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Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2009

For	calenda	ar year 2009, or tax year beginning			, and er	nding		
G	Check all that apply Initial return Initial return of a former public charity Final return Amended return X Address change Name change					n		
Use	the IR	Name of foundation	<u> </u>	(A) Address chair	<u>gc</u>		A Employer identification	n number
	abel.	MENDA C OE MONE	አእኒአ ውር	וואור אות דראו דאו	C		88-0393923	2
	erwise	Number and street (or P O box number			<u>. </u>	Room/suite	B Telephone number	<u> </u>
	print r type.	2906 2ND AVENUE		inversed to street address;		, ioon y sand	406-252-51	125
	Specif	City or town, state, and ZIP code	NORTH				C If exemption application is	
Inst	ruction	BILLINGS, MT 5	9101				D 1. Foreign organization	s, check here
Н (heck tv			empt private foundation			Foreign organizations m check here and attach c	eeting the 85% test, omputation
	¬ ·	ion 4947(a)(1) nonexempt charitable		Other taxable private found:	ation		E If private foundation sta	
l Fa			J Accountii	ng method X Cash	Accr	ual	under section 507(b)(1	
(fi	rom Pa	rt II, col (c), line 16)		her (specify)			F If the foundation is in a	60-month termination
	\$		(Part I, colu	mn (d) must be on cash	basis)		under section 507(b)(1	1
Pa		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and necessanly equal the amounts in column (a	d (d) may not	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	(0) Disbursements for chantable purposes (cash basis only)
	1 C	ontributions, gifts, grants, etc., recei	ved	179,293.			N/A	
		heck in the foundation is not required to	attach Sch B					
		nterest on savings and temporary ash investments		124		134.		STATEMENT 1
		lividends and interest from securities		134.		134.		SIRIEMENI I
		iross rents						
		let rental income or (loss)		<7,330.	>		··,.································	11 11 11 11 11 11 11 11 11 11 11 11 11
ë	L G	let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale of assets not on the let gain or (loss) from sale or (los	,303.	1,7000				
Revenue		ssets on line 6a	, , , , , , , , , , , , , , , , , , , ,	1, ,· ,.! · ,.!!+-11!!!+-1	<u> </u>	0.	· · · · · · · · · · · · · · · · · · ·	111111111111111111111111111111111111111
æ	1	let short-term-capital-gain-						
	9 11	ncome modification CEIVED	_ }					
	10a a	nd allowances	၂႘ၟ		.,, ., ., ., ., ., ., ., ., ., ., ., .,			
	b L	ess comorporation (loss)						
	1	u r	SE .	100.		100.		STATEMENT 2
		other Income AGNEN LIT	,	172,197.		234.		DIAIBIULE
	_	otal. Add lines (through fit)		0.		0.		0.
	1	compensation of officers, directors, trustees Other employee salaries and wages	, etc					
	1	ension plans, employee benefits						
es	16a L	egal fees						
ĕ	b A	accounting fees ST	мт 3	2,325.		1,163.		1,162.
Expenses	c 0	ther professional fees						
Ĭ,		nterest						
and Administrative	1 -	axes					·	<u> </u>
inis	l .	epreciation and depletion						
E E	1	Occupancy						
a Pland I	1	ravel, conferences, and meetings						-
ā ā		rinting and publications Other expenses ST	MT 4	29,075.		323.		28,752.
يَجُ ل	24 T	otal operating and administrative						
AON CE Operating	e e	xpenses Add lines 13 through 23		31,400.		1,486.		29,914. 157,655.
≪ō	25 0	Contributions, gifts, grants paid		157,655.				157,655.
₩ ₩	1	otal expenses and disbursements.						102 563
		dd lines 24 and 25		189,055.		1,486.		187,569.
2010	27 S	Subtract line 26 from line 12		-16 050				
_	1	xcess of revenue over expenses and disbut	i	<16,858.	<u> </u>	0.		
	1 '	let investment income (if negative, enti				<u> </u>	N/A	
	L C A	djusted net income (if negative, enter -	0-)		<u> </u>		14/15	1

Fo	m 99	0-PF (2009) WENDY'S OF MONTANA FOUN)393923 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	<3,205.>	8,450.	8,450.
	1	Savings and temporary cash investments	(3,203.)	0,430.	0,430.
	3	Accounts receivable	1		
		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			
	١_	disqualified persons			
	7	Other notes and loans receivable		İ	
	١.	Less allowance for doubtful accounts		 	
Assets	1 -	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges			
•	1	Investments - U.S. and state government obligations Investments - corporate stock STMT 5	30,510.	1,997.	2,362.
		The second secon	30,310.	1,757.	2/5021
		Investments - corporate bonds			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	l	Investments - mortgage loans	-		<u> </u>
	13	Investments - other			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	14	Land, buildings, and equipment basis		Ì	
		Less accumulated depreciation			
	15	Other assets (describe			
	4.5	Table and the barranched by all filesal	27,305.	10,447.	10,812.
	$\overline{}$	Total assets (to be completed by all filers)	21/3030		
		Accounts payable and accrued expenses			
	18	Grants payable			
ties	19	Deferred revenue			
Liabilities	20				
Ë.	1	Mortgages and other notes payable			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ęs	24	Unrestricted			
ä	25	Temporarily restricted			
Bal	1	Permanently restricted			
ᅙ	-	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	27,305.	10,447.	
iets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
je	30	Total net assets or fund balances	27,305.	10,447.	
_					
	31	Total liabilities and net assets/fund balances	27,305.	10,447.	
LF	art	Analysis of Changes in Net Assets or Fund B	aidilve3 		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		05 005
	(mu	st agree with end-of-year figure reported on prior year's return)		1	27,305. <16,858.>
2	Ente	r amount from Part I, line 27a		2	
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	10,447.
		eases not included in line 2 (itemize)			10.447
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	10,447.
					Form 990-PF (2009)

187,569.

8

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

	(1000) (1010) (10110) Of 110111111111111111111111111111111111	3-039			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	<u>8 - see</u>	ınstru	ction	<u>1S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				^
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	 			0.
	of Part I, line 27b .				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				^
2	Tax dide: Section 517 (definestic section 4517 (a)(1) (laste and taxasis is billionis and taxasis and taxasis is billionis and taxasis	2			0.
	7.00 11100 1 0110 2	3	_		0.
	Countries of Introduction Countries to 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5			<u> </u>
6	Credits/Payments				
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 52 •				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
þ	Backup withholding erroneously withheld 6d				F 2
	Total circuits and payments who lines ou through ou	7			<u>52.</u>
	Enter any penany for andorpayment or committee and control and con	3			
	Tax age in the total of mice of an one in the country and a man a ma	3			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			52.
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 52 • Refunded ▶ 1	1			0.
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u> </u>	Yes	
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	r			
	distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?		10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers > \$0.				v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	TA\ W	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		
	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	′		v	1
	remain in the governing instrument?		6	<u>X</u>	├
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	ļ
	If "Yes," complete Part II, col. (c), and Part XV.				
	Enter the states to which the foundation reports or with which it is registered (see instructions) NV				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
-	of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	r			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		g		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Fo	rm 990	-PF	(2009)

orm !	990-PF(2009) WENDY'S OF MONTANA FOUNDATION, INC. 88-03	393923		Page 5
Pai	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	C \ 2 E 2	E 1 2	
14	The books are in care of ► KARI PARKER Telephone no ► (40)	5 2 2 2 2 -	212	<u> </u>
	2000,00 0, 7	<u>59101</u>		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT.	/A	ш
	and enter the amount of tax-exempt interest received or accrued during the year	114	/ A_	
	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	NO
	During the year did the foundation (either directly or indirectly) (1) Figure in the sale or exchange or leasing of property with a disqualified person? Yes X	No.		
	(1) Engage in the sale of exemply of leading of property into a requestion person	10		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X			
	a disquanted person			
	(b) Talman goods, services, or deministrative many a service process.			
	(4) Tay Compandation to, or pay or formation the expension of a distance pro-	40		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the hepotit or use of a disqualified person)?	No.		
	To the benefit of 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	No.		
	termination of government service; it terminating mains of only a	"		
	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)?	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_		
		10		X
	before the first day of the tax year beginning in 2009? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009?	No I		
	If "Yes," list the years			
	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 instructions)	A 2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	No		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
-	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by oift or hequest, 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)	A 3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	<u>X</u>
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	L	<u>X</u>
		Form 990	-PF(2009)

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Part VII-B: Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to				1	1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y ₁	es X No	1	` [
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indi	rectly,		- 1	
any voter registration drive?		Y	es X No		1.
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y ₁	es X No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or	for			-
the prevention of cruelty to children or animals?			es X No		١.
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations	1		
section 53 4945 or in a current notice regarding disaster assistance (see instri		•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check i					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		ained	ŀ		
expenditure responsibility for the grant?		- /	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	15-5(d).		[
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	es X No		
b Old the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			7		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ys	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Highly	У		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) E	хрепѕе
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation		nt, other wances
GREGORY C. MCDONALD	DIRECTOR		, , , , , , , , , , , , , , , , , , ,		
2906 2ND AVENUE NORTH	T			j	
BILLINGS, MT 59101	0.00	0.	0.		0.
JUDITH C. MCDONALD	DIRECTOR				
2906 2ND AVENUE NORTH	1				
BILLINGS, MT 59101	0.00	0.	0.		0.
SAM E. MCDONALD, JR.	DIRECTOR				
2906 2ND AVENUE NORTH	1				
BILLINGS, MT 59101	0.00	0.	0.		0.
	1				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense nt, other vances
NONE	October to promon		00110400		
	1				
	-				
	1				
	1	1			
	l				
	<u></u>				
Total number of other employees paid over \$50,000			>		0

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Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
] — — — …	
	-	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers product.	al information such as the ced, etc	Expenses
1 N/A		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations	s must complete this part	Foreign four	ndations, se	e instructions.)
1 F	air market value of assets not used (or held for use) directly in carrying out charita	able, etc., purposes			
	Average monthly fair market value of securities			1a	4,459.
	Average of monthly cash balances			10	4,459. 26,562.
	air market value of all other assets			10	
d 1	fotal (add lines 1a, b, and c)			1d	31,021.
e F	Reduction claimed for blockage or other factors reported on lines 1a and				
	c (attach detailed explanation)	1e	0.		
2 /	Acquisition indebtedness applicable to line 1 assets			2	0.
	Subtract line 2 from line 1d			3	31,021.
4 (Sash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	int, see instructions)		4	465.
	let value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and			5	30,556.
6 1	Alnimum investment return. Enter 5% of line 5	•		6	1,528.
Pa	Distributable Amount (see Instructions) (Section 4942(j)(3) foreign organizations check here and do not complete this pa		oundations an	d certain	
1 N	finimum investment return from Part X, line 6			1	1,528.
2a 1	ax on investment income for 2009 from Part VI, line 5	2a			
b I	ncome tax for 2009. (This does not include the tax from Part VI.)	2b			
c A	add lines 2a and 2b			2c	0.
3 [Distributable amount before adjustments. Subtract line 2c from line 1			3	1,528.
4 F	decoveries of amounts treated as qualifying distributions			4	0.
5 A	add lines 3 and 4		į	5	1,528.
6 0	Deduction from distributable amount (see instructions)			6	0.
7 [Histributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	art XIII, line 1		7	1,528.
Pa	A XII Qualifying Distributions (see Instructions)				
1 A	mounts paid (including administrative expenses) to accomplish charitable, etc., pt	urposes			
a E	xpenses, contributions, gifts, etc total from Part I, column (d), line 26		1	1a	187,569. 0.
b P	rogram-related investments - total from Part IX-B			1b	0.
2 A	mounts paid to acquire assets used (or held for use) directly in carrying out charit	table, etc., purposes		2	
3 A	mounts set aside for specific charitable projects that satisfy the				
a S	Suitability test (prior IRS approval required)			3a	
b C	ash distribution test (attach the required schedule)		إ	3b	
4 (lualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,	and Part XIII, line 4		4	187,569.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment			
И	ncome Enter 1% of Part I, line 27b			5	0.
6 A	djusted qualifying distributions. Subtract line 5 from line 4			6	187,569.
	iote. The amount on line 6 will be used in Part V. column (b), in subsequent years	when calculating whether th	e foundation o	ualifies for the	e section

Form **990-PF** (2009)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,			- 17-100 - 17 - 17 - 17 - 17 - 17 - 17 -	
line 7				1,528.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years		•		
		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 391, 406.				
b From 2005 384,622.				
c From 2006 303,554.				
d From 2007 248,670.				
e From 2008 181,844.	1,510,096.			
f Total of lines 3a through e	1,310,030.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶\$ 187, 569.				
			0.	
a Applied to 2008, but not more than line 2a	4.1.	<u></u>		11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
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		· · · · · · · · · · · · · · · · · · ·	++++++++++++++++++++++++++++++++++++++	1,528.
e Remaining amount distributed out of corpus	186,041.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
Indicated below:	1,696,137.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,000,107.			
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed		- 0.		
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract			······································	
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of	······································	, <u>, , , , ; , , , , , , , , , , , , ,</u>	, ',;'-1° ++++++++++++++++++++++++++++++++++	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	391,406.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	1,304,731.			
10 Analysis of line 9				
a Excess from 2005 384,622.				
b Excess from 2006 303,554.				
c Excess from 2007 248,670.				
d Excess from 2008 181,844.				
e Excess from 2009 186, 041.				
				Form 990-PF (2009)

	OF MONTANA			88-03	93923 Page 1
Part XIV Private Operating Fo				N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for		=	Lun continu	4040(1)(2) 01 40	42(j)(5)
b Check box to indicate whether the found 2 a Enter the lesser of the adjusted net	Tax year	ng tourioation described	Prior 3 years	4942(j)(3) or 49	42())(3)
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for		(2) = -	(1, 200	(4,7=3)	(1)
each year listed					
b 85% of line 2a			· ·		
c Qualifying distributions from Part XII,					
line 4 for each year listed		1			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
afternative test relied upon a "Assets" afternative test - enter]			
(1) Value of all assets					<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter		7			
(1) Total support other than gross					
investment income (interest,]]	
dividends, rents, payments on securities loans (section				İ	
512(a)(5)), or royalties)	<u>=</u>				
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			ļ		
(3) Largest amount of support from					
an exempt organization			<u> </u>		
(4) Gross investment income	motion (Comple	to this port only	if the foundation	had \$5 000 or ma	ro in accets
Part XV Supplementary Information at any time during the			ii the foundation	nad \$5,000 or mo	re in assets
		instructions.,			
 Information Regarding Foundation List any managers of the foundation who 	•	than 20/, of the total con	tributions received by the	foundation hafore the clos	e of any tay
year (but only if they have contributed m			(indutions received by the	כטוט פונו פוטופט ווטוטמנוטוט	e or any tax
NONE					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large portio	n of the ownership of a pa	rtnership or
other entity) of which the foundation has			(or an equally large person	,, o, o p o p	7
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ▶ ☐ if the foundation on		• • • • • • • • • • • • • • • • • • • •		ot accept unsolicited reque	ests for funds If
the foundation makes gifts, grants, etc. (s	•	•			
a The name, address, and telephone numb GREGORY C. MCDONALD	er of the person to whor	n applications should be	addressed		
2906 2ND AVENUE NORTH	H, BILLINGS	, MT 59101			
b The form in which applications should be SEE STATEMENT 6		·	hould include		
c Any submission deadlines SEE STATEMENT 6					
d Any restrictions or limitations on awards,	such as by deodraphics	l areas, chantable fields	kinds of institutions or o	ther factors	
SEE STATEMENT 7	o, govg:wp:1100	siramadia nalaa	,	· · · · · · · · · · ·	

Page 11

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	Amount
Name and address (home or business) a Paid during the year SEE ATTACHED	or substantial contributor	recipient	Contribution	157,655.
Total			▶ 3a	157,655.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated				by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt
1 Program service revenue	code	Aillouill	code	AITIVUIIL	function income
a					
b			_		
<u> </u>					
d					
e	 		- -		
	 				
g Fees and contracts from government agencies	 				
2 Membership dues and assessments	 		- -		
3 Interest on savings and temporary cash investments	1				
4 Dividends and interest from securities			14	134.	
5 Net rental income or (loss) from real estate		···			10.11.11.1.11.11.11.11.11.11.11.11.11.11
a Debt-financed property					
b Not debt-financed property					-
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	100.	
8 Gain or (loss) from sales of assets other					
than inventory			18	<7,330.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		·			·
11 Other revenue					
3					
b					
C					
d					
e	———		, 	<7,096.>	0.
12 Subtotal Add columns (b), (d), and (e)			<u> </u>		<7,096
13 Total Add line 12, columns (b), (d), and (e)				13	~1,030
(See worksheet in line 13 instructions to verify calculations)		·			
Part XVI-B Relationship of Activities t	o the Accor	nplishment of	Exempt P	urposes	

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)

28	·	indirectly affiliated with, or relate (other than section 501(c)(3)	ted to, one or more tax-exempt () or in section 527?	organizations describe	ed	Yes	X No
t	b If "Yes," complete the following		, or in occion oz.				
		of organization	(b) Type of organiza	ition	(c) Description of r	elationship	
	N	/A					
							
_							
		<u> </u>					
			cluding accompanying schedules and is based on all information of which p			eller, it is true, correct,	
٢			\11/9/13		irestor_		
Here	Signature of officer or tru	stee	Date	Title			
ë	signature	Royalde	Vates CR	Date 11/4/10	Check if self-employed	Preparer's identifying P00543	number 29
"	Firm's name (or yours E	IDE BAILLY LL		7-7-	EIN ►		
	if self-employed),		, - , ,	BOX 7112		_	
		ILLINGS, MT	91/03-7/112/		Phone no 4	06-896-24	100

Form **990-PF** (2009)

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

Employer identification number Name of the organization WENDY'S OF MONTANA FOUNDATION, INC. 88-0393923 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

religious, charitable, etc., contributions of \$5,000 or more during the year.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

Schedule B	(Form 990,	990-EZ,	or 990-P	F) (2009)

	-
age	- 1

of 1 of Part I

Name of organization

Employer identification number 88-0393923

WENDY'S OF MONTANA FOUNDATION, INC.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WENDY'S OF MT, INC. 2906 2ND AVE. N BILLINGS, MT 59101	\$105,925.	Person X Payroll
(a) No.	(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) No.	(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) No.	(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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) No.	(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)

Wendy's of Montana Foundation 2009 Checks Written

Date	Check					
<u>Paid</u>	Number	Recipient		<u>Amount</u>		
02/20/2009	2309	AMERICAN LEGION	\$	210 00	PO Box 21385 Billings, MT 59104	Program Sponsorship
02/20/2009	2310	BOZEMAN SCHOOL DISTRICT 7	S	1,000 00	205 N 11th Ave, RM F-2, Bozeman, MT 59715	Program Sponsorship
02/20/2009	2311	GRIZZLY SPORTS	\$	7,170 00	Adams Center - 32 Campus Drive, Missoula MT 59812-8496	Program Sponsorship
02/20/2009	2312	LOCKWOOD SCHOOLS	\$	1,000 00	1932 Hwy 87 E Billings, MT 59101	Program Sponsorship
02/20/2009	2313	MONTANA COUNCIL - BOY SCOUTS OF AMERICA	\$	1,100 00	2528 Grand Avenue, Billings, MT 59102	Program Sponsorship
01/22/2009	2314	DIGGER ATHLETICS	\$	2,500 00	1300 w Park St, Butte, MT 59701	Program Sponsorship
01/22/2009	2315	YMCA OF SCOTTSBLUFF	\$	5,000 00	PO Box 2423, Scottsbluff, NE 69363-2423	Program Sponsorship
04/17/2009	2316	AMERICAN LEGION AUXILIARY	\$	225 00	PO Box 21385, Billings, MT 59104	Program Sponsorship
04/17/2009	2317	BIG SKY STATE GAMES	\$	15,000 00	PO Box 7136, Billings, MT 59103-7136	Program Sponsorship
04/17/2009	2318	BILLINGS PUBLIC SCHOOLS	\$	2,000 00	415 North 30th Street, Billings, MT 59101	Program Sponsorship
04/17/2009	2319	BILLING TENNIS ASSOCIATION	\$	500 00	PO Box 2558, Billings, MT 59103-2558	Program Sponsorship
04/17/2009	2320	CARROLL COLLEGE	\$	5,000 00	2602 North Benton Avenue Helena, MT 59625-0002	Program Sponsorship
04/17/2009	2321	MAYFAIR AUCTION	\$	1,000 00	PO Box 31158, Billings, MT 59107	Program Sponsorship
05/15/2009	2322	ALBERTA BAIR THEATER	\$	1,000 00	PO Box 1556 Billings, MT 59103	Program Sponsorship
05/15/2009	2323	AMERICAN CANCER SOCIETY - YELLOWSTONE	\$	1,000 00	550 North 31st Street #103, Billings, MT 59101	Program Sponsorship
05/15/2009	2324	AMERICAN CANCER SOCIETY - FLATHEAD	\$	250 00	Kalispell, MT	Program Sponsorship
05/15/2009	2326	EAGLE MOUNT BILLINGS	\$	2,000 00	2822 Third Avenue North, Billings, MT 59101	Program Sponsorship
05/15/2009	2327	LEARFIELD SPORTS - MSU BOBCATS SPORTS	\$	15,000 00	PO Box 173380, Bozeman, MT 59717-3380	Program Sponsorship
05/04/2009	2328	CITY OF BILLINGS	\$	4,000 00	PO Box 1178, Billings, MT 59103	Program Sponsorship
05/04/2009	2329	YELLOWSTONE ART MUSEUM	\$	5,000 00	401 North 27th Street, Billings, MT 59101-1290	Program Sponsorship
08/07/2009	2332	BILLINGS SYMPHONY	\$	5,000 00	201 North Broadway, Suite 350, Billings, MT 59101	Program Sponsorship
08/07/2009	2333	BOYS AND GIRLS CLUB OF YELLOWSTONE	\$	1,040 00	2722 Third Avenue North, Suite 225, Billings, MT 59101-1929	Program Sponsorship
08/07/2009	2334	EDUCATION FOUNDATION	\$	1,000 00	415 North 30th Street, Billings, MT 59101	Program Sponsorship
08/07/2009	2335	INSTITUTE FOR PEACE STUDIES	\$	500 00	1511 Poly Drive, Billings, MT 59102	Program Sponsorship
08/07/2009	2336	NORTHERN INTERNATIONAL LIVESTOCK	\$	1 000 00	Billings, MT	Program Sponsorship
9/25/09	2341	BILLINGS CATHOLIC SCHOOLS	\$	1,350 00	3 Broadwater Avenue, Billings, MT 59101	Program Sponsorship
9/25/09	2342	PIONEER BOOSTER CLUB	\$	1,000 00	PO Box 549, Miles City, MT 59301-0549	Program Sponsorship
11/03/2009	2343	AMERICAN LEGION - BOYS STATE	\$	210 00	PO Box 21385, Billings, MT 59105	Program Sponsorship
11/03/2009	2344	BILLINGS CATHOLIC SCHOOLS	\$	1,000 00	3 Broadwater Avenue, Billings, MT 59101	Program Sponsorship
11/03/2009	2345	CUSTER COUNTY DISTRICT HS	\$	1,000 00	Miles City, MT	Program Sponsorship
11/03/2009	2346	DICKINSON STATE UNIVERSITY	\$	3,750 00	230 Eighth Avenue West, Dickinson, ND 58601	Program Sponsorship
11/03/2009	2347	SHERIDAN COUNTY YMCA	\$	5,000 00	Sheridan, WY	Program Sponsorship
11/04/2009	2348	MSU BILLINGS	\$	1,500 00	1500 University Drive, Billings, MT 59101	Program Sponsorship
11/20/2009	2349	DAVE THOMAS FOUNDATION FOR ADOPTION	\$	43,600 00	4288 West Dublin-Granville Road, Dublin, OH 43017	Program Sponsorship
11/19/2009	2350	CITY OF BILLINGS	\$	15,000 00	PO Box 1178, Billings, MT 59103	Program Sponsorship
11/19/2009	2351	MONTANA DECA	\$	750 00	PO Box 7261, Helena, MT 59604	Program Sponsorship
12/23/2009	2352	ALBERTA BAIR THEATER	\$	4,000 00	PO Box 1556, Billings, MT 59103	Program Sponsorship
12/23/2009	2353	BOYS AND GIRLS CLUB OF YELLOWSTONE	_\$_	1,000 00	2722 Third Avenue North, Suite 225, Billings, MT 59101-1929	Program Sponsorship
			\$	157,655 00		

Form 88	368 (Rev 4-2009)			Page 2
• If vo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x		► X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		3868.	
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	_		
Part		opies r	eeded).	
Туре о	Name of Exempt Organization			ntification number
print	WENDY'S OF MONTANA FOUNDATION, INC.	8	8-03	93923
File by the extended due date filing the		For IF	RS use o	nly
return Se				
F	type of return to be filed (File a separate application for each return) form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	= : :	rm 5227 rm 6069	· · · · · · · · · · · · · · · · · · ·
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form	8868.
Tele If the If this box 4 1 5 6 If 7 S	books are in the care of 2906 SECOND AVE N - BILLINGS, MT 59101 phone No (406) 252-5125 e organization does not have an office or place of business in the United States, check this box is sfor a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the first is for part of the group, check this box and attach a list with the names and EINs of all request an additional 3-month extension of time until NOVEMBER 15, 2010 for calendar year 2009, or other tax year beginning and ending this tax year is for less than 12 months, check reason in Initial return in Final return in the care of the property in the care of the property in the care of the company in the care of the care	memb	ers the e	xtension is for
b If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any onrefundable credits. See instructions this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	8a	\$	0.
	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8ь	\$	52.
	lalance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.
w	Signature and Verification	OC	9	
Under pe t is true,	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form	best of	my know	rledge and belief,
Signatur	e ▶ Title ▶	Date	>	
			Fo	rm 8868 (Rev 4-2009)

FORM 990-PF DIVIDEND	S AND	INTER	EST FRO	OM SEC	URITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
SMITH BARNEY CITIGROUP			142	<u> </u>	8.	1	34.
TOTAL TO FM 990-PF, PART I, I	.N 4 =		142	2.	8.	1	34.
FORM 990-PF	ro	HER I	NCOME			STATEMENT	2
DESCRIPTION			(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
OTHER INCOME				100.	100	•	
TOTAL TO FORM 990-PF, PART I,	LINE	11		100.	100		
FORM 990-PF	ACC	OUNTI	NG FEES	<u></u>		STATEMENT	3
DESCRIPTION	(A EXPEN PER B		NET IN				
ACCOUNTING FEES	2	,325.		1,163	•	1,10	62.
TO FORM 990-PF, PG 1, LN 16B	2	,325.		1,163	•	1,10	62.
FORM 990-PF	ОТ	HER E	XPENSES	;		STATEMENT	4
DESCRIPTION	(A EXPEN PER B	SES	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI	
Thireemmenm perc		323.		323	•		0.
INVESTMENT FEES GOLF EXPENSES (DAVE THOMAS FOUNDATION)	28	,752.		0	•	28,75	52.

FORM 990-PF CORPORATE STOCK		STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	1,997.	2,362.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,997.	2,362.

WENDY'S OF MONTANA FOUNDATION

1349 GALLERIA DRIVE HENDERSON, NV 89014

GRANT APPLICATION

Street City State Contact person's namePhone Contact person's title Project title and bnef description (no more than twenty-five words) Geographic area to be served Size of group Anticipated project period to to Type of request Capital Operating support Special project Total project cost: \$	Zip				Organization
Contact person's title Project title and bnef description (no more than twenty-five words) Geographic area to be served Client group to be served Anticipated project period Type of request Capital Capital Coperating support Special project Total project cost: \$		Stale ,	City	Street	Address
Project title and bnef description (no more than twenty-five words) Geographic area to be served Client group to be served		10	Phone	n's name	Contact person's na
Geographic area to be served				n's title	Contact person's titl
Geographicarea to be served					
Client group to be servedSize of group Anticipated project periodto Type of requestCapitalOperating supportSpecial project Total project cost: \$					
Anticipaled project period to		Size of group			
Total project cost: \$		_ to		oject period	Anticipated project p
	ojecl	pportSpecial proje	Operating supp	stCapital	Type of request
				ost: \$	Total project cost: \$
Amount requested from Wendy's of Montana Foundation: \$					
Other funding sources (and amounts) applied to for this project			lied to for this project	sources (and amounts) app	Other funding sourc

Additional Information Required

Please attach the following:

- General financial information on your organization, including your total current budget and the principal sources and amounts of ongoing annual support.
- Copy of Treasury letter certifying your 501(c)(3) tax-exempt status, or evidence of government agency status under Section 170(c).
- Names of your board of directors.
- Prior year lax returns (Form 990) for the last four years
- Copies of rulings and/or determination letters from the IRS (including rulings or letters showing that the organization is a public organization under Sections 509(a)(1), (2), or (3))

Instruction	ns

Please answer each question within the space provided. Also note the required attachments listed on the front of this form. Additional attachments or supplementary pages are not encouraged unless they are absolutely essential to our understanding of your project. We will contact you should we need further information on which to base a decision.

Purpose (What will this project specifically accomplish?) 1.

Need (What are the problems that this project will try to solve?) 2

Relevance (Why should Wendy's of Montana Foundation support this project?) **3**.

4.	Approach (How do you plan to implement this project?)
5 .	Support (What kind of local support is there for the project? Do you rely on receipts of public support for your public charity status?)
	Coordination (Who else in your community is working on this problem? How will you
<i>6.</i>	coordinate with them?)
7 .	Evaluation (How will you determine that the project is working and that is has accomplished its purpose?)

•
ture?)
offluence any national,
y political campaign?)
_
your project?)

If a grant is made, the Foundation will require a statement signed by an officer of circle responsible person agreeing of how the grant will be used, for which charitable purposes, etc., and attesting that the grant will not cause the organization to lose its status as a public charity.	
<u>.</u>	
Date:	Signed

FORM 990PF, PART XV QUESTION 2d

The Wendy's of Montana Foundation is operated exclusively for religious, educational, environmental, or other charitable purposes. Limitations are not placed on geographical areas, charitable fields, or amounts requested.