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.orm 990-PF

Department of the Treasury Internal Revenue Service 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

OMB No 1545-0052

2009

Fo	r calen	dar year 2009, or tax year beginning	, 200	9, and	ending		, 20		
G	Check	all that apply:	eturn of a former p	☐ Final return					
_	0110011		dress change	_	ne change	- Timarrotani			
110	se the					identification number			
0.	label.					26-4347667			
0	therwi	se, Number and street (or PO box number if mail is not delivered	to street address) Ro	om/suite	B Telephone number (see page 10 of the instruc				
	print or type			406-651-8721					
	e Spec				C If exempt		a shook hore		
	structio					ion application is pendin	·		
н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation			n organizations, check n organizations meeting	_		
$\ddot{\Box}$		n 4947(a)(1) nonexempt charitable trust Other tax		dation		here and attach compu			
		arket value of all assets at J Accounting method				foundation status was	terminated under		
•		year (from Part II, col. (c),	i. L. Oasii L. A	icci dai		07(b)(1)(A), check here			
	line 16		on cash hasis)			ndation is in a 60-mont ction 507(b)(1)(B), check			
P	art I≔	Analysis of Revenue and Expenses (The total of		1		(-/, //-//	(d) Disbursements		
	_	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable		
		the amounts in column (a) (see page 11 of the instructions).)	books	"	ncome	ıncome	purposes (cash basis only)		
_	1	Contributions, gifts, grants, etc., received (attach schedule)		. ".	» mř	4			
	2	Check ► ☐ if the foundation is not required to attach Sch. B		<u> </u>			1		
	3	Interest on savings and temporary cash investments	44		44	N/A			
	4	Dividends and interest from securities	7,053		7,053				
Φ	5a	Gross rents	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	.,,,,,		,		
	b	Net rental income or (loss)	C4	())	# 4.	× 3	W. 7 - 1		
	6a	Net gain or (loss) from sale of assets not on line 10			20064				
2	b	Gross sales price for all assets on line 6a	J. Ph	1	-: 44444;	1. 1 · Mil (1/1).	The state of the s		
Revenue	7	Capital gain net income (from Part IV, line 2)	1 7 2 2 X 2 E	<u> </u>	149,091	· ** *** * ·	2 1 35/2		
æ	8	Net short-term capital gain			7,77	, <u>,</u> , , ,			
	9	Income modifications		 	į.		128 Kr - 4 1		
	10a	Gross sales less returns and allowances	: '5'4		: 1	/ 1			
	b	Less: Cost of goods sold	5.42 5.7	 			* · · · · · · · · · · · · · · · · · · ·		
	C	Gross profit or (loss) (attach schedule)			,	•			
	11	Other income (attach schedule)		 			·		
	12	Total. Add lines 1 through 11	7,097	 	156,188				
	13	Compensation of officers, directors, trustees, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	,		`		
Expenses	14	Other employee salaries and wages		 					
ž.	15	Pension plans, employee benefits		<u> </u>					
ğ	16a	Legal fees (attach schedule)		<u> </u>					
	b	Accounting fees (attaches one dulle)		1					
ĕ.	c	Other professional fees (attach-schedule)		1			·		
and Administrative	17								
Sti	18	Interest		<u> </u>		-			
ij	19	Depreciation (attach schedule) and depletion		1					
ğ	20	Occupancy OCEAN LIT		1					
Ž	21	Travel, conferences, and meetings							
Ĭ	22	Printing and publications		1					
, נס	23	Other expenses (attach schedule)	3,144		2,353		791		
	24	Total operating and administrative expenses.		1	······································				
Ē		Add lines 13 through 23	3,144	.	2,353		791		
Operating	25	Contributions, gifts, grants paid	50,400		रिस्ट्रेड <mark>र</mark> िक्	17 34 1 1 2 25 1	50,400		
0	26	Total expenses and disbursements. Add lines 24 and 25	53,544		2,353		51,191		
; —	27	Subtract line 26 from line 12:		<u> </u>		*			
Í	a	Excess of revenue over expenses and disbursements	-46,447	·]	- · · ·	,	js jr		
3	b	Net investment income (if negative, enter -0-) .	, s. 4 ,		153,835				
)	c	Adjusted net income (if negative, enter -0-)	``````````````````````````````````````		* , *				

P	art II	Balance Sheets Attached schedules and amounts in the description column				of year	
_		should be for eno-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Va	ue	(c) Fair Mar	rket Value
	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments			14,211		14,211
	3	Accounts receivable ►	Was in the last	建 深的公社。	14 A A A A A	Hale:	1000
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ►			1 2 1	MES	
			ļ 				
	5	Grants receivable	\			 	
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 16 of the instructions)					
	7		A San octa	THE CALL	4.	didition.	man man
S		Less: allowance for doubtful accounts ▶					
Assets	8	Inventories for sale or use					
Ş	9	Prepaid expenses and deferred charges					
•	10a	Investments—U.S. and state government obligations (attach schedule)		<u> </u>			
	b	Investments - corporate stock (attach schedule)	 	44	12,793		548,470
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment: basis ▶	E-Market 1	2000	bili.	器数 :	
		Less: accumulated depreciation (attach schedule) ▶					
	12	Investments-mortgage loans	 				
	13	Investments – other (attach schedule)					
	14			J. A.		2 : 45	
		Less. accumulated depreciation (attach schedule) ▶					
	15	Other assets (describe ►)					
	16	Total assets (to be completed by all filers-see the	}				
		instructions. Also, see page 1, item l)		45	7,004		562,681
	17	Accounts payable and accrued expenses				#88.A	. ••±,
S	18	Grants payable				的 进士	Ac.
ij	19	Deferred revenue				The state of the s	Suge (
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				Mal &	M.Z.,
.0	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe ►)				***	
	23	Total liabilities (add lines 17 through 22)			0		arian ar
nces	ĺ	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted					. April.
=	25	Temporarily restricted	<u></u>			14000000000000000000000000000000000000	
8	26	Permanently restricted					
or Fund Bala		Foundations that do not follow SFAS 117, check here ► ✓ and complete lines 27 through 31.				ST. TR. R.W.	i Gr
ō	27	Capital stock, trust principal, or current funds					• **
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund					- 1
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds		45	7,004	A Contract of the Contract of	
As	30	Total net assets or fund balances (see page 17 of the			ļ	The second second	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
et		instructions)		45	7,004		2
Z	31	Total liabilities and net assets/fund balances (see page 17			į		1 1
		of the instructions)	. <u></u>	45	7,004	,	3,6
	rt III	Analysis of Changes in Net Assets or Fund Balances					
1		I net assets or fund balances at beginning of year-Part II, colu					
		of-year figure reported on prior year's return)			1		0
2	Ente	r amount from Part I, line 27a			2		-46,447
3		r increases not included in line 2 (itemize) original contribution			3		504,831
4		lines 1, 2, and 3			4		
5		eases not included in line 2 (itemize) adjustment to cash basis			5		-1,380
6	Tota	net assets or fund balances at end of year (line 4 minus line 5)-1	Part II, column (b), Iir	ne 30	6		457,004

Part	V Capital Gains an	d Losses for Tax on Investm	nent Income			
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)
1a						
<u>b</u>	SEE SCHEDULE ATTACH	ED				
<u>c</u>				ļ		
d			·-··	 		<u> </u>
<u> </u>		15 Depreciation allowed	(a) Coot or		(h) C-:	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis inse of sale	, , ,	n or (loss) f) minus (g)
<u>a</u>						440.004
b	· · · · · · · · · · · · · · · · · · ·					149,091
c	· · · · · · · · · · · · · · · · · · ·					
e						
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any	col (k), but not	tless than -0-) or rom col (h))
а						
<u>b</u>					· · · · · · · · · · · · · · · · · · ·	
<u>c</u>				· · · · · · · · · · · · · · · · · · ·		
<u>d</u>						
<u>е</u>		(If gain	also enter in Pa	rt Llino 7		
2	Capital gain net income o	r (net capital loss) { If (loss),	enter -0- in Par	rt I, line 7	2	149,091
3	If gain, also enter in Part I	n or (loss) as defined in sections , line 8, column (c) (see pages 13	3 and 17 of the	instructions).		
David	If (loss), enter -0- in Part I	·			3	
Part		er Section 4940(e) for Redu				
(For o	ptional use by domestic pri	vate foundations subject to the s	section 4940(a)	tax on net investi	ment income.)	
If sect	ion 4940(d)(2) applies, leav	e this part blank.				
		section 4942 tax on the distribut qualify under section 4940(e). D			pase period?	☐ Yes 🗹 No
1		ount in each column for each yea			s before making a	ny entries.
	(a) Base period years	(b)		(c)	Dist	(d) ribution ratio
Cale	ndar year (or tax year beginning in	Adjusted qualifying distributions	Net value of	noncharitable-use as		ivided by col (c))
	2008					
	2007		N/A			
	2006					
	2005			· · · · · · · · · · · · · · · · · · ·		
	2004				- 	
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period—divid				
		dation has been in existence if les				
4	Enter the net value of non-	charitable-use assets for 2009 fr	om Part X, line 5	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions on page	ns from Part XII, line 4 Iter than line 7, check the box in ge 18.	Part VI, line 1b,	 , and complete th	. 8 nat part using a 19	% tax rate. See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	ne ins	tructi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.	` .	*, **				
_	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check						
С	here ▶ ☐ and enter 1% of Part I, line 27b						
	Part I, line 12, col. (b)	Som 's	*** 、				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		-0-				
3	Add lines 1 and 2		3,077				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2 077				
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	- 12+	3,077				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a		1200	w.			
b	Exempt foreign organizations—tax withheld at source 6b						
-	Tax paid with application for extension of time to file (Form 8868) . 6c		10	rt k			
d	Backup withholding erroneously withheld	4					
7	Total credits and payments. Add lines 6a through 6d	. 22	- 0 -				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		3,077				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10						
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11						
	/II-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a	<u>.</u>	1			
b							
	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.	- qf	,				
С	Did the foundation file Form 1120-POL for this year?	1c		*			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	* *	يون جوالا د د الموجور	*			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	* ************************************	10 3	*			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$	\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	****	* *			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	erst,	√			
	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			·, ·			
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		1			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b		_			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1			
	If "Yes," attach the statement required by General Instruction T.		3.3° /				
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		20. 4 3 444 4				
	By language in the governing instrument, or	, L	Tri Ci				
	• 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	✓				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1				
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	instructions) Form 990-PF not required to be filed in Montana. The organization is registered w/Sec/State in MT		wgh _s				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		✓			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	2					
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page						
40	27)? If "Yes," complete Part XIV	9		✓			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		,				
	names and addresses	10	✓				

	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 2009.)
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

3b 4a

4h

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	0-PF(2009) Margaret V. Ping Foundat										Page
Part	VII-B Statements Regarding Activities	s for V	Vhich F	orm	4720	May Be R	equire	d (contir	nued)		
5a	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public directly or indirectly, any voter registration directly.	to influe c electi	ence legis on (see s	sect	ion [`] 495		arry on	☐ Yes	☑ No ☑ No		•
	(3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(organization)	n a cha	ritable, e	etc.,	organiz	ation desc	ribed in	t	☑ No		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	, charit	able, sci	entif	ic, litera	ary, or educ	cational	<u> </u>	✓ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	e transa	actions fa	all to	qualify	under the	excepti	ons descr	ibed in		
C	Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	the four	ndation o	clain	n exem _l		the tax		► □		. 44
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly o	or in	directly	, to pay pre	emiums	; □Yes	 ✓ No	70. /	
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dire	ctly or in	dire	ctly, on	a personal	benefi	t contract	? .	6b	√
<u>b</u>	At any time during the tax year, was the foundation If yes, did the foundation receive any proceeds of	or have	any net	inco	me attr	butable to	the trai			7b	
Part	Information About Officers, Direct	tors, 1	Trustee:	s, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,
1	and Contractors List all officers, directors, trustees, foundatio	n man	agore on	d th	oir oon	noncotion	1000 1	2000	f the in	otruoti	ional
	(a) Name and address	(b) Title	e, and aver rs per weel ed to positi	age k	(c) Co	mpensation paid, enter -0-)	(d) emple	Contributions byee benefit erred compe	s to plans	(e) Expe	nse account
	ret Ping Soloman Ave., Apt. 280, Billings MT 59102	Presid	ent	1		-0-			-0-		-0
1024 N	ice Forrette North 25th Street, Billings MT 59102	Vice P	resident	1		-0-			-0-		-0
	Selvig Lane, Billings MT 59102	Secret	ary	1		-0-			-0-		-0
1033 A	Genger Avenue D, Billings MT 59102	Treasu		1		-0-			-0-		-0
2	Compensation of five highest-paid employed If none, enter "NONE."	es (oth	er than 1	thos	e inclu	ded on lir	ie 1—s	ee page	23 of 1	the ins	tructions)
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, hours devoted	per v	week ~	(c) Compe	nsation	(d) Contribution employee plans and compens	benefit deferred		nse account, allowances
NONE											
									-		
Total	number of other employees paid over \$50,000 .						.		. ▶		

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If nor	e, enter "NONE.
•	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	IE .	
		
Tota	Il number of others receiving over \$50,000 for professional services	
		
Pa	TIX-A Summary of Direct Charitable Activities	
Lı	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
Of	ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
_		····
3		
4		
7		
Pai	t IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	N/A	
2		
A 11	other program related investments. See page 24 of the instructions	
	other program-related investments. See page 24 of the instructions. N/A	
3	IVA	
ota	. Add lines 1 through 3	

Form **990-PF** (2009)

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	
	purposes:		•
а	Average monthly fair market value of securities	1a	509,529
b	Average of monthly cash balances	1b	45,686
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	555,215
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	555,215
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	555,215
6	Minimum investment return. Enter 5% of line 5	6	27,761
Part	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► ☐ and do not complete this part.)	operati	ng
1	Minimum investment return from Part X, line 6	1	27,761
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI.) 2b -0-]	
С	Add lines 2a and 2b	2c	3,077
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,684
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	24,684
6	Deduction from distributable amount (see page 25 of the instructions)	6	-0-
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	24,684
Part	XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	51,191
b	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	-0-
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	-0-
b	Cash distribution test (attach the required schedule)	3b	-0-
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	51,191
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	-0-
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,191
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	er the foundation

		OT THE INSTRUCTOR	·-/		
1	Distributable amount for 2009 from Part XI, line 7	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
2	Undistributed income, if any, as of the end of 2009:			•	24,684
а	Enter amount for 2008 only	F.,	· *	- Q-	,
b	Total for prior years: 20,20,20	. , , ,	-0-	- ,2	· (1)
3	Excess distributions carryover, if any, to 2009:			**	,- ·)
а	From 2004		7		
b	From 2005				
C	From 2006		2.	~	
d	From 2007	ļ			•
e	From 2008		1		ž.
4	Total of lines 3a through e	-0	• '		
4	Qualifying distributions for 2009 from Part XII, line 4: ► \$ 51,191			1 2	
а	Applied to 2008, but not more than line 2a.			-0-	
b				-0-	+
_	(Election required—see page 26 of the instructions)	a mayor argany	-0-		4 b sat
С				<i>i</i>	,
_	required—see page 26 of the instructions) .	-0-	.] ,		
d	Applied to 2009 distributable amount	, A 40	7 T	**************************************	24,684
е	Remaining amount distributed out of corpus	26,507	'		· · · · · · · · · · · · · · · · · · ·
5	Excess distributions carryover applied to 2009	-0.		, , , , , , , , , , , , , , , , , , , ,	- 0-
	(If an amount appears in column (d), the same amount must be shown in column (a).)	بر (به به		**	
6	Enter the net total of each column as indicated below:	The man is a second	t ys ru	Section of Taging	t .v vyra
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	26,507	-		
b	Prior years' undistributed income. Subtract line 4b from line 2b	· popular in the second	-0-	Ĭ.	,
C	Enter the amount of prior years' undistributed	4 4			
	income for which a notice of deficiency has	en mbn :		ું. સ ું લ	
	been issued, or on which the section 4942(a)	-			
-1	tax has been previously assessed		-0-		
d	Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions .	* .	-0-		ż
е	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount—see page 27 of the instructions	y n	(, %	_	, "
	Undistributed income for 2009. Subtract lines			-0-	
•	4d and 5 from line 1. This amount must be	, , ,	-		
	distributed in 2010	· ' -	'	,	-0-
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			ì	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	-0-			
8	Excess distributions carryover from 2004 not				•/
	applied on line 5 or line 7 (see page 27 of the	_			
_	instructions)	-0-			
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	26,507			
10	Analysis of line 9:	∠0,30/			
	Excess from 2005				15
	Excess from 2006				1 .
C	Excess from 2007				
d	Excess from 2008	•	,	-,	٤.
	Excess from 2009				ļ

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

postmarked August 31 of any year

Charitable, educational and religious purposes related to peace and justice, combating hunger, and environmental concerns.

Form **990-PF** (2009)

Total

Form 990-PF (2009) Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment 3 If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year **Planned Parenthood** 4,000 2525 4th Avenue N, Billings MT Richland Opportunities, Inc. 5,000 1101 Silurian Lane, Sidney MT 59270 Angela's Plazza 5,500 420 Grand Avenue, Billings MT Interfalth Hospitality Network 4,900 40 10th Street West, Billings MT Street Outreach Shelter, Inc. 5,000 Hardin MT 59034 Northern Plains Resource Council 1,500 220 S 27th Street, Billings MT + **Great Burn Study Group** 2,000 1434 Jackson Street Missoula MT 59802 Alternative Energy Resource Organization 5,000 432 North Last Chance Guich, Helena MT 59601 Jeannette Rankin Peace Center 3,500 519 South Higgins, Missoula MT 59801 Wakina Multicultural Education Center 3.000 PO Box 1240, Helena MT 59624 Missoula Aging Services 3,000 337 Stephens, Missoula MT 59801 Clearwater Resource Council 3,000 PO Box 1471, Seeley Lake MT 59868 Violence Free Crisis Line 5,000 224 First Avenue E, Kalispell MT 59901-4561 За 50,400 Total Approved for future payment b NONE

3b

Pa	rt X	VI-A Analysis of Income-Producing A	ctivities				
Ente	er gro	oss amounts unless otherwise indicated.	Unrelated bu	ısiness ıncome	Excluded by sect	ion 512, 513, or 514	(e)
1	Dro	ogram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions.)
١	a	ogram service revenue:					
	b						
	С						
	d						<u> </u>
	е						
	f						
	g	Fees and contracts from government agencies					
2	Me	mbership dues and assessments					
3	Inte	erest on savings and temporary cash investments			14	44	
4	Div	idends and interest from securities			14	7,053	
5	Ne	t rental income or (loss) from real estate:	Property Control	Man de la	97.54K 2.7.1K7	有 性性特殊	**小块件******
	а	Debt-financed property					
		Not debt-financed property					
6		t rental income or (loss) from personal property					
7		ner investment income			18	149,091	
8		n or (loss) from sales of assets other than inventory	ļ				
9		t income or (loss) from special events					<u> </u>
10		oss profit or (loss) from sales of inventory				-	
11		ner revenue: a					
	b						
	c d		l.				
	u e						
12	_	ntotal Add columns (b) (d) and (e)	Ch. Caller		will be the state of the state	156 188	
	Sul	btotal. Add columns (b), (d), and (e)				156,188 13	
13	Sul To	tal. Add line 12, columns (b), (d), and (e)					156,188
13 (See	Sul To	tal. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
13 (See Pa	Sul To	tal. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
13 (See Pa	Sul To: Work rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verifine to the A large state of the factorial below how each activity for which accomplishment of the foundation's exempt	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
13 (See Pa	Sul To: Work rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verifications. Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt instructions)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
13 (See Pa	Sul To: Work rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verifications. Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt instructions)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
13 (See Pa	Sul To: Work rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verifications. Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt instructions)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
13 (See Pa	Sul To: Work rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verifications. Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt instructions)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
13 (See Pa	Sul To: Work rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verifications. Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt instructions)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188
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13 (See Pa	Sul To: Work rt X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28 to verifications. Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt instructions)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	156,188

Firm's name (or yours if self-employed), address, and ZIP code

Form 9				undation 26-43								ige 13
Par	•	Exempt Or	ganizations	nsfers To and Trar	_					ritabl		
1,	ın s			engage in any of the section 501(c)(3) orga							Yes	No
а	Tra	nsfers from the rep	porting foundation t	to a noncharitable exe	empt org	anızation	of:			.17	** 3	
	(1)	Cash								1a(1)		<u> </u>
										1a(2)	1427 X	✓,
b		er transactions:										٠.,
				empt organization .						1b(1)		✓
				table exempt organiza						1b(2)		✓
				er assets						1b(3) 1b(4)		∀
										1b(5)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				hip or fundraising soli						1b(6)		1
С				ists, other assets, or p						1c		√
d	valu valu	ue of the goods, o ue in any transacti	ther assets, or serv on or sharing arrang	es," complete the followices given by the repogement, show in colur	orting fo mn (d) th	undation e value d	n. If the of the go	foundation re oods, other a	eceived less issets, or se	than rvices	fair m recei	arket ved
(a) Lin	e no	(b) Amount involved	(c) Name of nonc	charitable exempt organizati	ion	(d) Desc	ription of	transfers, transa	ctions, and sha	ring arr	angeme	ents
			 									
												
					-						•	
			_									
2a b	des	scribed in section (ffiliated with, or relate other than section 50 e.						Yes	; /	No
		(a) Name of organ	T	(b) Type of org	ganization			(c) Descr	ption of relation	nship		
										_		
		-					<u> </u>					
				mined this return, including f preparer (other than taxpay	yer or fiduc	ary) is basi	ed on all II	nformation of wh	nich preparer ha			
o l		gnature of officer or tru	stee		<i>– جا</i> Date	30-	11	Presiden Title				_
łer	, J	gradule of onless of the	, , , , , , , , , , , , , , , , , , ,		Date		l	, ,,,,,,	Droparer's	lontif "	ng	
Sign Here	Paid reparer's	Preparer's			Julio		Check self-em	ıf nployed ► □	Preparer's ic number (see page 30 of the	Signa	ture o	
	Pre-	Firm's name (or you	urs if		.1	·	ا	EIN►	<u> </u>			

EIN► Phone no