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Form **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

For calendar year 2009, or tax year beginning 01-01-2009 , and ending 12-31-2009

G

Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return






☐ Amended return


☐ Address change

☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation DENNIS & PHYLLIS WASHINGTON FOUNDATION		A Employer identification number 36-3606913	
	Number and street (or P O box number if mail is not delivered to street address) PO BOX 16630		Room/suite	B Telephone number (see page 10 of the instructions) (406) 523-1300
	City or town, state, and ZIP code MISSOULA, MT 598086630		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 314,317,449		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	67,017,574			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,134	1,134		
	4 Dividends and interest from securities.	6,972,869	6,972,869		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a <u>382,988,740</u>				
	7 Capital gain net income (from Part IV , line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	73,991,577	6,974,003		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	9,000	0		9,000
	b Accounting fees (attach schedule)	32,079	0		0
	c Other professional fees (attach schedule)	286,147	261,567		22,710
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	205,073	13,598		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	3,779	0		3,779
	22 Printing and publications	12,720	0		12,720
	23 Other expenses (attach schedule)	83,975	0		83,975
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	632,773	275,165		132,184
	25 Contributions, gifts, grants paid	4,430,807			15,684,688
	26 Total expenses and disbursements. Add lines 24 and 25	5,063,580	275,165		15,816,872
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	68,927,997			
	b Net investment income (if negative, enter -0-)		6,698,838		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	10,000	10,000	10,000
	2	Savings and temporary cash investments	26,782,567	11,869,755	11,869,755
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ 741,814 Less allowance for doubtful accounts ▶ _____		741,814	741,814
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	208,379,714	 279,264,815	279,264,815
	b	Investments—corporate stock (attach schedule)	14,677,796	 18,631,284	18,631,284
	c	Investments—corporate bonds (attach schedule)	3,347,301	 3,799,781	3,799,781
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ 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 I)	253,197,378	314,317,449	314,317,449	
Liabilities	17	Accounts payable and accrued expenses	39,000	49,870	
	18	Grants payable	34,231,169	22,977,288	
	19	Deferred revenue	302,009		
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)	 19,782	 65,821	
	23	Total liabilities (add lines 17 through 22)	34,591,960	23,092,979	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	218,605,418	291,224,470	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	218,605,418	291,224,470	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	253,197,378	314,317,449	

Part III Analysis of Changes in Net Assets or Fund Balances		
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)	1 218,605,418
2	Enter amount from Part I, line 27a	2 68,927,997
3	Other increases not included in line 2 (itemize) ▶ 	3 3,691,055
4	Add lines 1, 2, and 3	4 291,224,470
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 291,224,470

Part IV

Capital Gains and Losses for Tax on Investment 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)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECURITIES				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 382,988,740		382,988,740	0	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a			0	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 }			3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	6,013,636	200,348,959	0 030016
2007	1,673,316	38,099,926	0 043919
2006	2,453,714	19,860,285	0 123549
2005	1,147,119	15,950,384	0 071918
2004	743,024	13,570,580	0 054753
2 Total of line 1, column (d).			2 0 324155
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 064831
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.			4 249,468,427
5 Multiply line 4 by line 3.			5 16,173,288
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 66,988
7 Add lines 5 and 6.			7 16,240,276
8 Enter qualifying distributions from Part XII, line 4.			8 15,816,872
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18			

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1aExempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)				
bDomestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			1	133,977
cAll other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			2	0
3Add lines 1 and 2.			3	133,977
4Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			4	0
5Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5	133,977
6Credits/Payments				
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	144,000	
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c	20,000	
d	Backup withholding erroneously withheld	6d		
7Total credits and payments Add lines 6a through 6d.			7	164,000
8Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached			8	1,494
9Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9	
10Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			10	28,529
11Enter the amount of line 10 to be Credited to 2010 estimated tax 28,529 Refunded			11	0

Part VII-AStatements 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 any political campaign?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? 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.	1b		No
c	Did the foundation file Form 1120-POL for this year?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0			
e	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? If "Yes," attach a detailed description of the activities.	2		No
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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the 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	Yes	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW DPWFOUNDATION ORG	13	Yes	
14	The books are in care of ▶ JO ANN HOG AN Telephone no ▶ (406) 523-1300 Located at ▶ 101 INTERNATIONAL WAY MISSOULA MT ZIP+4 ▶ 59808			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
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 2009?.	1c		No
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 page 20 of the instructions).	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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2009 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	5b		No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			
	b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).				
(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	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). 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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	231,735,858
b	Average of monthly cash balances.	1b	21,531,581
c	Fair market value of all other assets (see page 24 of the instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	253,267,439
e	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	253,267,439
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	3,799,012
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	249,468,427
6	Minimum investment return. Enter 5% of line 5.	6	12,473,421

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	12,473,421
2a	Tax on investment income for 2009 from Part VI, line 5.	2a	133,977
b	Income tax for 2009 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	133,977
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	12,339,444
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	12,339,444
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	12,339,444

Part XII

Qualifying Distributions (see page 25 of the 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	15,816,872
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	15,816,872
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	15,816,872
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7			
2	Undistributed income, if any, as of the end of 2008			
a	Enter amount for 2008 only.			
b	Total for prior years 20____, 20____, 20____			
3	Excess distributions carryover, if any, to 2009			
a	From 2004.			
b	From 2005.			
c	From 2006.			
d	From 2007.			
e	From 2008.			
f	Total of lines 3a through e.			
4	Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 15,816,872			
a	Applied to 2008, but not more than line 2a			
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)			
c	Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .			
d	Applied to 2009 distributable amount.			
e	Remaining amount distributed out of corpus			
5	Excess distributions carryover applied to 2009 (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			
b	Prior years' undistributed income Subtract line 4b from line 2b.			
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.			
d	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .			
e	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).			
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions).			
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a			
10	Analysis of line 9			
a	Excess from 2005.			
b	Excess from 2006.			
c	Excess from 2007.			
d	Excess from 2008.			
e	Excess from 2009.			

Part XIV

Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2009	(b) 2008	(c) 2007	(d) 2006	
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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

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))

PHYLLIS J WASHINGTON

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

2

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

Check here ☐ 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 page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

DENNIS PHYLLIS WASHINGTON FOUNDATIO
PO Box 16630
Missoula, MT 598086630
(406) 523-1300

b

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

STANDARD APPLICATION FORM IS FOUND ON THE INTERNET AT WWW.DPWFOUNDATION.ORG

c

Any submission deadlines

NONE - THE CONTRIBUTIONS COMMITTEE MEETS QUARTERLY

d

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

LIMITED TO 501(C)(3) ORGANIZATIONS WITH AN EMPHASIS ON YOUTH AND EDUCATION IN GEOGRAPHICAL AREAS IN WHICH THE WASHINGTON COMPANIES OPERATE

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	15,684,688
b Approved for future payment See Additional Data Table				
Total			3b	2,206,000

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2009)

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash.	1a(1)		No
	(2) Other assets.	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
	(3) Rental of facilities, equipment, or other assets.	1b(3)		No
	(4) Reimbursement arrangements.	1b(4)		No
	(5) Loans or loan guarantees.	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No





b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

*****	2010-11-12	*****
Signature of officer or trustee	Date	Title

Paid Preparer's Use Only	Preparer's Signature  Sara Elizabeth J Hyre	Date	Check if self-employed  <input type="checkbox"/>	Preparer's identifying number (see Signature on page 30 of the instructions)
	Firm's name (or yours if self-employed), address, and ZIP code 	Clark Nuber 10900 NE 4th Street Suite 1700 Bellevue, WA 98004		EIN  Phone no (425) 454-4919

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of organization DENNIS & PHYLLIS WASHINGTON FOUNDATION	Employer identification number 36-3606913
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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—

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not 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 in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization DENNIS & PHYLLIS WASHINGTON FOUNDATION	Employer identification number 36-3606913
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Part I

Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DENNIS & PHYLLIS WASHINGTON PO BOX 16630 MISSOULA, MT 59808 	\$ 65,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	ENVIROCON PO BOX 16630 MISSOULA, MT 59808 	\$ 98,003	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	MODERN MACHINERY PO BOX 16660 MISSOULA, MT 59808 	\$ 35,517	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	MONTANA RAIL LINK PO BOX 16624 MISSOULA, MT 59808 	\$ 682,420	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	MONTANA RESOURCES 600 SHIELDS AVENUE BUTTE, MT 59701 	\$ 1,201,634	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization DENNIS & PHYLLIS WASHINGTON FOUNDATION	Employer identification number 36-3606913
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Part II Noncash Property (see Instructions)			
(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
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization DENNIS & PHYLLIS WASHINGTON FOUNDATION	Employer identification number 36-3606913
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Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Software ID: 09000028

Software Version: 2009.05000


EIN: 36-3606913

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION


Form 990PF Part VIII Line 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	(e) Expense account, other allowances
PHYLLIS J WASHINGTON	CHAIRMAN 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				
LAWRENCE R SIMKINS	PRESIDENT 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				
JOANN HOGAN	TREASURER 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				
MIKE HALLIGAN	EXECUTIVE DIRECTOR 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				
BRIAN T SHERIDAN	DIRECTOR 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				
WILLIAM H BRODSKY	DIRECTOR 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				
ROLIN ERICKSON	DIRECTOR 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				
DEBRA MCWHINNEY	DIRECTOR 1 00	0	0	0
PO BOX 16630 MISSOULA, MT 598086630				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALBERTON COMMUNITY FOOD BANKPO BOX 456 ALBERTON, MT 59820	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,500
AMERICAN HEART ASSOCIATION 700 SOUTH AVENUE WSTE D MISSOULA, MT 59801	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	4,654
AMERICAN INDIAN BUSINESS LEADERSU OF M GALLAGHER BUSINESS BLDG STE 366 MISSOULA, MT 59812	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	10,000
THE ANGEL FUND816 S CALIFORNIA ST HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
ASSISTANCE LEAGUE OF NEWPORT-MESA2220 FAIRVIEW ROAD COSTA MESA, CA 92627	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BARRETT HOSPITAL FOUNDATION INC90 HIGHWAY 91 SOUTH DILLON, MT 59725	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
BIG BROTHERS & SISTERS - BOZEMAN15 S 8TH AVE BOZEMAN, MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BIG BROTHERS & SISTERS - BUTTE PO BOX 62 BUTTE, MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BIG BROTHERS & SISTERS - HELENA34 WEST 6TH AVE STE 1-C HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BIG BROTHERS & SISTERS - YELLOWSTONE CTY504 B NORTH 20TH STREET BILLINGS, MT 59101	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BIG BROTHERS & SISTERS OF GREAT FALLS18 6TH ST N STE 26 GREAT FALLS, MT 59401	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BIG BROTHERS & SISTERS OF MISSOULA CO1520 SOUTH RUSSELL MISSOULA, MT 59801	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
BIG BROTHERS & SISTERS- LIVINGSTON120 EAST PARK STREET LIVINGSTON, MT 59047	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BIG HORN COUNTY LIBRARYC/O DONELLE BOYER HARDIN, MT 59034	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
Total  3a				15,684,688

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BIG SKY INSTIT FOR ADVANCE OF NONPROFITSPO BOX 1514 HELENA, MT 59624	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	8,000
BIG SKY KIDS - EAGLE MOUNT 6901 GOLDENSTEIN LANE BOZEMAN, MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
THE BILLINGS DEPOT2913 MONTANA AVENUE BILLINGS, MT 59101	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
BILLINGS FOOD BANK2112 FOURTH AVE NORTH BILLINGS, MT 59103	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	55,000
BITTERROOT VALLEY CALVARY CHAPEL700 NORTH 4TH STREET HAMILTON, MT 59840	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
BLACKFEET FOOD BANKPO BOX 3003 BROWNING, MT 59417	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
BLIND CHILDREN'S LEARNING CENTER18542-B VANDERLIP AVENUE SANTA ANA, CA 92705	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,000
BOISE PHILHARMONIC ASSOC INC 516 S 9TH ST BOISE, ID 83702	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
BOULDER HORIZONS PARKS & REC PO BOX 474 BOULDER, MT 59632	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
BOY SCOUTS OF AMERICA820 17TH AVE SOUTH GREAT FALLS, MT 59405	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
BOYS & GIRLS CLUB OF CARBON COUNTYPO BOX 11 RED LODGE, MT 59068	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	6,000
BOYS & GIRLS CLUB OF N CHEYENNEPO BOX 309 LAME DEER, MT 59043	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	4,800
BOYS & GIRLS CLUBS OF BENTON & FRANKLIN COPO BOX 1322 PASCO, WA 99301	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
BUTTE CENTER PERFORMING ARTS PO BOX 522 BUTTE, MT 59703	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
BUTTE EMERGENCY FOOD BANK 1019 E SECOND STREET BUTTE, MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
Total  3a				15,684,688

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BUTTE FOOD BANK602 E ALUMINUM BUTTE,MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
BUTTE RESCUE MISSION1204 E 2ND ST BUTTE,MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
BUTTE SYMPHONY ASSOCIATION PO BOX 725 BUTTE,MT 59703	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	4,750
CAMP MAKE - A - DREAMPO BOX 1450 MISSOULA,MT 59806	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,871
CAROLE GRAHAM HOME1330 S 4TH ST WEST MISSOULA,MT 59801	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
CARROLL COLLEGE1601 NORTH BENTON AVE HELENA,MT 59625	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	5,000
CARTER COUNTY FOOD BANK214 PARK ST EKALAKA,MT 59324	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
CENTER FOR MENTAL HEALTH900 N JACKSON STREET HELENA,MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
CENTRAL MONTANA COMM HEALTH CENTER224 W MAIN ST 403 LEWISTOWN,MT 59457	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,635
CENTRAL MONTANA YOUTH MENTORING PROGRAMPO BOX 532 LEWISTOWN,MT 59457	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
CENTRAL MT COMMUNITY CUPBOARD203 4TH AVE NORTH LEWISTOWN,MT 59457	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
CFCC CITY FOOD2811 LATIMER MISSOULA,MT 59808	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
CHILD CARE RESOURCES INCPO BOX 7038 MISSOULA,MT 59807	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
CHILD DEVELOPMENT CENTER 214 FORT MISSOULA RD MISSOULA,MT 59804	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
THE CHILD DEVELOPMENT CENTER1725 HWY 35 KALISPELL,MT 59901	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
Total  3a				15,684,688


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHINOOK FOOD PANTRY258 PENNSYLVANIA AVE CHINOOK,MT 59523	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
CHOTEAU COUNTY HUMAN SVCS 1020 13TH ST FT BENTON,MT 59442	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
THE CLAY STUDIO1106 HAWTHORNE UNIT A MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
COLSTRIP FOOD PANTRY110 POPLAR ROOM 130 COLSTRIP,MT 59323	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
COLUMBIA FALLS FOOD PANTRY82 RAILROAD ST COLUMBIA FALLS,MT 59912	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
COMMUNITY FOOD BANK - MINERALPO BOX 46 SUPERIOR,MT 59872	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
COMMUNITY HARVEST INCPO BOX 314 THOMPSON FALLS,MT 59873	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
COMMUNITY HOPE INC204 CEDAR AVENUE LAUREL,MT 59044	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
COMMUNITY SERVICES FELLOWSHIP1419 HIGHWAY 200 NOXON,MT 59853	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
CULBERTSON FOOD PANTRYPO BOX 574 CULBERTSON,MT 59218	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
CUSTER COUNTY FOOD BANK210 SOUTH WINCHESTER MILES CITY,MT 59301	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
DALY MANSION PRESERVATION TRUSTPO BOX 223 HAMILTON,MT 59840	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
DAWSON COUNTY FOOD BANK 2030 N MERRILL GLENDIVE,MT 59330	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
DEER LODGE CITY PARKS & RECREATION300 MAIN ST DEER LODGE,MT 59722	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
DENVER RESCUE MISSIONPO BOX 5206 DENVER,CO 80217	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
Total  3a				15,684,688


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DSVS OF CARBON COUNTYP O BOX 314 RED LODGE,MT 59068	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,000
EASTER SEALS GOODWILL4400 CENTRAL AVE GREAT FALLS,MT 59405	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	25,000
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS415 N 30TH STREET BILLINGS,MT 59101	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,500
ENNIS TEEN CENTERPO BOX 1291 ENNIS,MT 59729	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
EQUINOX THEATRE COMPANY 2304 N 7TH AVE STE C-1 BOZEMAN,MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	9,000
EUREKA FOURSQUARE CHURCHPO BOX 1696 EUREKA,MT 59917	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
FACE TO FACE FOOD PANTRY11 MAXVILLE ROAD MAXVILLE,MT 59858	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
FACE-TO-FACE MINISTRIES11 MAXVILLE RD PHILIPSBURG,MT 59858	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,000
FAMILIES FIRST815 E FRONT ST STE 3 MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
FAMILY SERVICES INCPO BOX 1020 BILLINGS,MT 591011020	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	7,000
FIRST DESCENTSP O BOX 2193 VAIL,CO 81658	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
FLAGSHIP PROGRAM TURNING POINTC/O ROSIE BUZZAS MISSOULA,MT 59801	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	30,000
FLATHEAD CO AGENCY ON AGING 160 KELLY ROAD KALISPELL,MT 59901	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
FLATHEAD FOOD BANK105 6TH AVE WEST KALISPELL,MT 59901	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
FLATHEAD LUTHERAN BIBLE CAMP 603 MAIN STREET KALISPELL,MT 59901	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
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a Paid during the year				
FLATHEAD VALLEY COMMUNITY COLLEGE777 GRANVIEW DR KALISPELL, MT 59901	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	5,000
THE FOOD CUPBOARD YAAK34 RIVERVIEW DRIVE TROY, MT 59935	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
FOREVER FAMILIES INCPO BOX 80451 BILLINGS, MT 59108	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
FORPARKSPO BOX 6340 BOZEMAN, MT 59771	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
FRIENDSHIP CENTER OF HELENA INC1430 N SANDERS ST HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,075
GALLATIN VALLEY FOOD BANK602 BOND STREET BOZEMAN, MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	12,500
GARDEN CITY HARVESTPO BOX 205 MISSOULA, MT 59806	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
GARDINER FOOD PANTRYPO BOX 459 GARDINER, MT 59030	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
GREAT FALLS COMMUNITY FOOD BANK1620 12TH AVE NORTH GREAT FALLS, MT 59401	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
GREAT FALLS RESCUE MISSION 326 2ND AVE SOUTH GREAT FALLS, MT 59405	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
GREATER GALLATIN UNITED WAY 1516 W BABCOCK 2 BOZEMAN, MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	13,000
GT FALLS CHILDREN'S RECEIVING HOMEPO BOX 1061 GREAT FALLS, MT 59403	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	4,000
HABITAT FOR HUMANITYPO BOX 7181 MISSOULA, MT 598077181	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
HABITAT FOR HUMANITY RAVALLI COUNTYPO BOX 2221 HAMILTON, MT 59840	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
HABITAT FOR HUMANITY-FLATHEAD COUNTY307 1ST AVE EAST SUITE 1 KALISPELL, MT 59901	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HARLEM FOOD PANTRYPO BOX 402 HARLEM, MT 59526	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
HAVRE FOOD BANK2229 5TH AVE HAVRE, MT 59501	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
HEADWATERS AREA FOOD BANK12 EAST CEDAR THREE FORKS, MT 59752	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
HEALTHY MOTHERS HEALTHY BABIES1235 BIRCH ST 1 HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
HELENA AREA HABITAT FOR HUMANITYPO BOX 459 HELENA, MT 59624	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
HELENA FOOD SHARE1616 LEWIS ST HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	8,000
HELPING HANDS IN HARDIN825 W 3RD ST HARDIN, MT 59034	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
HELPING HANDS OF ALBERTONPO BOX 501 ALBERTON, MT 59820	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
HISTORY MUSEUM THE422 2ND ST S GT FALLS, MT 59405	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
HOBY MONTANA INCPO BOX 5829 MISSOULA, MT 59806	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
HOPA MOUNTAIN234 E BABCOCK BOZEMAN, MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	7,500
HORATIO ALGER ASSOCIATION99 CANAL CENTER PLAZA ALEXANDRIA, VA 22314	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	457,500
HUMAN RESOURCE COUNCILPO BOX 3486 BUTTE, MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	13,500
HUMANITIES MONTANA311 BRANTLY MISSOULA, MT 59812	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
INTERMOUNTAIN CHILDREN'S HOME500 S LAMBORN HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
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Name and address (home or business)				
a Paid during the year				
INTERMOUNTAIN OPERA ASSOCIATIONPO BOX 37 BOZEMAN,MT 59771	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
INTERNATIONAL CHORAL FESTIVALPO BOX 8203 MISSOULA,MT 59807	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
JOLIET FOOD PANTRY128 MAIN STREET JOLIET,MT 59041	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
KOOTENAI HERITAGE COUNCIL 111EAST LINCOLN BLVD LIBBY,MT 59923	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	7,300
LIBBY FOOD PANTRYPO BOX 311 LIBBY,MT 59923	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
LILAC SERVICES FOR THE BLIND 1212 N HOWARD ST SPOKANE,WA 99201	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
LIVING WATER CHURCHC/O JULIE RODDA BILLINGS,MT 59101	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
LIVINGSTON FOOD PANTRY112 NORTH M STREET LIVINGSTON,MT 59047	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
LODGE GRASS HIGH SCHOOL JROTC214 N GEORGE STREET LODGE GRASS,MT 59050	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	19,000
LONE ROCK SCHOOL DISTRICT 1112 THREE MILE CREEK RD STEVENSVILLE,MT 59870	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
MADISON COUNTY VOLUNTEER HOSPICEPO BOX 460 ENNIS,MT 59729	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
MAINSTREET UPTOWN BUTTEPO BOX 696 BUTTE,MT 59703	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	150,000
MAKE A WISH91 CAMPUS DR PMB 2618 MISSOULA,MT 59801	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	500
MAKE ME A BLESSING FOOD BANK 21104 86TH AVE SE SNOHOMISH,WA 982967904	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
MALTA FOOD BANK110 SOUTH 1ST WEST MALTA,MT 59538	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
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Name and address (home or business)				
a Paid during the year				
MARIAH DAYE MCCARTHY SCHOLARSHIP FUND13 HOLLY LANE BUTTE,MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
MCCONE COUNTY FOOD BANKPO BOX 498 CIRCLE,MT 59215	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
MEAGHER COUNTY FOOD BANKPO BOX 34 WHITE SULPHUR SPRINGS, MT 59645	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
MINERAL CO ECONOMIC DEVELOPMENT CORP301 2ND AVE EAST SUPERIOR,MT 59872	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
MINERAL COMMUNITY HOSPITAL 1208 6TH AVENUE SUPERIOR,MT 59872	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	7,500
MISSION VALLEY FOOD PANTRY PO BOX 644 ST IGNATIUS,MT 59865	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
MISSOULA CHILDREN'S THEATRE 200 N ADAMS STREET MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	53,750
MISSOULA CHILDREN'S THEATRE 200 N ADAMS STREET MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	25,000
MISSOULA CULTURAL COUNCILPO BOX 7662 MISSOULA,MT 59807	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
MISSOULA FOOD BANK219 S 3RD STREET WEST MISSOULA,MT 598012523	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,000
MISSOULA LAW ENFORCEMENT YOUTH CAMPC/O MISSOULA LAW ENFORCE YOUTH CAMP MISSOULA,MT 59808	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
MISSOULA SYMPHONY320 EAST MAIN MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	5,000
MISSOULA YMCA3000 S RUSSELL STREET MISSOULA,MT 59801	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	6,000
MISSOULA YOUTH HOMES550 NORTH CALIFORNIA MISSOULA,MT 59807	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
MONTANA 4-H FOUNDATION TAYLOR HALL ROOM 111 BOZEMAN,MT 59717	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
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Name and address (home or business)				
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MONTANA AREA HEALTH EDUCATION CENTERMONTANA STATE UNIVERSITY BOZEMAN,MT 597170520	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	500
MONTANA AREA HEALTH EDUCATION CENTERMONTANA STATE UNIVERSITY BOZEMAN,MT 597170520	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	10,000
MONTANA COMMUNITY DEVELOPMENT CORP110 EAST BROADWAY 2ND FLOOR MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	100,000
MONTANA CONSERVATION CORP 206 NORTH GRAND AVE BOZEMAN,MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY MISSOULA,MT 59808	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,500
MONTANA HISTORICAL SOCIETY 225 NORTH ROBERTS ST HELENA,MT 59620	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
MONTANA HISTORY FOUNDATION 1750 WASHINGTON HELENA,MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	50,000
MONTANA HOPE PROJECTPO BOX 5927 HELENA,MT 59604	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
MONTANA MATHCOUNTSPO BOX 20996 BILLINGS,MT 591040996	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
MONTANA NON PROFIT ASSOCIATION432 N LAST CHANCE GULCH E HELENA,MT 596015014	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
MONTANA OUTDOOR SCIENCE SCHOOLPO BOX 502 BOZEMAN,MT 59771	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
MONTANA PRIMARY CARE ASSOCIATION1805 EUCLID AVE HELENA,MT 59601	NONE	501(C)(6)	EARLY CHILDHOOD LOW INCOME DENTAL SCREENINGS	70,000
MONTANA SHAKESPEARE IN THE PARKPO BOX 174120 BOZEMAN,MT 59717	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
MONTANA SPECIAL OLYMPICSPPO BOX 3507 GREAT FALLS,MT 594033507	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	25,000
MONTANA STATE UNIVERSITY211 MONTANA HALL BOZEMAN,MT 597170242	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	10,000
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MONTANA STATE UNIVERSITY BILLINGS1500 UNIVERSITY DRIVE BILLINGS,MT 59101	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	10,000
MONTANA STATE UNIVERSITY NORTHERNC/O ALEX CAP DE VILLE HAVRE,MT 59501	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
MONTANA TECH-OF UM1300 WEST PARK ST BUTTE,MT 59701	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	10,000
MONTANA YOUNG LIFE427 MICHAEL GROVE 13 BOZEMAN,MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,000
MT DEPT OF PUBLIC HEALTH & HUMAN SVCS1400 BROADWAY HELENA,MT 596202951	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
MT REGIONAL SCIENCE & ENGINEER FAIR1300 WEST PARK ST BUTTE,MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
MUSSELSHELL COUNTY FOOD BANKPO BOX 233 ROUNDUP,MT 59072	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
NORTHWEST BURN FOUNDATION 1515 NW 52ND ST STE A SEATTLE,WA 98107	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
ODYSSEY OF THE STARS UNIVERSITY OF MONTANA MISSOULA,MT 59812	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	5,000
OREGON FOOD BANKPO BOX 55370 PORTLAND,OR 972385370	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
OWL RESEARCH INSTITUTEPO BOX 39 CHARLO,MT 598249649	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
PAXSON ELEMSCHOOL PARENT- TEACHER ASSOC101 EVANS STREET MISSOULA,MT 59801	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,500
PETROLEUM COUNTY HISTORY COMMITTEEPO BOX 167 WINNETT,MT 59087	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
PHILANTHROPY NORTHWEST2101 FOURTH AVENUE STE 650 SEATTLE,WA 98121	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	20,925
PINTLER PETS205 N SILVER STREET ANACONDA,MT 59711	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
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PLAINS COMMUNITY FOOD BANK 302 CENTRAL PLAINS,MT 59859	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
PLAINS ELEMENTARYPO BOX 549 PLAINS,MT 59859	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
PLAINS-PARADISE EMERG RESCUE COUNCILPO BOX 1068 PLAINS,MT 59859	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
POLSON SCHOOL DISTRICT #23 111 4TH AVE EAST POLSON,MT 59860	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	20,000
PONDERA FOOD PANTRY220 SOUTH FRONT CONRAD,MT 59425	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
PORTLAND YOUTH BUILDERSC/O TOM DEL SAVIO PORTLAND,OR 97266	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
THE POVERELLO CENTER535 RYMAN STREET MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	6,020
PROJECT CARE709 EAST 3RD STREET ANACONDA,MT 59711	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
PROJECT HOPE428 PIKE COLUMBUS,MT 59019	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA,CA 90401	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	45,000
ROCKY MOUNTAIN COLLEGE1511 POLY DRIVE BILLINGS,MT 59102	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
ROCKY MOUNTAIN COLLEGE1511 POLY DRIVE BILLINGS,MT 59102	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	5,000
ROCKY MTN DEVELCOUNCIL INC HEAD START200 S CRUSE HELENA,MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
RONALD MCDONALD HOUSE3003 FORT MISSOULA ROAD MISSOULA,MT 59804	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
RONAN BREAD BASKETPO BOX 346 RONAN,MT 59864	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
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RURAL DYNAMICS INC2022 CENTRAL AVE GREAT FALLS, MT 59401	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
RURAL SUSTAINABILITY ORGANIZATION426 COW CREEK RD DRUMMOND, MT 59832	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,300
SALVATION ARMY339 W BROADWAY MISSOULA, MT 59807	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
SALVATION ARMY - BUTTE121 EAST BROADWAY BUTTE, MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,000
SALVATION ARMY BOYS & GIRLS CLUB OF HELENAC/O WILLIAM T SHUEY HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
SANDERS CO COMMUN MENTAL HEALTH CENTERPO BOX 562 THOMPSON FALLS, MT 59873	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,128
SANDERS COUNTY ARTS COUNCIL905 S CENTRAL PLAINS, MT 59859	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
SEELEY-SWAN FOOD BANKPO BOX 549 SEELEY LAKE, MT 59868	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
SHODAIR CHILDRENS HOSPITAL2755 COLONIAL DRIVE HELENA, MT 59604	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,500
SOLID ROCK OUTREACH PROMOTIONS3340 E THOMAS ROAD PHOENIX, AZ 85018	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,500
SPECIAL OLYMPICS COLORADO410 17TH STREET SUITE 200 DENVER, CO 80202	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
ST LUKE COMMUNITY HEALTHCARE FOUNDATION107 6TH AVE SW RONAN, MT 59864	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	8,580
ST PATRICK HOUSE501 WALDER MISSOULA, MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
STUDENT ACHIEVEMENT & ADVOCACY SERVICES1511 6TH ST STE 101 SANTA MONICA, CA 90404	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	31,400
STUDENT ASSISTANCE FOUNDATION2500 BROADWAY HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
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SUPERIOR VOLUNTEER FIRE DEPT BOX 729 SUPERIOR, MT 59872	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
TAMARACK GRIEF RESOURCE CENTER311 BRANTLY MISSOULA, MT 59812	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
TETON COUNTRY FOOD PANTRY 106 NE MAIN CHOTEAU, MT 59422	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
THRIVEPO BOX 4325 BOZEMAN, MT 59772	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
TOBACCO VALLEY FOOD PANTRY PO BOX714 EUREKA, MT 59917	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
TREE OF TREASURESPO BOX 174 CARTER, MT 59420	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
UNITED WAY OF LEWIS & CLARK CO PO 862 HELENA, MT 59624	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
UNITED WAY OF MISSOULA COPO BOX 7395 MISSOULA, MT 59807	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
UNITED WAY OF SILVERBOWPO BOX 4447 BUTTE, MT 597024447	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
UNITED WAY OF YELLOWSTONE CO2920 2ND AVE NORTH BILLINGS, MT 59101	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,500
UNIVERSITY OF GREAT FALLS 130120TH ST SOUTH GREAT FALLS, MT 59405	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	5,000
UNIVERSITY OF MONTANA FOUNDATIONPO BOX 7159 MISSOULA, MT 598077159	NONE	509(A)(1) or (A)(2)	PHYLLIS J WASHINGTON EDUCATION CENTER	4,000,000
UNIVERSITY OF MONTANA FOUNDATIONPO BOX 7159 MISSOULA, MT 598077159	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	20,000
UNIVERSITY OF MONTANA WESTERN710 S ATLANTIC DILLON, MT 597253598	NONE	509(A)(1) or (A)(2)	SCHOLARSHIPS	5,000
US FUND FOR UNICEF338 ST PIERRE ROAD LOS ANGELES, CA 90077	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	25,000
Total  3a				15,684,688

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
VALLEY COMMUNITY FOOD BANK 501 COURT SQUARE BOX 9 GLASGOW,MT 59230	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
VOICEPO BOX 832 PABLO,MT 59855	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
W MT CHAPTER PREVENT OF ELDER ABUSE2681 PALMER SUITE K MISSOULA,MT 59808	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
W YELLOWSTONE FOOD BANK200 YELLOWSTONE AVE WEST YELLOWSTONE,MT 59758	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
WESTSHORE FOOD BANK7150 HWY 93 S LAKESIDE,MT 59922	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
WHITEFISH FOURSQUARE CHURCH FOOD PANTRY233 KALISPELL AVE WHITEFISH,MT 59937	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
WHITEFISH MIDDLE SCHOOL AUDITOR RENOVATPO BOX 4225 WHITEFISH,MT 59937	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
WIBAUX FOOD BANK102 MINGUS ROAD WIBAUX,MT 59353	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	1,000
WINNETT SCHOOLPO BOX 167 WINNETT,MT 59087	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,000
WOLF POINT THRIFT STORE & FOOD BANKPO BOX 1092 WOLFPOINT,MT 59201	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000
WOMENS OPPORTUNITY & RESOURCE DEVLPT INC2525 PALMER ST STE 1 MISSOULA,MT 59808	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	16,000
WOOD RIVER VALLEY YOUNG LIFE PO BOX 144 HAILEY,ID 833330144	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	30,000
THE WOODROW WILSON CENTER 3838 OAK LAWN AVE STE 850 DALLAS,TX 75219	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,000
WORLD AFFAIRS COUNCIL OF MONTANA201 W MAIN ST STE 101 MISSOULA,MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	15,000
YELLOWSTONE FOOD BANK2112 FOURTH AVE N BILLINGS,MT 59103	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
Total  3a				15,684,688

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
YMCA OF LEWIS & CLARK COUNTY 1200 N LAST CHANCE GULCH HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
YMCA OF SILVERBOW COUNTY 2975 WASHOE STREET BUTTE, MT 59701	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
YOUNG LIFEPO BOX 547 BOZEMAN, MT 59771	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	6,342,500
YOUNG LIFE WASHINGTON FAMILY RANCH 1750 SW SKYLINE BLVD 25 PORTLAND, OR 97221	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	3,000,000
YOUNG MUSICIANS CLUBPO BOX 3154 BUTTE, MT 59702	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
YWCA - BILLINGS909 WYOMING BILLINGS, MT 59102	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
YWCA (MSLA)1130 W BROADWAY MISSOULA, MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
YWCA OF GREAT FALLS220 2ND STREET NORTH GREAT FALLS, MT 59401	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
Total  3a				15,684,688

Form 990PF Part XV Line 3b - Grants and Contributions Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
b <i>Approved for future payment</i>				
AMERICAN INDIAN BUSINESS LEADERSHIP UP OF M GALLAGHER BUSINESS BLDG STE 366 MISSOULA, MT 59812	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
BIG BROTHERS BIG SISTERS OF GREAT FALLS 18 6TH ST N STE 26 GREAT FALLS, MT 59401	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
BOYS & GIRLS CLUB OF CARBON COUNTY PO BOX 11 RED LODGE, MT 59068	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	6,000
HOPA MOUNTAIN 234 E BABCOCK BOZEMAN, MT 59715	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
INTERMOUNTAIN CHILDREN'S HOME 500 S LAMBORN HELENA, MT 59601	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	20,000
MINERAL COMMUNITY HOSPITAL 1208 6TH AVENUE SUPERIOR, MT 59872	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	2,500
MONTANA COMMUNITY DEVELOPMENT CORP 110 EAST BROADWAY 2ND FLOOR MISSOULA, MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	100,000
MT DEPARTMENT OF PUBLIC HEALTH & HUMAN RESOURCES 1400 BROADWAY HELENA, MT 596202951	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	20,000
OWL RESEARCH INSTITUTE PO BOX 39 CHARLO, MT 598249649	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	5,000
THRIVE PO BOX 4325 BOZEMAN, MT 59772	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	20,000
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 598077159	NONE	509(A)(1) or (A)(2)	PHYLLIS J WASHINGTON EDUCATION CENTER	2,000,000
WORLD AFFAIRS COUNCIL OF MONTANA 201 W MAIN ST STE 101 MISSOULA, MT 59802	NONE	509(A)(1) or (A)(2)	PROGRAM SUPPORT	10,000
Total ▶ 3b				2,206,000

TY 2009 Accounting Fees Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	32,079	0		0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2009 Expenditure Responsibility Statement

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
MONTANA PRIMARY CARE ASSOCIATION	1805 EUCLID AVENUE HELENA, MT 59601	2008-03-07	210,000	DENTAL SCREENING TO LOW INCOME CHILDREN ACROSS THE STATE OF MONTANA THROUGH MONTANA PRIMARY CARE ASSOCIATION, THE FOUNDATION'S GRANT MONEY WAS DISTRIBUTED TO HEALTH CLINICS IN MISSOULA, BOZEMAN, BILLINGS, GREAT FALLS, LIBBY, BUTTE AND HELENA	140,000	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED	QUARTERLY REPORTS ON THE GRANTEE'S PROGRESS ARE RECEIVED		

**TY 2009 Investments Corporate
Bonds Schedule**

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION
EIN: 36-3606913

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME FUNDS	3,799,781	3,799,781

**TY 2009 Investments Corporate
Stock Schedule**

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION
EIN: 36-3606913

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MARKETABLE EQUITY SECURITIES	18,631,284	18,631,284

TY 2009 Investments Government Obligations Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

**US Government Securities - End of
Year Book Value:**

279,264,815

**US Government Securities - End of
Year Fair Market Value:**

279,264,815

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2009 Legal Fees Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	9,000	0		9,000

TY 2009 Other Expenses Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Description	Revenue and Expenses per Books	Net Invest ment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PUBLIC RELATIONS	79,440	0		79,440
SPONSORSHIP	500	0		500
MISCELLANEOUS	4,035	0		4,035

TY 2009 Other Increases Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	3,691,055

TY 2009 Other Liabilities Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED TAX LIABILITY	6,039	59,658
EXCISE TAXES PAYABLE	13,743	6,163

TY 2009 Other Professional Fees Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	13,346	0		11,476
DATA PROCESSING	11,234	0		11,234
INVESTMENT MANAGEMENT FEES	261,567	261,567		0

TY 2009 Taxes Schedule

Name: DENNIS & PHYLLIS WASHINGTON FOUNDATION

EIN: 36-3606913

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	205,073	0		0
FOREIGN TAXES PAID	0	13,598		0