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OMB No 1545-0052

2009

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

G	Che	ck all that apply	_	eturn of a former publ		•	al return	
		A mended re	turn Address cha	nge Name	char		entification numbe	<u> </u>
Use	the I					46-0512750		-
Ot	label. herwi:	se.					mber (see page 10 o	of the instructions)
•	print	Number and street (or P O box PO BOX 1079	number if mail is not deliver	not delivered to street address) Room/			, , ,	or the instructions)
	r type Spec	÷.		Suit		(406) 270-2659)	
	truction	ons. City or town, state, and ZIP code	I		C If exemption	application is pendin	g, check here 🕨 🦵	
		KALISPELL, MT 59903				D 1. Foreign oi	ganizations, check he	ere 🕨 🔽
H C h	ack to	pe of organization Section	501(c)(3) evemnt nriva	ete foundation		2 . Foreign o	rganizations meeting	the 85% test
_		4947(a)(1) nonexempt charitab			n		e and attach comput	
			J Accounting method				Indation status was t	
of y	ear <i>(f</i>	rom Part II, col. (c),	C Other (specify)	_			n 507(b)(1)(A), chec ation is in a 60-montl	
line	16)	\$ 7,729,185	(Part I, column (d) musi	t be on cash basis.)			n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue a total of amounts in columns (b), (c) necessarily equal the amounts in cothe instructions))), and (d) may not	(a) Revenue and expenses per books	(b) I	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , receive	ved (attach schedule)					
	2	Check ► 🔽 if the foundation is not r	equired to attach Sch B					
Reveilue	3	Interest on savings and tempor	ary cash investments					
	4	Dividends and interest from sec	curities	216,666		216,666		
	5a	Gross rents						
	ь	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of a	ssets not on line 10	-172,481				
	ь	Gross sales price for all assets on line 6	5a <u>635,010</u>					
	7	Capital gain net income (from P	art IV , line 2)					
~	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowance	s					
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach so	•					
	11	Other income (attach schedule))	5,373				
	12	Total. Add lines 1 through 11		49,558		216,666		
	13	Compensation of officers, direct	•	41,410		20,705		20,705
ç	14	Other employee salaries and wa	-					
<u>χ</u>	15	Pension plans, employee benefi		4,017		2,009		2,008
Expenses	16a	Legal fees (attach schedule).						
	Ь	Accounting fees (attach schedu		_		2,661		
≙ ≧	C	Other professional fees (attach	schedule)	6,341		4,432		3,169
rat	17	Interest		open				
and Administrative	18	Taxes (attach schedule) (see page 14	•	3,826		3,826		
Ē	19	Depreciation (attach schedule)	•	*5				
Ad	20	Occupancy		315		158		157
n D	21	Travel, conferences, and meeting	-	10,318		5,159		5,159
ਲ ਹ	22	Printing and publications		132		66		66
Operating	23	Other expenses (attach schedu		3,570		1,787		1,783
ត ភូមិ	24	Total operating and administrat	-					
ă		Add lines 13 through 23		72,590		40,803		33,047
_	25	Contributions, gifts, grants paid		607,139				496,139
	26	Total expenses and disbursements	s. Add lines 24 and 25	679,729		40,803		529,186
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expense		-630,171		17		
	ь	Net investment income (If nega	•			175,863		
F =	С	Adjusted net income (if negative	· · · · · · · · · · · · · · · · · · ·		<u> </u>	+ No 11200V		990-PE (3000)

De.	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year			of year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu		(c) Fair Market Value
	1	Cash—non-interest-bearing	12,312	7	5,161	75,161
	2	Savings and temporary cash investments	10,898			
	3	Accounts receivable				
		Less allowance for doubtful accounts 🟲				
	4	Pledges receivable				
		Less allowance for doubtful accounts 🟲				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
		ınstructions)				
	7	Other notes and loans receivable (attach schedule) 🟲				
		Less allowance for doubtful accounts 🟲				
Sets		Inventories for sale or use				
ŭ	8	Prepaid expenses and deferred charges				-
ጚ│	9	•				<u> </u>
	10a	Investments—U S and state government obligations (attach schedule)	7,748,727	05 -1 7.15	2 100	6 970 225
	Ь	Investments—corporate stock (attach schedule)	7,748,727	7,15	2,100	6,870,225
		Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis - 783,799	760,000	05 0 70	2 700	702.700
		Less accumulated depreciation (attach schedule)	760,000	18 9 /8	3,799	783,799
	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				
		ınstructions Also, see page 1, item I)	8,531,937	8,01	1,060	7,729,185
	17	Accounts payable and accrued expenses	1,706			
	18	Grants payable		11	1,000	
φl	19	Deferred revenue				
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
⊐	22	Other liabilities (describe 🟲)				
]
	23	Total liabilities (add lines 17 through 22)	1,706	11	1,000	-
		Foundations that follow SFAS 117, check here 🕨 🦵				
ام		and complete lines 24 through 26 and lines 30 and 31.				
or Fund Balances	24	Unrestricted				
등	25	Temporarily restricted				
នួ	26	Permanently restricted				
힏		Foundations that do not follow SFAS 117, check here 🕨 🔽				
크		and complete lines 27 through 31.				
5	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg , and equipment fund]
Assets	29	Retained earnings, accumulated income, endowment, or other funds	8,530,231	7,90	0,060	
	30	Total net assets or fund balances (see page 17 of the				1
₹		ınstructions)	8,530,231	7,90	0,060	,
-	31	Total liabilities and net assets/fund balances (see page 17 of				•
		the instructions)	8,531,937	8,01	1,060	,
Pa	rt II					
			() 22 (;	Т	$\overline{}$	
1		Total net assets or fund balances at beginning of year—Part II, column				0 500 001
_		, , , , , , , , , , , , , , , , , , , ,			+	8,530,231
2		Enter amount from Part I, line 27a			+	-630,171
3		Other increases not included in line 2 (itemize)			+	
4		Add lines 1, 2, and 3			+	7,900,060
5		Decreases not included in line 2 (itemize)		5	\bot	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F	Part II. column (b), li	ne 30 6	1	7,900,060

	90-PF (2009)					Page 3
Part :	Capital Gains an	nd Losses for Tax on Inve	stment Income		1	
		ne kınd(s) of property sold (e g , re ıse, or common stock, 200 shs M		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	CASH LIQUIDATI CRI	H-PLC-ADR		Р	2004-12-31	2009-03-30
ь	800 ISHARES TR DOV	W JONES SEL DIVID		Р	2004-11-23	2009-09-24
	8195 085 DODGE & C	OX BALANCED FUND		Р	2004-12-31	2009-01-15
d	7297 568 AMERICAN	BALANCED FUND INC CLASS A	7	P	2008-02-20	2009-03-20
e	251 366 AMERICAN E	BALANCED FUND INC CLASS A		P	2008-05-28	2009-03-20
		(f) Depreciation allower	d (a) Cos	t or other basis	<u> </u>	or (loss)
(e	e) Gross sales price	(or allowable)	1 1-7	pense of sale) minus (g)
a	5	5,023				5,023
b	32	,607		48,85	4	-16,247
с	504	,000		624,31	5	-120,315
d	90	,271		130,52	1	-40,250
e	3	,109		3,80	1	-692
Со	mplete only for assets sho	owing gain in column (h) and owne	d by the foundation	n on 12/31/69	(I) Gains (Col	(h) gaın mınus
(i)	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (1)		ess than -0-) or om col (h))
a						5,023
						-16,247
						-120,315
d						-40,250
e						-692
			If gaın, also enter	ın Part I, line 7	 	
2	Capital gain net income	e or (net capital loss)	If (loss), enter -0-		2	-172,481
3	Net short-term capital (gaın or (loss) as defined in sectio	ns 1222(5) and (6)		_
	If gaın, also enter ın Pa	rt I, line 8, column (c) (see pages	13 and 17 of the i	nstructions)		
	If (loss), enter -0- ın Pa	art I , line 8			Ì 3	-692
Part	V Qualification Un	ider Section 4940(e) for R	educed Tax or	n Net Investme	nt Income	
	cional use by domestic priv on 4940(d)(2) applies, lea	vate foundations subject to the se ave this part blank	ection 4940(a) tax	on net investment	income)	
		section 4942 tax on the distributa qualify under section 4940(e) Do			eriod?	┌ Yes ┌ No
		it in each column for each year, se			makına anv entries	
	(a)	en cach column for cach year, so		IISTI GETIONS BETOIC		
	period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncha		(d) Distributior	n ratio
year (or tax year beginning in)		Net value of fioriera		(col (b) divided	
	2008	473,969		8,081,335		0 05865
	2007	460,391		8,096,375		0 05686
	2006	320,348		6,869,581		0 04663
	2005	279,757		4,859,002		0 05758
	2004	150,257		3,628,194		0 04141
2	Total of line 1, column ((d)			2	0 26114
3	=	tio for the 5-year base period—div			_	
	the number of years the	e foundation has been in existence	e if less than 5 yea	rs	3	0 05223
4	Enter the net value of n	oncharitable-use assets for 2009	from Part X, line 5	5	4	7,151,118
5	Multiply line 4 by line 3				5	373,481
6	Enter 1% of not invest-	ment income (1% of Part I, line 23	7 h)		6	1,759
			, o j		-	·
7	Add lines 5 and 6				7	375,240
8		utions from Part XII, line 4 reater than line 7, check the box		<u> </u>	8 part using a 1% tax	529,186 crate See
	the Part VI instructions				,	

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Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here T and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see					
Ь	instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,759		
_	here Fand enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
3						
4						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			 1,759		
6	C redits /P ay ments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,692					
ь	Exempt foreign organizations—tax withheld at source 6b					
c	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d			1,692		
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			67		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be Credited to 2010 estimated tax					
	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No		
	ıt participate or intervene in any political campaign?	. 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)?	. 1b		No		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
c	Did the foundation file Form 1120-POL for this year?	1c		No		
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \$ (2) On foundation managers \$					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers 🕨 \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No		
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		No		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No		
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
	that conflict with the state law remain in the governing instrument?	. 6		No		
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					
	ınstructions) ► 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		

Form	990-PF (2009)		Р	age 5
Pai	t VIII-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?	13	Yes	
	Website address ▶N/A			
14	The books are in care of ▶JEAN AGATHER Telephone no ▶(406) 270-	2659	
	Located at PO BOX 1079 KALISPELL MT ZIP+4 59903			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			▶ ┌
	and enter the amount of tax-exempt interest received or accrued during the year			•
Par	t 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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes V No			
ь	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)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here.			
с	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	<u> </u>		
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
u	and 6e, Part XIII) for tax year(s) beginning before 2009? Yes Vo			
	If "Yes," list the years > 20, 20, 20			
ь	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		No
_		-20		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3 -	▶ 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?			
L				
D	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? (Use Schedule C, Form 4720, to determine	31.		NI-
_	If the foundation had excess business holdings in 2009.).	3b		No
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	1	No

5a	During the year did the foundation	рау	or incur any amount	tto			•				
	(1) Carry on propaganda, or other	wise	attempt to influence	eleg	ıslatıon (section 494	45(e)) [?]	No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry											
	on, directly or indirectly, any voter registration drive?										
(3) Provide a grant to an individual for travel, study, or other similar purposes?											
	(4) Provide a grant to an organization other than a charitable, etc., organization described										
ın section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes V 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? Yes 🔽 No											
ь	If any answer is "Yes" to 5a(1)-(5), dı	d any of the transac	tions	s 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)? 5b								No			
	Organizations relying on a curren	t not	ice regarding disasto	eras	sistance check here	e	▶ [-			
c	If the answer is "Yes" to question	5a(4), does the foundati	on c	laım exemptıon from	the					
	tax because it maintained expend	liture	responsibility for th	e gr	ant?		┌ Yes 反	No			
	If "Yes," attach the statement requ	red E	y Regulations section	n 53.	4945-5(d).						
6a	Did the foundation, during the yea	r, re	ceive any funds, dire	ctly	or indirectly, to pay						
	premiums on a personal benefit c	ontra	ct [?]				🗆 Yes 🔽	No			
b	Did the foundation, during the yea	r, pa	y premiums, directly	orı	ndırectly, on a perso	nal b	enefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year, w	as tl	ne foundation a party	to a	a prohibited tax shelt	ter tr	ansaction? TYes 🔽	No No			
b	If yes, did the foundation receive	any	proceeds or have an	y ne	t income attributable	e to tl	ne transaction?		7b		No
Da		t Of	ficers, Directors	, Tı	rustees, Founda	tion	Managers, Highly	Paid	Emp	loye	es,
	and Contractors										
1	List all officers, directors, trustees							ns).			
	(a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans (e) Expense account,										
	. ,	d€	evoted to position	`	-0-)		deferred compensation	oti	ner all	owanc	es
IEAN	AGATHER	4	ndation Mana		41,410						
	BOX 1079	25 (00								
	ISPELL, MT 59903	_									
	ETERSEN	Sec 2 00	retary N		0						
	BOX 639 .INGS,MT 59103	2 00	,								
	GARET DAVIS	Vice	President		0						
0 1	30 X 1079	2 00			· ·						
	ISPELL,MT 59903										
BRUC	CE ENNIS	PRE	SIDENT/TREAS		0						
	30 X 1079	2 00)								
	ISPELL,MT 59903										
2	Compensation of five highest-paid If none, enter "NONE."	emp	oloyees (ot her t han t	hose	e included on line 1—	-see	page 23 of the instructio	ns).			
	I hone, circi hone.						(d) Contributions to				
(a)) Name and address of each employ	ee	(b) Title, and avera	-	(c) Compensatio	n l	employee benefit		-	e acc	-
	paid more than \$50,000		devoted to position		(4) 50	.	plans and deferred compensation	otl	ner all	owanc	es
101	JF						compensation				
	· <u>-</u>		-								
			1								
			-								
			-								
			-								
.	I number of other employees hald o		150.000				Ba.				
017	u numper of other employees paid a	Were	S 5 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

B Five highest-paid independent contractors for professional service	es (see page 23 of the instructions). If none, en	ter "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		
otal number of others receiving over \$50,000 for professional service	s	
	· · · · · · · · · · · · · · · · · · ·	
art IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include ganizations and other beneficiaries served, conferences convened, research papers p		Expenses
1THE FOUNDATION IS ORGANIZED TO SUPPORT EFFECTIVE N	10NTANA BASED NONPROFITS	
DEDICATED TO HELPING PEOPLE ENLARGE THEIR COMPETE		
NOT TO FUND HISTORICAL SOCIETIES, ART CENTERS, GENE LEVEL ORGANIZATIONS, HIGHER EDUCATION INSTITUTION		
ORGANIZATIONS, PUBLIC BROADCASTING AND ECONOMIC		
PORTION OF THE FOUNDATION'S GIVING GOES TO CHARITA		
OUTSIDE OF MONTANA OR THE PRIMARY FOCUS OF THE FOL	JNDATION	
2		
3		
· · · · · · · · · · · · · · · · · · ·		
4		
art IX-B Summary of Program-Related Investment Describe the two largest program-related investments made by the foundation during the strength of the strengt		A t
Describe the two largest program-related investments made by the foundation duri	ng the tax year on lines I and 2	A mount
_		
1		
1		
1		
2		
2	ons	
All other program-related investments See page 24 of the instructi	ons	
2	ons	

Form 990-	PF (2009)						Page 8
Part X	Minimum Investr	nent Return (All	domestic found	ations must complete this	s part. Foreigr	n foundations,	
	see page 24 of the	instructions.)					
	1		N 1 11				

	see page 24 of the instructions.)		т
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	6,321,976
b	A verage of monthly cash balances	1b	154,243
С	Fair market value of all other assets (see page 24 of the instructions)	1 c	783,799
d	Total (add lines 1a, b, and c)	1d	7,260,018
e	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	
3	Subtract line 2 from line 1d	3	7,260,018
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	108,900
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V , line 4	5	7,151,118
6	Minimum investment return. Enter 5% of line 5	6	357,556
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(, .	
	foundations and certain foreign organizations check here 🕨 📗 and do not complete t	his pa	
1	Minimum investment return from Part X, line 6	1	357,556
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		
С	Add lines 2a and 2b	2c	1,759
3	Distributable amount before adjustments Subtract line 2c from line 1	3	355,797
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	355,797
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	355,797
Par	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	529,186
Ь	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3Ь	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	529,186
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	1,759
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	527,427
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	ner the	foundation qualifies for

For	m 990-PF (2009)				Page 9
Р	art XIII Undistributed Income (see page	26 of the instruct	ions)		
		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7	·			355,797
2	Undistributed income, if any, as of the end of 2008				
а	Enter amount for 2008 only				
ь	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2009				
а	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 🕨 \$ 529,186				
а	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)				
С	Treated as distributions out of corpus (Election	0			
	required—see page 26 of the instructions)	0			355,797
	Applied to 2009 distributable amount	173,389			333,797
	Remaining amount distributed out of corpus	173,369			
5	Excess distributions carryover applied to 2009				
	(If an amount appears ın column (d), the same amount must be shown ın column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	173,389			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
Т	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010				0
7	A mounts 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)				
0	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	173,389			
10	Analysis of line 9				
	Excess from 2005				
b	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
е	Excess from 2009 173,389				

TO THE FOUNDATION MANAGER AT THE ADDRESS LISTED ABOVE

Page **10**

1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2		•			
b	Check box to indicate whether the organiz	ation is a private o	perating foundation	n described in secti	on 「 4942(1)(3) o	r Г 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years	3,7,	
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed					_
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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					
а	"A ssets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
ь	"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					
	Total support other than gross investment income (interest,					
	<pre>dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</pre>					
	(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					
Ρā	rt XV Supplementary Information	n (Complete t	his part only if	the organizati	ion had \$5,000	or more in
	assets at any time during		page 27 of the	instructions.)		
1 a	Information Regarding Foundation Manage List any managers of the foundation who ha		ore than 2% of the	total contributions	received by the foun	dation
	before the close of any tax year (but only I					
	See Additional Data Table					
b	List any managers of the foundation who over ownership of a partnership or other entity)				ally large portion of t	ne
2	Information Regarding Contribution, Gran					
	Check here F if the foundation only ma unsolicited requests for funds If the found under other conditions, complete items 2a	atıon makes gıfts,	to preselected chai grants, etc (see p	ritable organization: age 28 of the instru	s and does not accep uctions) to individual	ot s or organizations
		, , -,				
a	The name, address, and telephone numbe	r of the person to v	vhom applications	should be addresse	d	
	ORO Y PLATA FOUNDATION	·	• •			
	PO BOX 1079 KALISPELL,MT 599031079 (406) 270-2659					
Ŀ	The form in which applications should be s	submitted and info	rmation and materi	als they should incl	ude	
	Any submission deadlines					
d	Any restrictions or limitations on awards, factors	such as by geogra	phical areas, chari	table fields, kinds o	f institutions, or othe	er
	ODO V DIATA FOUNDATION DOES NO	T A C C E B T I I N C O I	ICITED CDANT A	DDLICATIONS I	TTERS OF INCLUE	V M A V BE CENT

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
	or substantial contributor	recipient		
a Paid during the year See Additional Data Table	any foundation manager or substantial contributor	recipient	Contribution	
Total				496,13
b Approved for future payment				
See Additional Data Table				
Total		1	<u> </u>	111.00

	PF (2009) I-A Analysis of Income-Produc	rina Activitie	<u> </u>			Page 1 2
	s amounts unless otherwise indicated		isiness income	Excluded by section	512, 513, or 514	(e)
1 Prograi	m service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exemp function income (See page 28 of
a b c d e f g Fees 2 Member 3 Interest 4 DIVIDE 5 Net re a Debt b Not c 6 Net rem 7 Other 8 Gain or 9 Net inc	and contracts from government agencies ership dues and assessments on savings and temporary cash investments nds and interest from securities intal income or (loss) from real estate -financed property debt-financed property tal income or (loss) from personal property investment income (loss) from sales of assets other than inventory come or (loss) from special events			14	216,666	the instructions)
11 Other b c d e	profit or (loss) from sales of inventory revenue a			1	5,373	
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				222,039	· ·
	Add line 12, columns (b), (d), and (e). . worksheet in line 13 instructions on page 2			1	3	49,558
Line No.	Explain below how each activity for wh the accomplishment of the organizatio page 28 of the instructions)					
-						

Form 9	90-PF (2	2009)						Pa	ge 1 3
Part	XVII	Information Re Noncharitable			actions a	nd Relationships With			
1 Did	the organi			he following with any other orga	anızatıon descril	bed in section		Yes	No
501	(c) of the	Code (other than section 5	501(c)(3) organizat	ions) or in section 527, relating	to political orga	nızatıons?			
a Tra	nsfers fr	om the reporting foun	dation to a nonc	harıtable exempt organıza	ation of				
(1)	Cash.						1a(1)		No
(2)	Othera	issets					1a(2)		No
b 0 th	ner trans	actions							
(1)	Sales o	fassets to a nonchar	rıtable exempt o	rganızatıon .			. 1b(1)		No
(2)	Purcha	ses of assets from a	noncharitable ex	cempt organization			. 1b(2)		No
(3)	Rental	of facilities, equipmer	nt, or other asse	ts			. 1b(3)		No
(4)	Reımbu	rsement arrangemen	ts				1b(4)		No
		<u>-</u>					H-1-1		No
									No
	-			, , ,					No
of t	he goods	, other assets, or ser	rvices given by t	the reporting foundation I	f the foundat	should always show the fair monon received less than fair main the received receives received receives	ket value		
(a) Line	No	(b) Amount involved	(c) Name of nonc	harıtable exempt organization	(d) Descri	ption of transfers, transactions, and s	harıng arra	ngemer	nts
-									
des	cribed ir Yes," cor		e Code (other th	vith, or related to, one or n nan section 501(c)(3)) or (b) Type of organiza	ın section 52		√Y e	ıs F	
	the be		nd belief, it is tr	ue, correct, and complete	Declaration	ccompanying schedules and s of preparer (other than taxpay		•	
	Sig	nature of officer or tr	ustee		Date	Title			
Sign Here	:l er's mly	Preparer's STEV	'EN C STAHLBE	RG CPA	Date	Check if self- employed ►	Preparer's dentifying number (s Signat ure 30 of the in	ee on pa	_
	Preparer's Use Only	Firm's name (or you if self-employed),	ırs Stahlb	erg & Sutherland PC		EIN ►			
	_	address, and ZIP co	ode 100 C	ooperative Way Suite 100)	Phone no (406) 2	257-8300	<u> </u>	
			Kalisn	ell, MT 599012386		Filone no (406).	. 3 / -039	,	
	1	i .		, 		i			

Additional Data

Software ID: 09000047

Software Version:

EIN: 46-0512750

Name: ORO Y PLATA FOUNDATION

Form 990PF Part XV Line 1a - 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).

MARGARET DAVIS

BRUCE ENNIS

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FIRST BEST PLACE TASK FORCEPO BOX 2244 COLUMBIA FALLS, MT 59912	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
AMERICAN RED CROSSMT CHAPTERPO BOX 2406 GREAT FALLS,MT 59403	NONE	N/A	FRUTHER EXEMPT PURPOSE	1,500
CARBON COUNTY HISTORICAL SOCIETY224 BROADWAY AVE N RED LODGE,MT 59068	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
BLACK HORSE PRIDE8403 HILLVIEW DRIVE HELENA,MT 59602	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
OVERCOMER'S RECOVERY1108 UTAH AVE LIBBY ASSMBLY OF GOD LIBBY,MT 59923	NONE	N/A	FURTHER EXEMPT PURPOSE	1,500
CENTER FOR INDEPENDENT DOCUMENTARY680 SOUTH MAIN ST SHARON,MA 02067	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
ALBERTA BAIR THEATREPO BOX 1556 BILLINGS,MT 59103	NONE	N/A	FURTHER EXEMPT PURPOSE	2,500
CENTRAL SCHOOL AUDITORIUM PROJECT600 3 2ND ST WHITEFISH,MT 59937	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
INTERMOUNTAIN HOMES500 SOUTH LAMBORN HELENA,MT 59601	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
HUMAN THERAPY ON HORSEBACK PO BOX 5565 KALISPELL,MT 59903	NONE	N/A	FURTHER EXEMPT PURPOSE	5,000
FRIENDS TO YOUTH1515 E BROADWAY MISSOULA,MT 59802	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
TAMARACK GRIEF RESOURCE CENTER336 W SPRUCE MISSOULA,MT 59802	NONE	N/A	FURTHER EXEMPT PURPOSE	5,000
NORTH SHORE NORDIC CLUB9236 HWY 35 BIGFORK,MT 59911	NONE	N/A	PROGRAM SUPPORT	1,500
GALLATIN NATIONAL FOREST AVALANCHEPO BOX 6799 BOZEMAN,MT 59771	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
BRIDGESSCHOOL DISTRICT 5233 FIRST AVENUE EAST KALISPELL,MT 59901	NONE	N/A	AUTISM INCLUSION PILOT PROGRAM	30,000
Total				496,139
			l	

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FRIENDSHIP HOUSE OF CHRISTIAN SERVI3123 8TH AVENUE SOUTH BILLINGS,MT 59101	NONE	N/A	FURTHER EXEMPT PURPOSE	35,000
YOUTH HOMES INCPO BOX 7616 MISSOULA,MT 59807	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
WEST VALLEY SCHOOL2290 FARM TO MARKET ROAD KALISPELL,MT 59901	NONE	N/A	PROGRAM SUPPORT	1,000
WEST SHORE COMMUNITY LIBRARY PO BOX 107 LAKESIDE,MT 59922	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
UM FOUNDATIONPO BOX 7159 MISSOULA,MT 59807	NONE	N/A	YELLOW BAY BIOLOGICAL STATION	1,000
THE PARENTING PLACEPO BOX 3805 MISSOULA,MT 59806	NONE	N/A	FURTHER EXEMPT PURPOSE	15,750
ST MATTHEW'S ROMAN CATHOLIC CHURCH602 SOUTH MAIN KALISPELL,MT 59901	NONE	N/A	FURTHER EXEMPT PURPOSE	1,500
SPECIAL OLYMPICS MONTANAPO BOX 2507 GREAT FALLS,MT 59403	NONE	N/A	FURTHER EXEMPT PURPOSE	10,000
SHODAIR HOSPITAL2755 COLONIAL DR HELENA,MT 59604	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
SHEPHERD'S HAND CLINIC-CHRIST LUTHE5150 RIVER LAKES PARKWAY WHITEFISH,MT 59937	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
PLANNED PARENTHOOD OF MT 2525 4TH AVENUE NORTH SUITE 201 BILLINGS,MT 59101	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
NORTH VALLEY FOOD BANK INCPO BOX 142 WHITEFISH,MT 59937	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
MONTANA SMALL SCHOOL ALLIANCEPOWER BLOCK STE 516 7 W SIXTH AV HELENA, MT 59601	NONE	N/A	FURTHER EXEMPT PURPOSE	18,389
MONTANA CASA131 REEDERS ALLEY HELENA,MT 59601	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY MISSOULA,MT 59808	NONE	N/A	FURTHER EXEMPT PURPOSE	30,000
Total				496,139

Recipient San Individual, show any relationship or status of recipient or sany foundation manager or substantial contribution of recipient contribution any foundation manager or substantial contribution or recipient contributi					
a Paid during the year LITERACY VOLUNTEERS OF FLATHEAD COUPO BOX 3234 KALISPELL,MT 59903 LINCOLN COUNTY COMMUNITY FOUND HORE OF FURTHER EXEMPT PURPOSE 1,000 FLATHEAD COUPO BOX 490 LIBBY, MT 59923 LINCOLN COUNTY COMMUNITY FOUNDATION BOX 490 LIBBY, MT 59923 HOPE PREGNANCY CENTER940 1ST NONE N/A FURTHER EXEMPT PURPOSE 1,000 AVENUE EAST KALISPELL,MT 59901 HOPE REGNANCY CENTER940 1ST NONE N/A FURTHER EXEMPT PURPOSE 1,000 AVENUE EAST KALISPELL,MT 59901 HOTER MUSEUM OF ART12 EAST LAWRENCE HELENA, MT 59601 HOCKADAY MUSEUM OF ART302 NONE N/A FURTHER EXEMPT PURPOSE 1,000 AVENUE EAST KALISPELL,MT 59901 HERA WOMEN'S CANCER FOUNDATION BOX 664 CARBONDALE, CO 91643 HERA WOMEN'S CANCER FOUNDATION BOX 664 CARBONDALE, CO 91643 LAME DEER, MT 59903 FIRST DESCENTS 1150 WHITEFISH STAGE NONE N/A FURTHER EXEMPT PURPOSE 2,000 ACHIEVED BOX 2491 KALISPELL,MT 59901 FIRST DESCENTS 1150 WHITEFISH STAGE NONE N/A FURTHER EXEMPT PURPOSE 2,000 ACHIEVED BOX 2491 KALISPELL,MT 59901 FILORENCE CRITTENTON HOME901 NONE N/A FURTHER EXEMPT PURPOSE 25,000 NORTH HARRIS HELENA, MT 59901 FLORENCE CRITTENTON HOME901 NONE N/A FURTHER EXEMPT PURPOSE 25,000 AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY AGENCY ON AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY HEALT HONDE N/A FURTHER EXEMPT PURPOSE 25,000 AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY HEALT HONDE N/A FURTHER EXEMPT PURPOSE 2,000 AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY HEALT HONDE N/A FURTHER EXEMPT PURPOSE 2,000 AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY HEALT HONDE N/A FURTHER EXEMPT PURPOSE 2,000 AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY HEALT HONDE N/A FURTHER EXEMPT PURPOSE 2,000 AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY HEALT HONDE N/A FURTHER EXEMPT PURPOSE 2,000 AGINGS 0 KELLY ROAD A KALISPELL,MT 59901 FLATHEAD CITY - COUNTY HEALT HONDE N/A FURTHER EXEMPT PURPOSE 2,000 AGINGS 0 KELLY ROAD A KALISPELL MT 59901 FLATHER EXEMPT P	Recipient	show any relationship to	status of		A mount
LITERACY VOLUNTEERS OF FLATHEAD COUPD BOX 3234 KALISPELL, MT 99903 LINCOLN COUNTY COMMUNITY POUNDATION DO NO. LINCOLN COUNTY COMMUNITY POUNDATION DO NO. LIBDY, MT 59923 HOPE PREGNANCY CENTER940 1ST AVENUE EAST LAWRENCE EAST KALISPELL, MT 39901 HOLTER MUSEUM OF ART12 EAST LAWRENCE EAST KALISPELL, MT 59901 HOCKADAY MUSEUM OF ART302 NONE N/A FURTHER EXEMPT PURPOSE 1,000 N/A FURTHER EXEMPT PURPOSE 2,000 N/A FURTHER EXEMPT PURPOSE 1,000 N/A FURTHER EXEMPT PURPOSE 2,000 N/A FURTHER EXEMPT PURPOSE 1,000 N/A FURTHER EXEMPT PURPOSE 2,000 N/A FURTHER EXEMPT PURPOSE 1,000 N/A FURTHER EXEMPT PURPOSE 2,000 N/A FURTHER EXEMPT PURPOSE 1,000 N/A FURTHER EXEMPT PURPOSE 2,000 N/A RALISPELL, MT 59901 NORTH HARRIS N/A FURTHER EXEMPT PURPOSE 2,000 NORTH HARRIS N/A FURTHER EXEMPT PURPOSE 1,000 N/A FURTHER EXEMPT	Name and address (home or business)		recipient		
FLATHERAD COUNTY COMMUNITY FOUNDATIONPO BOX 3234 KALISPELLM T 59903 INCOLUC COUNTY COMMUNITY FOUNDATIONPO BOX 490 LIBBY,MT 59923 NONE N/A FURTHER EXEMPT PURPOSE 1,000 AVENUE EAST, KALISPELLM T 59901 HOLTER MUSEUM OF ART12 EAST LAWRENCE HELENA, MT 59601 HOCKADAY MUSEUM OF ART302 2ND AVE E KALISPELL,MT 59901 NONE N/A FURTHER EXEMPT PURPOSE 1,000 2ND AVE E KALISPELL,MT 59901 HERA WOMEN'S CANCER FOUNDATION DO BOX 664 CARBO NDALE,CO 81623 THE HEALING TREEPO BOX 541 LAWREDGER, MT 59901 HONE N/A FURTHER EXEMPT PURPOSE 1,000 AND FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 1,000 FURTHOR EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 FURTHER EXEMPT PURPOSE 1,000 FURTH	a Paid during the year				
FOUNDATIONPO BOX 490 LIBBY,MT 59923 HOPE PREGNANCY CENTER940 1ST NONE N/A FURTHER EXEMPT PURPOSE 1,000 AVENUE EAST KALISPELL,MT 59901 HOLTER MUSEUM OF ART12 EAST NONE N/A FURTHER EXEMPT PURPOSE 1,500 AVENUE EAST KALISPELL,MT 59901 HOCKADAY MUSEUM OF ART302 NONE N/A FURTHER EXEMPT PURPOSE 1,000 EXALISPELL,MT 59901 HERA WOMEN'S CANCER FOUNDATION BOX 664 CARBO NONE N/A FURTHER EXEMPT PURPOSE 1,000 EXALISPELL,MT 59901 HERA WOMEN'S CANCER FOUNDATION BOX 664 CARBO NOALE, CO 81623 HER HEALING TREEPO BOX 541 NONE N/A FURTHER EXEMPT PURPOSE 2,000 EXALISPELL,MT 59901 HOUNDATION AND CHORDER N/A FURTHER EXEMPT PURPOSE 2,000 EXALISPELL,MT 59901 FIRST DESCENTSILISO WHITEFISH STAGE N/A FURTHER EXEMPT PURPOSE 2,000 EXALISPELL,MT 59901 FLORENCE CRITTENTON HOME901 NONE N/A FURTHER EXEMPT PURPOSE 2,000 NORTH HARRIS HELENA, MT 59901 FLORENCE CRITTENTON HOME901 NONE N/A ELDERLY ASSISTANCE 10,000 EXALISPELL,MT 59901 FLATHEAD COUNTY AGENCY ON AGINCY ON AGINCISO EXELLY ROAD A CALISPELL,MT 59901 EASTER SEALS - GOODWILL NONE N/A FLU SHOTS FOR ELDERLY 2,000 EXALISPELL,MT 59901 EASTER SEALS - GOODWILL NONE N/A AUTISM PLAY PROGRAM 30,000 NORTH HARRIS HELENA, MT 59901 EASTER SEALS - GOODWILL NONE N/A FLU SHOTS FOR ELDERLY 2,000 EXALISPELL,MT 59901 EASTER SEALS - GOODWILL NONE N/A FURTHER EXEMPT PURPOSE 2,000 NORTHERN ROA400 CENTRAL AVE GREAT FALLS,MT 59901 EASTER SEALS - GOODWILL NONE N/A FURTHER EXEMPT PURPOSE 2,000 NORTHERN ROA400 CENTRAL AVE GREAT FALLS,MT 59901 CONTANT N/A FURTHER EXEMPT PURPOSE 2,000 NORTHERN ROA400 CENTRAL AVE GREAT FALLS,MT 59901 CONTANT N/A FURTHER EXEMPT PURPOSE 2,000 NORTHERN ROA400 CENTRAL AVE GREAT FALLS,MT 59901 CONTANT N/A FURTHER EXEMPT PURPOSE 2,000 NORTHERN ROA400 CENTRAL AVE GREAT FALLS,MT 59901 CONTANT N/A FURTHER EXEMPT PURPOSE 2,000 NORTHERN ROA400 CENTRAL AVE GREAT FALLS,MT 59901	FLATHEAD COUPO BOX 3234	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
AVENUE EAST HOLTER MUSEUM OF ART12 EAST HOLTER MUSEUM OF ART12 EAST HOLTER MUSEUM OF ART12 EAST HOLTER MUSEUM OF ART302 NONE HOCKADAY MUSEUM OF ART302 NONE HOCKADAY MUSEUM OF ART302 NONE N/A HOCKADAY MUSEUM OF ART302 NONE N/A HERA WOMEN'S CANCER FOUNDATION PO 80 X 664 CARBONDALE, CO 81623 THE HEALING TREEPO BOX 541 AND NONE N/A FURTHER EXEMPT PURPOSE ROUDATION PO 80 X 664 CARBONDALE, CO 81623 THE HEALING TREEPO BOX 541 NONE N/A FURTHER EXEMPT PURPOSE ROUDATION PO 80 X 664 CARBONDALE, CO 81623 THE HEALING TREEPO BOX 541 NONE N/A FURTHER EXEMPT PURPOSE ROUDAND FURTHER EXEMPT PURPOSE R	FOUNDATIONPO BOX 490	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
LAWRENCE HELENA, MT 59601 HOCKADAY MUSEUM OF ART302 2ND AVE E KALISPELL, MT 59901 HERA WOMEN'S CANCER FOUNDATIONPO BOX 664 CARBONDALE, CO 81623 THE HEALING TREEPO BOX 541 LAME DEER, MT 59043 NONE N/A FURTHER EXEMPT PURPOSE 1,000 N/A FURTHER EXEMPT PURPOSE 8,000 LAME DEER, MT 59901 NONE N/A FURTHER EXEMPT PURPOSE 2,000 CHORALEPO BOX 2491 KALISPELL, MT 59901 NONE N/A FURTHER EXEMPT PURPOSE 1,000 FIRST DESCENTS 1150 WHITEFISH STAGE KALISPELL, MT 59901 NONE N/A FURTHER EXEMPT PURPOSE 1,000 FURTHER EXEMPT PURPOSE 2,000 NONE N/A FURTHER EXEMPT PURPOSE 2,000 ALISPELL, MT 59901 NONE N/A FURTHER EXEMPT PURPOSE 2,000 PURPOSE N/A FURTHER EXEMPT PURPOSE 2,000 CHARAIS AUTISM P L A Y PROGRAM IN MT SOURCE THE STAGE THE	AVENUE EAST	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
AND AVE E KALISPELL, MT 59901 HERA WOMEN'S CANCER FOUNDATIONPO BOX 664 CARBONDALE, CO 81623 NONE N/A FURTHER EXEMPT PURPOSE 1,000 THE HEALING TREEPO BOX 541 NONE N/A FURTHER EXEMPT PURPOSE 8,000 ALAME DEER, MT 59043 NONE N/A FURTHER EXEMPT PURPOSE 2,000 CHORALEPO BOX 2491 KALISPELL, MT 59901 FIRST DESCENTS1150 WHITEFISH STAGE KALISPELL, MT 59901 FLORENCE CRITTENTON HOME901 NONE N/A FURTHER EXEMPT PURPOSE 1,000 NORTH HARRIS HELENA, MT 59601 FLATHEAD COUNTY AGENCY ON AGING160 KELLY ROAD A KALISPELL, WT 59901 FLATHEAD COUNTY AGENCY ON AGING160 KELLY ROAD A KALISPELL, MT 59901 FLATHEAD CITY - COUNTY HEALTH DEPAR1035 IST AVENUE WEST KALISPELL, MT 59901 NONE N/A FLU SHOTS FOR ELDERLY 2,000 NORTHERN RO4400 CENTRAL AVE GREAT FALLS, MT 59405 NONE N/A FURTHER EXEMPT PURPOSE 2,000 N/A FURTHER EXEMPT PURPOSE 2,000 N/A FURTHER EXEMPT PURPOSE 2,000 CENTRAL ASIA INSTITUTEPO BOX AVENUE BILLINGS, MT 59101 NONE N/A FURTHER EXEMPT PURPOSE 2,000 CENTRAL ASIA INSTITUTEPO BOX AVENUE BILLINGS, MT 59711	LAWRENCE	NONE	N/A	FURTHER EXEMPT PURPOSE	1,500
FOUNDATIONPO BOX 664 CARBONDALE, CO 81623 NONE N/A FURTHER EXEMPT PURPOSE 8,000 GLACIER SYMPHONY AND CHORALEPO BOX 2491 KALISPELL, MT 59901 FIRST DESCENTS1150 WHITEFISH STAGE KALISPELL, MT 59901 FLORENCE CRITTENTON HOME901 NONE NONE N/A FURTHER EXEMPT PURPOSE 1,000 FLATHEAD COUNTY AGENCY ON AGING 160 KELLY ROAD A KALISPELL, MT 59901 FLATHEAD CITY - COUNTY HEALTH DEPAR1035 1ST AVENUE WEST KALISPELL, MT 59901 EASTER SEALS - GOODWILL NORE NONE NONE NONE NONE NONE N/A FURTHER EXEMPT PURPOSE 1,000 FLATHEAD CITY - COUNTY HEALTH DEPAR1035 1ST AVENUE WEST KALISPELL, MT 59901 EASTER SEALS - GOODWILL NORTHERN RO4400 CENTRAL AVE GREAT FALLS, MT 59405 YWCA OF BILLINGS909 WYOMING AVENUE BILLINGS, MT 59101 CENTRAL ASIA INSTITUTEPO BOX ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROAD	2ND AVE E	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
GLACIER SYMPHONY AND CHORALEPO BOX 2491 KALISPELL, MT 59901 FIRST DESCENTS1150 WHITEFISH STAGE KALISPELL, MT 59901 FLORENCE CRITTENTON HOME901 NONE FLORENCE CRITTENTON HOME901 NONE FLATHEAD COUNTY AGENCY ON AGING160 KELLY ROAD A KALISPELL, MT 59901 FLATHEAD CITY - COUNTY HEALTH DEPARTO35 1ST AVENUE WEST KALISPELL, MT 59901 FLATHEAD CITY - COUNTY HEALTH DONE EASTER SEALS - GOODWILL NONE SEASTER SEALS - GOODWILL NONE WCA OF BILLINGS909 WYOMING AVENUE GREAT FALLS, MT 59405 VWCA OF BILLINGS909 WYOMING AVENUE BILLINGS, MT 59101 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771 NONE N/A FURTHER EXEMPT PURPOSE 2,000 AVENUE BILLINGS909 WYOMING AVENUE WEST KALISPELL, MT 59901 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771	FOUNDATIONPO BOX 664	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
CHORALEPO BOX 2491 KALISPELL, MT 59901 FIRST DESCENTS1150 WHITEFISH STAGE KALISPELL, MT 59901 FLORENCE CRITTENTON HOME901 NONE FLORENCE CRITTENTON HOME901 NONE FLATHEAD COUNTY AGENCY ON AGING 160 KELLY ROAD A KALISPELL, MT 59901 FLATHEAD COUNTY AGENCY ON NONE FLATHEAD CITY - COUNTY HEALTH DEPAR1035 1ST AVENUE WEST KALISPELL, MT 59901 EASTER SEALS - GOODWILL NONE EASTER SEALS - GOODWILL NONE		NONE	N/A	FURTHER EXEMPT PURPOSE	8,000
STAGE KALISPELL, MT 59901 FLORENCE CRITTENTON HOME901 NONE NORTH HARRIS HELENA, MT 59601 FLATHEAD COUNTY AGENCY ON AGING 1600 KELLY ROAD A KALISPELL, MT 59901 FLATHEAD CITY - COUNTY HEALTH DEPARTOR 151 AVENUE WEST KALISPELL, MT 59901 EASTER SEALS - GOODWILL NORTHERN RO4400 CENTRAL AVE GREAT FALLS, MT 59405 YWCA OF BILLINGS909 WYOMING AVENUE BILLINGS, MT 59101 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771 NONE NAA FURTHER EXEMPT PURPOSE 25,000 NAA FURTHER EXEMPT PURPOSE 25,000 NAA FURTHER EXEMPT PURPOSE 2,000 NAA FURTHER EDUCATIONAL 1,000 PURPOSE	CHORALEPO BOX 2491	NONE	N/A	FURTHER EXEMPT PURPOSE	2,000
NORTH HARRIS HELENA, MT 59601 FLATHEAD COUNTY AGENCY ON AGING 160 KELLY ROAD A KALISPELL, MT 59901 FLATHEAD CITY - COUNTY HEALTH DEPARTORS 15T AVENUE WEST KALISPELL, MT 59901 EASTER SEALS - GOODWILL NONE N/A AUTISM PLAY PROGRAM 10 N/A AUTISM PLAY PROGRAM 10 N/A 10 N/A TIN MT YWCA OF BILLINGS 909 WYOMING AVENUE BILLINGS, MT 59101 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771 NONE NONE N/A FURTHER EDUCATIONAL 1,000 PURPOSE 1,000	STAGE	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
AGING160 KELLY ROAD A KALISPELL, MT 59901 FLATHEAD CITY - COUNTY HEALTH DEPAR1035 1ST AVENUE WEST KALISPELL, MT 59901 EASTER SEALS - GOODWILL NORTHERN RO4400 CENTRAL AVE GREAT FALLS, MT 59405 YWCA OF BILLINGS909 WYOMING AVENUE BILLINGS, MT 59101 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771 NONE NON	NORTH HARRIS	NONE	N/A	FURTHER EXEMPT PURPOSE	25,000
DEPAR1035 1ST AVENUE WEST KALISPELL,MT 59901 EASTER SEALS - GOODWILL NORTHERN RO4400 CENTRAL AVE GREAT FALLS,MT 59405 YWCA OF BILLINGS909 WYOMING AVENUE BILLINGS,MT 59101 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN,MT 59771 NONE AUTISM P L A Y PROGRAM IN MT SURTHER EXEMPT PURPOSE 1,000	AGING160 KELLY ROAD A	NONE	N/A	ELDERLY ASSISTANCE	10,000
NORTHERN RO4400 CENTRAL AVE GREAT FALLS, MT 59405 YWCA OF BILLINGS909 WYOMING AVENUE BILLINGS, MT 59101 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771 IN MT FURTHER EXEMPT PURPOSE 2,000 N/A FURTHER EDUCATIONAL 1,000 PURPOSE	DEPAR1035 1ST AVENUE WEST	NONE	N/A	FLU SHOTS FOR ELDERLY	2,000
AVENUE BILLINGS, MT 59101 CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN, MT 59771 N/A FURTHER EDUCATIONAL PURPOSE 1,000	NORTHERN RO4400 CENTRAL AVE	NONE	N/A		30,000
7209 BOZEMAN,MT 59771 PURPOSE	AVENUE	NONE	N/A	FURTHER EXEMPT PURPOSE	2,000
Total	7209	NONE	N/A		1,000
	Total				496,139

				<u> </u>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
CASA FOR KIDS EASTERN MONTANAPO BOX 1234 MILES CITY, MT 59301	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
CASA FOR KIDS - FLATHEAD COUNTYPO BOX 271 KALISPELL,MT 59903	NONE	N/A	FURTHER EXEMPT PURPOSE	25,000
BOYS GIRLS CLUB NORTHERN CHEYENNE NPO BOX 309 LAME DEER,MT 59043	NONE	N/A	FURTHER EXEMPT PURPOSE	30,000
BOYS GIRLS CLUB GLACIER COUNTYPO BOX 7475 KALISPELL,MT 59904	NONE	N/A	FURTHER EXEMPT PURPOSE	25,000
BIG SKY INSTITUTE FOR ADVANCEMNT OFPO BOX 1514 HELENA, MT 59624	NONE	N/A	FURTHER PRO GRAM ASSISTANCE	35,000
PARK COUNTY BIG BROTHER BIG SISTERS120 EAST PARK ST LIVINGSTON,MT 59147	NONE	N/A	FURTHER EXEMPT PURPOSE	10,000
Total				496,139

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

orm 990PF Part XV Line 3b - Gr	ants and Contributions I	approved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
b Approved for future payment				
BOYS GIRLS CLUB OF THE NORTHRN CHEYPO BOX 309 LAME DEER, MT 59043	NONE	N/A	FURTHER EXEMPT PURPO SE	15,000
BOYS GIRLS CLUB OF THE LITTLE ROCKIPO BOX 58 HAYS,MT 59527	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
INDIAN NONPROFIT ALLIANCEHOPA MOUNTPO BOX 541 LAME DEER, MT 59043	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
FRIENDSHIP HOUSE OF CHRISTIAN SERVI3123 8TH AVENUE SOUTH BILLINGS,MT 59101	NONE	N/A	FURTHER EXEMPT PURPOSE	40,000
BIG SKY INSTITUTEPO BOX 1514 HELENA, MT 59624	NONE	N/A	FURTHER EXEMPT PURPOSE	25,000
BIG BROTHERS BIG SISTER120 EAST PARK ST LIVINGSTON,MT 59047	NONE	N/A	FURTHER EXEMPT PURPOSE	10,000
Total				111,000

TY 2009 Accounting Fees Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 09000047

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,661	2,661	0	0

TY 2009 Investments Corporate Stock Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 09000047

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TIFF MUTUAL FUNDS	4,157,361	4,098,829
DAIN RAUSCHER ACCOUNT	2,994,739	2,771,396

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TY 2009 Investments - Land Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 09000047

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land	783,799		783,799	783,799

TY 2009 Other Expenses Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 09000047

Software Version: 2009v1.3

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WORKER COMPENSATION	1,557	779		778
SUPPLIES	1,041	521		520
POSTAGE & FREIGHT	457	229		228
MISCELLANEOUS	500	250		250
FILING FEE SECRETARY OF STATE	15	8		7

DLN: 93491133008280

TY 2009 Other Income Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 09000047

Descript ion	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
	5,373		

TY 2009 Other Professional Fees Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 09000047

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL DEVELOPMENT	895	448	0	447
MEMBERSHIP PHILANTHROPY NORTHWEST	2,070	1,035	0	1,035
INVESTMENTS SERVICE FEE	21	21	0	10
GRANT CONSULTING FEES	2,500	2,500	0	1,250
FOUNDATION CENTER DATA BASE FEES	360	180	0	180
ASSOCIATION OF SMALL FOUNDATIONS FEES	495	248	0	247

TY 2009 Taxes Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 09000047

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	2,979	2,979		
FOREIGN TAX PAID	847	847		