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## Form 990-PF

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

2009

Department of the Treasury Internal Revenue Service

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

r or c	aleno	ar year 2009, or tax year beginning	, 2003	, and ending	· · · · · · · · · · · · · · · · · · ·	
G	heck		tial Return of a former p	· —	$\Box$	al return
		Amended return	Address		change	
	the	CDOCC CUADITABLE FOUNDAT	TON THE	A	Employer identification num	nber
	label rwise.	CROSS CHARITABLE FOUNDAT ATTN: JOHN R. CLARK	ION, INC.		83-0331707 Telephone number (see the	instructions)
р	int 🗀	3805 VALLEY COMMONS DRIV	E #7	B	(406) 585-339	•
	lype pecific	BOZEMAN, MT 59718		c	If exemption application is	
Instru	ctions			D	1 Foreign organizations, che	•
Н	Checl	k type of organization X Section 50	1(c)(3) exempt private f	oundation	2 Foreign organizations mee	
	_∏s	ection 4947(a)(1) nonexempt charitable	trust Other taxable	private foundation	here and attach computation	
i			counting method X C	ash Accrual E	If private foundation status under section 507(b)(1)(A)	
_	(irom i	Part II, column (c), line 16)	Other (specify)	F	If the foundation is in a 60	month termination
Part	\$ <del>T 1</del> /	6,727,588. (Part I	, column (d) must be or	n cash basis )	under section 507(b)(1)(B)	, check here
ran		Expenses (The total of amounts in	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
	c	columns (b), (c), and (d) may not neces-	expenses per books	income	income	purposes
		arily equal the amounts in column (a) see the instructions) )	1			(cash basis only)
	<del>    1</del>		6,500,000.	<del></del> -		<del> </del>
_	2	Ck ► if the foundn is not req to att Sch B				
01.0Z	3	Interest on savings and temporary cash investments	712.	712.	712.	
	4	Dividends and interest from securities	5,697.	5,697.	5,697.	
<b>છ</b>	5	a Gross rents	0,000	<u> </u>	5,25,.	
<b>8</b> 0	ł	b Net rental income or (loss)				
AUG		a Net gain/(loss) from sale of assets not on line 10	-8,837.			
	1 _	b Gross sales price for all assets on line 6a 508, 384.				
SCANDED	8			0.	0.	
ヺü	9				J U.	
夏E	10	a Gross sales less returns and				
		allowances h Less Cost of				
$\widecheck{\mathfrak{D}}$		goods sold				
		c Gross profit/(loss) (att sch) Other income (attach schedule)				
	''	Other income (attach schedule)				<del></del>
	12	Total. Add lines 1 through 11	6,497,572.	6,409.	6,409.	
	13	•	47,500.			47,500.
	14					· · · · · · · · · · · · · · · · · · ·
	م م	Pension plans, employee benefits				
,	)	<ul> <li>a Legal fees (attach schedule)</li> <li>b Accounting fees (attach sch) SEE ST 1</li> </ul>	3,358.			3,358.
ŀ	î	c Other prof fees (attach sch)	3,336.		<del> </del>	3,336.
0 '	i   17	Carrier Harrison				
PERATI	18	Interest RECEIVED STM 2	95.			95.
À	19	Depleciation (attach				
į į		of and depletion of 2010				
G E	21	rayel, conferences, and meetings	4,172.			4,172.
A E	22	Lunning and stampation of the second	4,112.			4,112.
A B B B B B B B B B B B B B B B B B B B	23		2 200			2,308.
į	24	SEE STATEMENT 3	2,308.			2,308.
Ì	24	Total operating and administrative expenses. Add lines 13 through 23	61,545.			61,545.
	25	Contributions, gifts, grants paid STMT 4	98,500.			98,500.
	26	Total expenses and disbursements.	160 045	^		160 045
	27	Add lines 24 and 25	160,045.	0.	0.	160,045.
		a Excess of revenue over expenses				
		and disbursements	6,337,527.	C 400		
		b Net investment income (if negative lenter 0)  C Adjusted net income (if negative, enter 0)		6,409.	6,409.	<del></del>
	_1	Cajasies nei moome (n negative, enter 0)	l		ן, עט אַ ט	



Form	1990-	PF (2009) CROSS CHARTTABLE FOUNDATION, INC.		63-03	31707 Page 2	
Part II Balance Sheets  Attached schedules and amounts in the description column should be for end of year amounts only		Beginning of year		of year		
	· ·· ·	(See instructions )	(a) Book Value (b) Book Va		(c) Fair Market Value	
	1				<u> </u>	
	2	· '	4,273.	12,143.	12,143.	
	3	Accounts receivable				
	1	Less allowance for doubtful accounts				
	4	Pledges receivable				
	Ì	Less allowance for doubtful accounts				
	5	Grants receivable		<del></del>	<u> </u>	
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions).				
	7	Other notes and loans receivable (attach sch)				
S	ł	Less allowance for doubtful accounts	· · · · · · · · · · · · · · · · · · ·			
Š	8	Inventories for sale or use				
A S E T	9	Prepaid expenses and deferred charges				
Ś	10	a Investments — U.S. and state government obligations (attach schedule)				
	ı	o Investments — corporate stock (attach schedule)	336,058.	6,715,445.	6,715,445.	
	(	c Investments — corporate bonds (attach schedule)				
	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)				
		Other assets (describe ►)				
	16	Total assets (to be completed by all filers —	340,331.	6,727,588.	6,727,588.	
<del></del>	17	see instructions. Also, see page 1, item I)  Accounts payable and accrued expenses	340, 331.	0, 121, 300.	0,727,366.	
Ì	18	Grants payable			†	
A B	19	_ ' ´			-	
Ĭ	20	Loans from officers, directors, trustees, & other disqualified persons	<del></del>		1	
Ĺ	21	Mortgages and other notes payable (attach schedule)	<del></del>	· <del></del> -	-	
Ť	22	Other habilities (describe	······	· · · · · · · · · · · · · · · · · · ·	-	
F .	~~	Other habilities (describe			1	
<u>Β</u>	23	Total liabilities (add lines 17 through 22)	0.	0.	]	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
NF	24	Unrestricted	340,331.	6,727,588.		
E U T N	25	Temporarily restricted			]	
D'	26	Permanently restricted			]	
A B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
ĒL	27	Capital stock, trust principal, or current funds	İ			
TA	28	· · · · · · · · · · · · · · · · · · ·		<del></del>	1	
С	29	Retained earnings, accumulated income, endowment, or other funds			†	
O E R S	30	Total net assets or fund balances (see the instructions)	340,331.	6,727,588.	†	
3		Total liabilities and net assets/fund balances (see the instructions)	340,331.	6,727,588.		
Part	III I	Analysis of Changes in Net Assets or Fund Balance				
1	Total	net assets or fund balances at beginning of year — Part II, colur of-year figure reported on prior year's return)	nn (a), line 30 (must ag	ee with	340,331.	
	Ente	2	6,337,527.			
	Other	3	49,730.			
			6,727,588.			
		Innes 1, 2, and 3 uses not included in line 2 (itemize)		5		
	6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 6					

(a) List and describ	Losses for Tax on Investmen be the kind(s) of property sold (e.g., reuse, or common stock, 200 shares ML	eal estate,	How acquired — Purchase — Donation	(c) Date acquired (month day year)	(d) Date sold (month day year)	
1a SEE STATEMENT 6				· · · · ·		
b						
С						
d						
e					<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m		
a					<del></del>	
c		<del></del>				
d					·	
Constitute and the constants	II wing gain in column (h) and owned by	the foundation on 12/31/60		(1) 0 (0-1	(h)	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		(I) Gains (Column (h gain minus column (k), but than 0 ) or Losses (from col		
a						
С						
d						
е						
2 Capital gain net income or (ne	If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	2		-8,837.	
	(loss) as defined in sections 1222(5) ne 8, column (c) (see the instructions)	_				
in Part I, line 8	ie a, coluitiit (c) (see the instructions)	ii (loss), eriter to	3	_	-22.	
If 'Yes,' the foundation does not gua	ction 4942 tax on the distributable am alify under section 4940(e) Do not cor	mplete this part		Yes	X No	
(a) Base period years	in each column for each year, see the (b) Adjusted qualifying distributions	(c) Net value of		<b>(d)</b> Distribution		
Calendar year (of tax year beginning in)		noncharitable-use assets	s (col	umn (b) divided	by column (c))	
2008	2,414.	370,			0.006524	
2007	11,949.	214,			0.055810	
2006	20,699.	178,			0.115866	
2005	3,100.	173,			0.017818	
2004	2,681.	115,	849.	T	0.023142	
2 Total of line 1, column (d)			2		0.219160	
3 Average distribution ratio for t number of years the foundation	the 5-year base period — divide the to on has been in existence if less than 5	tal on line 2 by 5, or by the years	3		0.043832	
4 Enter the net value of noncha	ritable-use assets for 2009 from Part	X, line 5	4		3,297,548.	
5 Multiply line 4 by line 3			5		144,538.	
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		64.	
7 Add lines 5 and 6			7		144,602.	
8 Enter qualifying distributions f	from Part XII, line 4		8		160,045.	
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that par	t using a 1%	tax rate See t	he	
Fait vi instructions					n 000 PE (2000)	

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Part VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b),	4940(e), or 4948 —	see	the in	structi	ions)		
1 a Exempt operating foundations described in section 4940(d)(2), check here	er 'N/A' on	line 1						
Date of ruling or determination letter (attach copy of letter if necess	sary · s	ee instr.)						
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V,		<u> </u>		1				64.
check here ► X and 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,	column (b)						
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable								
foundations only Others enter -0-)			ļ	2				<u>0.</u>
3 Add lines 1 and 2				_3_				64.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ations on	ly Others enter -0-)	)	4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, 6	enter -0-		ļ	5				64.
6 Credits/Payments		ı	- 1					
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a							
<b>b</b> Exempt foreign organizations — tax withheld at source	6 b							
c Tax paid with application for extension of time to file (Form 8868).	6с							
d Backup withholding erroneously withheld	6 d							
7 Total credits and payments Add lines 6a through 6d				7				<u>0.</u>
8 Enter any penalty for underpayment of estimated tax. Check hereif Form	2220 is	attached		8				
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			•	9				64.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	•	10				
11 Enter the amount of line 10 to be Credited to 2010 estimated tax		Refunded	•	11				
Part VII-A Statements Regarding Activities								
1 a During the tax year, did the foundation attempt to influence any national, state	, or loca	il legislation or did i	t		}		Yes	No
participate or intervene in any political campaign?					-	1 a		<u>X</u>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for proceeding the instructions for definition)?	olitical p	urposes			-	1 b		<u>x</u>
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities or distributed by the foundation in connection with the activities	and cop	nes of any materials	s pu	blishe	rd	•		
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) impos	ed durin	g the year				1 c	-	<u>X</u>
(1) On the foundation   • Enter the reimbursement (if any) paid by the foundation during the year for po			sed (	าก	0.			
foundation managers. >\$ 0.	micui ex	perionare tax impos		5				
2 Has the foundation engaged in any activities that have not previously been rep	orted to	the IRS?				2		Х
If 'Yes,' attach a detailed description of the activities								
3 Has the foundation made any changes, not previously reported to the IRS, in in of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a con	ts govern	ning instrument, art	icles	;		3		x
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more di			,		F	4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	uning the	year			<u> </u>	4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?					<u> </u>	5		X
If 'Yes,' attach the statement required by General Instruction T								<del>  "</del>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945	() caticfie	ad either			- 1			
By language in the governing instrument, or	, 30113110	o ciaici			1			
								•
<ul> <li>By state legislation that effectively amends the governing instrument so that with the state law remain in the governing instrument?</li> </ul>	no man	datory directions tha	at co	onflict	-	6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part	II column	(c) and Part XV			-	7	X	
8a Enter the states to which the foundation reports or with which it is registered (			_		_ [			
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (	Coneral				-			
(or designate) of each state as required by General Instruction G <sup>2</sup> If 'No,' attach explanation						8b	X	
9 Is the foundation claiming status as a private operating foundation within the r for calendar year 2009 or the taxable year beginning in 2009 (see instructions	neaning for Part	of section 4942(j)(3 XIV)? If 'Yes,' com	3) or plet	4942 Part	()(5) 1 <i>XIV</i>	9		x
10 Did any persons become substantial contributors during the tax year? If 'Yes,'	attach a	schedule listing the	eir r	ames	;	.		,

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► 20\_ \_ , 20\_ \_ , 20\_ \_ , 20

enterprise at any time during the year?

charitable purposes?

the tax year beginning in 2009?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

**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

**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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

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4a

NVA

Х

Yes X No

Part VII-B   Statements Regarding Activity	<u>ies for Which Forn</u>	<u>1 4720 May Be Req</u>	uired (continued)			
5a During the year did the foundation pay or incu				,		
(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	on (section 4945(e))?	Yes X	No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?			No		
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	Yes X	] No		
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	] No		
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5	b N	I/A
Organizations relying on a current notice rega	rding disaster assistani	ce check here	▶ [	]		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	] No		
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)		-		
6a Did the foundation, during the year, receive an on a personal benefit contract?			Yes X	]No	_	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6	<u>b</u>	X
If 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the found	tation a narty to a prob	ubited tax shelter transa	ection? Yes X	No	ŀ	
<b>b</b> If yes, did the foundation receive any proceed				, , , , , , , ,	ь N	ľΑ
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	mploye	es,	<u></u>
and Contractors			mustions)			
1 List all officers, directors, trustees, foundation	(b) Title and average		(d) Contributions to	(e) Exper	nse acc	t
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		allowand	
SEE STATEMENT 7			- compensation			
		47,500.	0.			0.
2 Compensation of five highest-paid employee	es (other than those inc	cluded on line 1 – see ir	nstructions). If none, e	nter 'NONI	E.'	
(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) Exper		ount, ces
NONE						
					-	
			,			
	-					
				<del> </del>		
Total number of other employees paid over \$50,000	TEEA0306L (	07/06/09			90-PF	(2009

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)	d Employees	,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compe	ensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	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.	Expen	ises
1 N/A	_	
N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amou	unt
1 <u>N/A</u>		
2		
All other program valeted investments. See instructions		
All other program-related investments. See instructions		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
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٠,	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	160,045.
ı	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
ı	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	160,045.
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 instructions)	5	64.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	159,981.

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

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#### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				164,813.
2 Undistributed income, if any, as of the end of 2009		· · · · · · · · · · · · · · · · · · ·		101,013.
a Enter amount for 2008 only			10,777.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		<del></del>
3 Excess distributions carryover, if any, to 2009				
a From 2004				
<b>b</b> From 2005			-	
c From 2006			}	
d From 2007				
e From 2008	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$ 160,045.			10 777	
a Applied to 2008, but not more than line 2a			10,777.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				149,268.
e Remaining amount distributed out of corpus	0.			113,1200.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the	· · · · · · · · · · · · · · · · · · ·			<u> </u>
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	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
ine 28 Taxable amount 366 mstractions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				15,545.
7 Amounts treated as distributions out of	<del></del>			
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
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				
		<del></del>		

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Part XIV Private Operating Foundation					N/A_
1a If the foundation has received a ruling or our is effective for 2009, enter the date of the	ruling				4942(j)(5)
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or					
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1 2000	
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</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		<u> </u>	-		
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	<del> </del>	-			
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter				1	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<del></del>
<b>b</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 ( assets at any time during the	(Complete this e year – see in:	part only if the structions.)	organization ha	id \$5,000 or more	in
Information Regarding Foundation Managa List any managers of the foundation who holds of any tax year (but only if they have NONE	nave contributed mo	ore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2))	eceived by the founda	ition before the
<b>b</b> List any managers of the foundation who can partnership or other entity) of which the NONE	own 10% or more o foundation has a 10	f the stock of a cor 0% or greater intere	poration (or an equa est	ally large portion of th	e ownership of
2 Information Regarding Contribution, Gran Check here X if the foundation only makes for funds if the foundation makes	nakes contributions	to preselected cha	ritable organizations	s and does not accept anizations under other	unsolicited conditions,
complete items 2a, b, c, and d  a The name, address, and telephone numbe	r of the person to w	whom applications	should be addressed		
a no name, accesso, and telephone hambe	r or the person to .	mom applications (	should be addressed	•	
<b>b</b> The form in which applications should be s	submitted and inform	mation and materia	ls they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charital	ble fields, kinds of ii	nstitutions, or other fa	ictors

Page 11

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	Purpose of grant or contribution	Amount			
Name and address (home or business)	substantial contributor	recipient					
a Paid during the year							
	l						
Total	·	· · ·	<u>▶ 3a</u>				
b Approved for future payment							
Total			► 3b	I			

Page.	1	2
uyu	•	-

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
------------	-------------	------------------	-------------------

inter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a	<del> </del>	<del></del>	<del>                                     </del>		<del></del>
b	<del>                                     </del>		+ +	<del></del>	<del></del>
c	<del> </del>	<del></del>	+		
d	<del>                                     </del>		<del>   </del> -		
e	· · · · · · · · · · · · · · · · · · ·			<del></del>	
f	<del>                                     </del>			·	<u> </u>
g Fees and contracts from government agencies			+ +		
2 Membership dues and assessments	<del></del>	<del></del>			712.
3 Interest on savings and temporary cash investments				<del></del>	5,697.
4 Dividends and interest from securities			+		3,097.
5 Net rental income or (loss) from real estate				<del></del>	
a Debt-financed property					
<b>b</b> Not debt-financed property			<del>  </del>		<del></del>
6 Net rental income or (loss) from personal property		<del></del>	<del>                                     </del>	-	
7 Other investment income			<del>  </del>		0.007
8 Gain or (loss) from sales of assets other than inventory					-8,837.
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory			+ - + -		<del></del>
11 Other revenue					
a	-		<del> </del>		
b			ļ. <u> </u>		
С	<del> </del>				
d	<del> </del>		<del>-</del>		
e	ļ				0 100
12 Subtotal Add columns (b), (d), and (e)		-			-2,428.
13 Total. Add line 12, columns (b), (d), and (e)				13	-2,428.
See worksheet in the instructions for line 13 to verify c	alculations)				

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
NI / N	

TA / TZ	

BAA

Form **990-PF** (2009)

BAA

			LE FOUNDATIO				83-033			ige 13
Part XVI	I Information R Exempt Organ	tegarding T	ransfers To a	nd Transacti	ons an	nd Relations	nips With Nonc	haritable	9	
<del></del>	Exempt organ	11124(10113	<del> </del>					I	Yes	No
desc	he organization directly ribed in section 501(c)	of the Code (	engage in any of other than section	the following win 501(c)(3) organ	th any o	other organizations) or in section	on 527,			
relat	ing to political organiza	ations?								
	sfers from the reporting	g foundation to	o a noncharitable	exempt organiz	ation of					.,
(1)								1a(1)	-	X
٠,	Other assets							1a (2)		Χ_
	r transactions	andordable ou		_				16(1)		v
	Sales of assets to a no Purchases of assets fro							1b(1)		X
• • •	Rental of facilities, equi			mzation				1b (3)		X
	Reimbursement arrange	•	er assets					1b (4)	1	X
	oans or loan guarante							1b (5)		X
	Performance of services		hip or fundraising	solicitations				1b (6)		Х
` '	ing of facilities, equipm		, ,		ees			1c		X
		•						<u> </u>	•	
the c	e answer to any of the a goods, other assets, or gransaction or sharing a	services giver	n by the reporting	foundation If the	ne found	dation received I	less than fair marke	et value in	ue of	
(a) Line no	(b) Amount involved	<del> </del>	of noncharitable exem		1		nsfers, transactions, and		ngement	S
N/A										
					<u> </u>					
	ļ. <u></u>				<u> </u>	· · · · · · · · · · · · · · · · · · ·				
		<del> </del>			<u> </u>					
		<del> </del>			<u> </u>					
		<del> </del>	<u> </u>		<del> </del> -	···				—
		+			<del> </del>			<del></del>		
		<del> </del>	<del></del> -			·	·			
			·	· · · · · ·						
						*				
desc	e foundation directly or ribed in section 501(c)	of the Code (d	lated with, or rela other than section	ated to, one or n i 501(c)(3)) or in	nore tax i section	-exempt organi; 1 527?	zations	Yes	X	No
DII YE	s, complete the follow	_ <del>_</del>	(h) Tuno	of organization		1	N Description of rel	ationship		
N/A	(a) Name of organizat	.1011	(в) туре	of organization		1	Description of rel	attoriship		
1/ Ω			<del> </del>							
			<del> </del>			<del>                                     </del>		<del></del>		
	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>							
			<del> </del>							
Under per	alties of pertury I declare that	I have examined t	his return, including acc	companying schedule	s and state	ements and to the be	est of my knowledge and l	elief it is true	e, correc	t and
compiete	Declaration of preparer (other	than taxpayer or ti	duciary) is based on all	i information of which	preparer r	has any knowledge	<b>—</b>			
_ /		// /	( $-$		1 -	אול מול ד	Wesser >	TDENT		
Sign	ature of other or trustee	//			Date		Title	T DENT		
					Date		Prep	arer s Identify	ing numl	————
Paje	Breparer s	יימג זים מי	$\alpha$				Check if (See	Signature in	the instr	s)
P/e-	JOHN	N R CLARK	TOTA C				employed N/			
oarer's Use	vours it solt	& COMPAN	COMMONS DRIV	מב כוודיים	7		EIN N/A			
Only	address, and	EMAN, MT 5		VE, SUITE	<u>'</u>		Dhans as - (40	6) 505	-330	3
	ZIP code BUZE						Phone no ► (40	<u>6) 585</u>	223	<u> </u>

#### 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 the organization CROSS CHARITABLE	FOUNDATION, INC.	Employer identification number
ATTN: JOHN R. CL		83-0331707
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> trea	ited as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	as a private foundation
	501(c)(3) taxable private foundation	·
Check if your organization is covered by the G	eneral Rule or a Special Rule	
<b>Note:</b> Only a section 501(c)(/), (8), or (10) org	panization can check boxes for both the General Rule	e and a Special Rule. See instructions
General Rule –		
	Z, or 990-PF that received, during the year, \$5,000 o	or more (in money or property) from any one
contributor (Complete Parts I and II)	<b>3</b> • <b>3</b> • <b>3</b>	, , , , , , , , , , , , , , , , , , ,
Special Rules -		
509(a)(1)/170(b)(1)(A)(vi) and received from an	Form 990 or 990-EZ, that met the 33-1/3% support to y one contributor, during the year, a contribution of the gre or (ii) Form 990-EZ, line 1 Complete Parts I and II	
	, ,	
aggregate contributions of more than \$1,00 prevention of cruelty to children or animals	zation filing Form 990 or 990-EZ, that received from 00 for use <i>exclusively</i> for religious, charitable, scient 3 Complete Parts I, II, and III	any one contributor, during the year, ific, literary, or educational purposes, or the
	zation filing Form 990 or 990-EZ, that received from	
this box is checked, enter here the total co	us, charitable, etc. purposes, but these contributions intributions that were received during the year for an	n <i>exclusively</i> religious, charitable, etc.
	unless the General Rule applies to this organization	n because it received nonexclusively
religious, charitable, etc, contributions of \$	5,000 or more during the year	<b>▶</b> \$
990-PF) but it must answer 'No' on Part IV, Iir	y the General Rule and/or the Special Rules does no le 2 of their Form 990, or check the box on line H of ng requirements of Schedule B (Form 990, 990-EZ, c	its Form 990 EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reducti for Form 990, 990EZ, or 990-PF.	ion Act Notice, see the Instructions	<b>Schedule B</b> (Form 990, 990 EZ, or 990-PF) (2009)

Schedule	<b>B</b> (Form 990, 990-EZ, or 990 PF) (2009)	Page 1	of 1 of Part I
-	CHARITABLE FOUNDATION, INC.	' '	331707
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	C WALKER CROSS LIVING TRUST		Person X Payroll
	PO_BOX_1789 WEST_YELLOWSTONE, MT_59758	\$6,500,000.	Noncash (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		  \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
BAA		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

• •			5	1	. 1
Schedule E	3 (Form 990, 990·EZ, or 990·PF) (2009)		Page		of Part I
CROSS (	CHARITABLE FOUNDATION, INC.			83-033	1707
Part II	Noncash Property (see instructions )				
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	(d) Date received
	N/A				
		\$_	·		<u> </u>
(a) No. from Part I	(b)  Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	(d) Date received
					:
		]			
		\$_	_		
(a) No. from Part I	(b) Description of noncash property given		FMV (or see inst	c) estimate) ructions)	(d) Date received
<del></del>					
		\$_			
(a) No. from Part I	(b) Description of noncash property given		(e FMV (or ( see inst	c) estimate) ructions)	(d) Date received
	<u> </u>	\$_			
(a) No. from Part I	(b) Description of noncash property given		(or e FMV (or e (see inst	c) estimate) ructions)	(d) Date received
		\$_			
(a) No. from Part I	(b) Description of noncash property given	[	FMV (or ( see inst	c) estimate) ructions)	(d) Date received
		—			<del>                                     </del>

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Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

of Part III

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT C8955	CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK	83-0331707
8/09/10		03 11PM
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTE PER BOOKS INCOME NET INCO \$ 3,358. TOTAL \$ 3,358. \$ 0. \$	
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
FOREIGN TAXES	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUSTE  PER BOOKS INCOME NET INCOME  \$ 95.  TOTAL \$ 95. \$ 0. \$	
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
INSURANCE INVESTMENT EXPENSES WEBSITE DESIGN	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUSTE PER BOOKS INCOME NET INCOME  \$ 1,294. 14. 1,000. TOTAL \$ 2,308. \$ 0. \$	

#### **STATEMENT 4** FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

BEST FRIENDS

5001 ANGEL CANYON ROAD

KANAB, UT 84741

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

7,500.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

GRIZZLY AND WOLF DISCOVERY CENTER

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

WEST YELLOWSTONE, MT 59758

. . . **FEDERAL STATEMENTS** PAGE 2 2009 CROSS CHARITABLE FOUNDATION, INC. **ATTN: JOHN R. CLARK** 83-0331707 **CLIENT C8955** 03 11PM 8/09/10 **STATEMENT 4 (CONTINUED)** FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS** 13,500. Ŝ AMOUNT GIVEN: CLASS OF ACTIVITY: OGDEN WEBER APPLIED TECHNOLOGY COLLEGE DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: 60,000. AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: HEARTS AND HOMES FAMILY NETWORK DONEE'S ADDRESS: PO BOX 10994 BOZEMAN, MT 59718 RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY 10,000. AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: COMMUNITY FOUNDATION OF JACKSON HOLE DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN: 7,500. 98,500. TOTAL \$ **STATEMENT 5** FORM 990-PF, PART III, LINE 3 OTHER INCREASES NET UNREALIZED GAIN ON INVESTMENTS 49,730. TOTAL 49,730. STATEMENT 6 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME (D) DATE (B) HOW (C) DATE ACQUIRED <u>ITEM</u> SOLD (A) DESCRIPTION ACQUIRED 40000 MONEY MKT OBLIGS TR **PURCHASED** 9/18/2008 6/18/2009 6/23/2009 180000 MONEY MKT OBLIGS TR **PURCHASED** 9/18/2008 70000 MONEY MKT OBLIGS TR 50000 MONEY MKT OBLIGS TR 50000 MONEY MKT OBLIGS TR 100000 MONEY MKT OBLIGS TR 6/23/2009 3 **PURCHASED** 9/18/2008 9/18/2008 9/04/2009 4 PURCHASED 9/18/2008 11/06/2009 5 PURCHASED 9/18/2008 12/10/2009 **PURCHASED** 

PURCHASED

12/21/2007

12/23/2009

2711 FIRST TRUST EQUITY INCOME

7	n	$\mathbf{a}$	^
/	IJ	u	

8/09/10

## **FEDERAL STATEMENTS**

PAGE 3

CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

83-0331707

**CLIENT C8955** 

03 11PM

STATEMENT 6 (CONTINUED)
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u>ITEM</u> 1 2 3 4	(E) GROSS SALES 39,995. 179,996. 69,999. 49,995.	(F) DEPREC. ALLOWED	(G) COST BASIS 40,001. 180,006. 70,000. 50,000.	(H) GAIN (LOSS) -6. -10. -1. -5.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I)-(J)	(L) GAIN (LOSS) \$ -6. -10. -1. -5.
5 6	49,995. 99,995.		50,000. 100,000.	-5. -5.				-5. -5.
7	18,409.		27,214.	-8,805.			TOTAL	-8,805.

STATEMENT 7
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CAROL GONNELLA PO BOX 1226 JACKSON, WY 83001	SECRETARY 1.50	\$ 7,500.	\$ 0.	\$ 0.
JOHN R. CLARK 3825 VALLEY COMMONS DR. STE 2 BOZEMAN, MT 59718	TREASURER 2.50	10,000.	0.	0.
CHARLES FOLLAND 725 JENSEN GROVE DRIVE BLACKFOOT, ID 83221	PRESIDENT 2.50	10,000.	0.	0.
TERRI ANDERSON 638 MADISON AVE WEST YELLOWSTONE, MT 59758	VICE PRESIDENT 2.50	10,000.	0.	0.
REX CHILD 24TH AND WASHINGTON BLVD OGDEN, UT 84401	SECRETARY 2.50	10,000.	0.	0.
	TOTAL	\$ 47,500.	\$ 0.	\$ 0.

## WY( JING SECRETARY OF S( \TE

#### **OFFICIAL RECEIPT**

Thank you for your payment!

DO NOT PAY!
THIS IS NOT A BILL.

Amount Paid: \$60.00 Receipt #: 584373

Receipt Date: June 1, 2010

Processed By: MACHA BOWMAN

Corp #: 2000-000402258

Doc Id # 2010-000859673

Rudd & Company PO Box 11389 Bozeman, MT 59718

Payment	Reference	Amount
CHECK	4405	60 00
	TOTAL DAVMENT	eco 00 (1)

TOTAL PAYMENT

**\$60.00** (**▼**)



Description of Charges	Invoice #	Sec File#	Quantity	Unit Price	Total
AR - Annual Report			1	25 00	25 00
CF - Corporation Fines			1	25 00	25 00
CFD - Corporation Filing - Domestic			1	10 00	10 00

**TOTAL CHARGES PAID** 

\$60.00 ( )



#### In Reference To:

The Cross Charitable Foundation, Inc.

# STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that the certificate of dissolution for the entitiy listed below has been canceled and this entity has been reinstated effective **June 1, 2010** as the grounds for administrative dissolution have been eliminated.

#### CERTIFICATE OF REINSTATEMENT

The Cross Charitable Foundation, Inc.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 1st day of June, 2010



Filed Date 06/01/2010

Max Massiels

Secretary of State

By \_\_\_\_\_ Machá Bowman



## Wyom...g Secretary of State

State Capitol Building, Room 110 200 West 24<sup>th</sup> Street Cheyenne, WY 82002-0020 Ph 307 777 7311 Fax 307 777 5339 Email business@state wy us

Max Maxfield, WY Secretary of State FILED: 06/01/2010 03:08 PM Original ID: 2000-000402258 Amendment ID: 2010-000859673

## **Nonprofit Corporation**

# Application for Certificate of Reinstatement Following Administrative Dissolution

A nonprofit corporation administratively dissolved under W S 17-19-1421 may apply to the Secretary of State for reinstatement within two (2) years after the effective date of dissolution

1 Corporation name:
The Cross Charitable Foundation, Inc.
2 Effective date of its administrative dissolution. 5/10/2010 (Date - mm/dd/vvv)
3 Grounds for dissolution have been eliminated
4 Corporation's name satisfies the requirements of W S. 17-19-401.  Signature:  (Man be executed by Chairman of Board, President or another of its officers)  Date: 05 · 27 · 10  (mm/dd/viv)
Print Name: John Clark
Title Treasurer Contact Person John Clark
Daytime Phone Number: 400-585-3393
Email: jrclark@ruddco.com
Check one box only:  (a) Failure to file annual report - if the nonprofit corporation was administratively dissolved for failure to file its annual reports and pay the annual license taxes, all delinquent reports must accompany this form along with the \$10.00 reinstatement fee and double the license tax for each delinquent report.  (b) Failure to maintain registered agent - if the nonprofit corporation was administratively dissolved for failure to maintain a registered agent, the reinstatement fee is \$150.00 and payment of a sum equal to double the amount of any fees and taxes then delinquent.  Make check or money order payable to Wyoming Secretary of State.  Please submit one originally signed document and one exact photocopy of the filing  Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.
NP-CertificateReinstatement-AdminDissolution – 3/23/2009

#### 2010

#### **Non Profit Corporation Annual Report**

Due on or Before March 1, 2010 ID 2000-000402258 State of Formation Wyoming

For Office Use Only

The Cross Charitable Foundation, Inc PO Box 1789 West Yellowstone, MT 59758 USA Wyoming Secretary of State 200 West 24th Street, Room 110 Cheyenne, WY 82002 (307) 777-7311 <a href="http://wyobiz.wy.gov">http://wyobiz.wy.gov</a>

1	If the mailing address listed above is incorrect, the new address is	
2	If the principal office address is not the same as the mailing address above, it is.	
3	The names and addresses of its officers and directors (If more space is needed attach a list.)	
Office	Name and Address	
Presider Vice Pre Secretar Treasur *Directo *Directo *Directo *3 direct	ry Res Churles Folland, 725 Jensen Grove Or, Brackfort, ID 8322 ry Res Child, Carol Gonnella 24th Washington, Ogden, UT 841 er John Clark PO Box 1226, Jackson, WY 836 re Terri Anderson churles Folland	20 40
comper	nsation or pecuniary advantage? No, compensation is not paid Yes, Compensation is paid. If yes, provide a total compensation paid to the non-employee directors or (W.S. 17-19-1630)	
knowle	dge Director or Officer Date	

Filing fee: \$25

1 Sign and date this form and return to the address provided above

Note: In lieu of filing this form, you may file the annual report and pay annual report license tax electionically by accessing the Secretary of State's website: http://wyobiz.wy.gov