LINE 6A				:		-35,0	66.
FORM 990-PF INTEREST ON	SAVINGS AND T	'EMPORARY	CASH	INVEST	MENTS	STA	TEMENT	2
SOURCE							AMOUNT	
SMITH BARNEY							7,8	28.

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	3
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
SMITH BARNEY	-		4,317.		0.	4,3	17.
TOTAL TO FM 990-PF, PART I, L	.N 4 =		4,317.		0.	4,3	17.
FORM 990-PF		LEGAL	FEES			STATEMENT	4
DESCRIPTION	EXPE			EST-	(C) ADJUSTED NET INCOM	(D) CHARITAI E PURPOSI	
LEGAL FEES	•	104.		104.			0.
TO FM 990-PF, PG 1, LN 16A =		104.		104.			0.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	5
DESCRIPTION	EXPE		(B) NET INVE MENT INC	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	:	1,760.	1,760.				
TO FORM 990-PF, PG 1, LN 16B		1,760.	1,	,760.			0.
FORM 990-PF O	THER I	PROFES	SIONAL FE	EES		STATEMENT	6
	(1	A)	(B)		(C) ADJUSTED	(D) CHARITAI	
DESCRIPTION	EXPEI PER I	NSES BOOKS	NET INVE		NET INCOM		
DESCRIPTION	PER I		MENT INC				

FORM 990-PF	TAXES			STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
FOREIGN TAX ON DIVIDENDS	16.	16	· ·	0.		
TO FORM 990-PF, PG 1, LN 18	16.	16	· ·	0.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 8		
	вс		BOOK VALUE	FAIR MARKET		
DESCRIPTION		r	SOOK ANDE	VALUE		
DESCRIPTION			397,315.	389,652.		

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

-					
	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box				X.J
_	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		0000		
o no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	lea For	m 8868		
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)				
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete			
Part I d		,		▶ [
All oth	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	n exten	sion of tim	e	
	ncome tax returns.	, 0,,,,	J. G. T.		
noted not au /ou mi	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or colust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fires. Gov/efile and click on e-file for Chanties & Nonprofits.	ically if insolida	(1) you wa ted Form	int the addit 990-T Inste	onal
Type o		Empl	oyer iden	tification nu	mber
,, ,,,,,	ANNIE MACLAY LEFFINGWELL FOUNDATION	8	4-631	8731	
ile by the due date lling you	of for Number, street, and room or suite no. If a PO box, see instructions or PO BOX 9197				
eturn S nstructio	ee				
Check	t type of return to be filed (file a separate application for each return)				
	Form 990 Form 990-T (corporation) Form 4	720			
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5	227			
	Form 990-EZ Form 990-T (trust other than above) Form 6	069			
	Form 990-PF				
The Teld		870			
The Tele	Form 990-PF Form 1041-A	B70	ers the ext	ension will d	
The Tele If the Doox	Form 990-PF	B70 Its is for member till above	ers the ext	ension will d	over
Therefore I have a second of the second of t	HELENA S MACLAY, CO-TRUSTEE be books are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 be books are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 be books are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 be books are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 be books are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box In it is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time units for the organization's return for and ending or or and ending JUL 31, 2009	B70 Its is for member till above	ers the ext	ension will d	over
The Teld If the	HELENA S MACLAY, CO-TRUSTEE a books are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 be phone No ▶ 406-721-4210 FAX No ▶ the organization does not have an office or place of business in the United States, check this box is sof a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the life it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unity MARCH 15, 2010 to file the exempt organization return for the organization named a sist for the organization's return for □ Calendar year or	is is for membratul	The extens	ension will d	penod
The Teld If the Dox I	HELENA S MACLAY, CO-TRUSTEE be books are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 be phone No ▶ 406-721-4210 FAX No ▶ the eorganization does not have an office or place of business in the United States, check this box has is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time units for the organization's return for MARCH 15, 2010 , to file the exempt organization return for the organization named a set of the organization's return for □ Calendar year or	is is for membratul	The extens	ension will d	penod
The Tele If the poor 1	HELENA S MACLAY, CO-TRUSTEE blooks are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 be phone No ▶ 406-721-4210 FAX No ▶ the organization does not have an office or place of business in the United States, check this box has is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unimated a story of the organization's return for the organization named a story of the organization's return for lie the exempt organization return for the organization named a story of the organization of the organization and ending JUL 31, 2009 If this tax year beginning AUG 1, 2008 and ending JUL 31, 2009 If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a include your payment with this form, or, if required,	above 3	The extens Change in	ension will d	penod
The Tele If the poor 1	HELENA S MACLAY, CO-TRUSTEE blooks are in the care of ▶ PO BOX 9197 - MISSOULA, MT 59807 sephone No ▶ 406-721-4210 FAX No ▶ the organization does not have an office or place of business in the United States, check this box has is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unimated a separate or Number of the organization return for the organization named a separate or Number of the group of the companization of the companization of the organization of the organizat	above 3	The extens Change in	ension will d	penod