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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2010

Fo	r cal	endar year 2010, or tax	year beg	inning		, a	nd ending				
G	Che	ck all that apply.	Initial	return	Initial return	of a for	mer public cha	rity	Final r	eturn	_
		11.7	Amer	nded return	Address		· —	-	change		
Na	me of	foundation						,	Employer identification n	umber	_
Th	e I o	JVIn Foundation						``	26-2844		
		and street (or P O box number	if mail is not	delivered to street ac	Idress)		Room/suite	В	Telephone number (see pa		_
		burn Road							406-248		
		own, state, and ZIP code							f exemption application is p		Ŧ
Bill	ıngs				MT		59101-6422	ı	 Foreign organizations, ch 	· -	╡
		ck type of organization:	Section	on 501(c)(3) exe		oundatio		1	 Foreign organizations me 	_	_
Ë	Sec	ction 4947(a)(1) nonexen	npt charita	able trust	Other taxable	private	foundation	1	check here and attach co	mputation >	٦
$\overline{}$		market value of all asse		J Accounting		X Cast			f private foundation status v		_ ¬
•		ear (from Part II, col. (c),		Other (s	pecify)		_		under section 507(b)(1)(A), f the foundation is in a 60-n	_	_
	line	16) ▶ \$	67.896	(Part I, column (d) must be on	cash bas	as)		under section 507(b)(1)(B),		
Pa	rt i	Analysis of Revenue	and Expe	nses (The total of	(a) Revenu	e and		•		(d) Disbursements	_
		amounts in columns (b), (c), a	and (d) may n	ot necessanly equal	expenses		(b) Net investm	ent	(c) Adjusted net	for charitable	
		the amounts in column (a) (se	ee page 11 of	the instructions))	books		income		ıncome	purposes (cash basis only)	
	1	Contributions, gifts, grants, et-	c , received (attach schedule)		40,000				, ,	٦
	2	Check ▶☐ If the foundation	n is not requi	red to attach Sch B]
	3	Interest on savings and te	emporary ca	ash investments		0		(0]
	4	Dividends and interest fro	m securitie	s ,		0		(0]
	5	a Gross rents		•				(0		╛
<u>a</u>	-	b Net rental income or (loss		0	<u> </u>				<u> </u>		4
Revenue	6	a Net gain or (loss) from sa				0					4
Š	_ '	b Gross sales price for all asset		0	1						4
ď	_	Capital gain net income (f		7, line 2)				(0		4
	8	Net short-term capital gai Income modifications	п						_) <u> </u>	┥
	l	a Gross sales less returns and	allowances						 		\dashv
		b Less Cost of goods sold			 				-	 	┪
		C Gross profit or (loss) (atta				0			1		7
	11	Other income (attach sch		-,		0		(0 (7
	12	Total. Add lines 1 throug	h 11			40,000			0 (٦
S	13	Compensation of officers,	directors, t	trustees, etc		0	 .				
penses	14	Other employee salaries	and wages				-				_
ě	15	Pension plans, employee	benefits .				RECEN	'n	, , , , , , , , , , , , , , , , , , ,		_
X	16	a Legal fees (attach schedu	ıle)	•		0) (<u>0</u>
		b Accounting fees (attach s	•			385	- 166 € 44 ↑				<u>0</u>
듩	ا ۔ ۔ ا	C Other professional fees (a	attach sche	dule) .		lud	MAY 0 9	<u> 201</u>) (<u>0</u>
ř	17	Interest				1 4		Service			_
<u>=</u>	18	Taxes (attach schedule) (see p	-	•		10	OGDEN.	U	71	·	9
Ξ	19 20	Depreciation (attach sche Occupancy	iquie) and d	repretion		U			0 (<u>' </u>	┙
A	21	Travel, conferences, and	meetings	• •						 	-
Operating and Administrative	22	Printing and publications	ccangs		"				+		-
<u> </u>	23	Other expenses (attach se	chedule)			0			0 0)	0
ing	24	Total operating and adm	•	expenses.							Ĺ
ᆵ		Add lines 13 through 23				0		(ol d) (0
be	25	Contributions, gifts, grants	s paid			67,000				67,000	_
0	26	Total expenses and disburse		lines 24 and 25		67,000		(0 (_
	27	Subtract line 26 from line	12.								٦
		a Excess of revenue over expe		sbursements		27,000					
		b Net investment income	(if negative,	, enter -0-) .					0]
		c Adjusted net income (if i	negative, ei	nter -0-) .							-

SCANNED MAY 1 3 2011)

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)

Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with 94,896 end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a -27,000 0 3 Other increases not included in line 2 (itemize) 67,896 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 0 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . 67,896

Total liabilities and net assets/fund balances (see page 17

of the instructions)

67,896

art IV Capital Gains and	Foundation Losses for Tax on Inve	stment In	come	· · · · · · · · ·	26-2	2844097 Page
* *	kind(s) of property sold (e g , real esta , or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acc		(d) Date sold (mo , day, yr)
None			D Bondaon			
			<u>.</u> .			
				 		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale		(h) Gain (e) plus (f)	
0	0				.,, .,	
0	0					
0	0					
0	0					
0	0			<u> </u>		
Complete only for assets showing	ng gain in column (h) and owned	by the found	dation on 12/31/69			(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		excess of col (i) er col (j), if any	1), but not l osses (fro	ess than -0-) or m col (h))
0	0		_)		
0	0)		
0	<u>0</u>))		· · · · · · · · · · · · · · · · · · ·
0		-)		
Capital gain net income or (n	r (loss) as defined in section	enter -0- in is 1222(5) a		2		
	ne 8, column (c) (see pages	13 and 17	טו נוופ נ			
If gain, also enter in Part I, lir instructions). If (loss), enter -			ſ	3		
If gain, also enter in Part I, lir instructions). If (loss), enter -	0- ın Part I, line 8	<u> </u>	<u> </u>	3 nent Income	Đ	
If gain, also enter in Part I, lir instructions). If (loss), enter-art V Qualification Under or optional use by domestic prection 4940(d)(2) applies, leads the foundation liable for the	o- in Part I, line 8 r Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the dis	educed Ta the section	x on Net Investn 4940(a) tax on net	investment in	ncome)	☐ Yes X No
If gain, also enter in Part I, lir instructions). If (loss), enter- art V Qualification Under or optional use by domestic projection 4940(d)(2) applies, leads the foundation liable for the Yes," the foundation does not	er Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the disequalify under section 4940(the section tributable a	x on Net Investn 4940(a) tax on net mount of any year i	investment in	ncome) eriod?[
If gain, also enter in Part I, lir instructions). If (loss), enter-art V Qualification Under or optional use by domestic prection 4940(d)(2) applies, leads the foundation liable for the Yes," the foundation does not Enter the appropriate amountable for the Base period years	o- in Part I, line 8 r Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the dis	the section tributable a e) Do not c	x on Net Investn 4940(a) tax on net mount of any year i	investment in the base po	ncome) eriod? [making	any entries. (d) bution ratio
If gain, also enter in Part I, lir instructions). If (loss), enter- Int V Qualification Under optional use by domestic prection 4940(d)(2) applies, leads the foundation liable for the Yes," the foundation does not Enter the appropriate amountable for the appropriate amountable for the Base period years alendar year (or tax year beginning in)	er Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the discussify under section 4940(ant in each column for each column for each graduated qualifying distribution	the section tributable a e) Do not o year; see pa	x on Net Investn 4940(a) tax on net mount of any year is complete this part. age 18 of the instru (c)	investment in the base postions before	ncome) eriod? [making	any entries. (d) bution ratio vided by col. (c))
If gain, also enter in Part I, lir instructions). If (loss), enter- IT V Qualification Under optional use by domestic prection 4940(d)(2) applies, leas the foundation liable for the (es," the foundation does not Enter the appropriate amoundable production (a) Base period years	er Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the discussion 4940(ant in each column for each subject to (b) Adjusted qualifying distribution 197	tributable a e) Do not o year; see pa	x on Net Investn 4940(a) tax on net mount of any year is complete this part. age 18 of the instru (c) lue of nonchantable-use	investment in the base per ctions before assets 0,411	ncome) eriod? [making	any entries. (d) button ratio vided by col (c)) 0.9362
If gain, also enter in Part I, lir instructions). If (loss), enter- Int V Qualification Under optional use by domestic prection 4940(d)(2) applies, leas the foundation liable for the Yes," the foundation does not Enter the appropriate amountable for the appropriate amountable for the Base period years alendar year (or tax year beginning in) 2009	er Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the discussion 4940(ant in each column for each subject to (b) Adjusted qualifying distribution 197	the section tributable a e) Do not o year; see pa	x on Net Investn 4940(a) tax on net mount of any year is complete this part. age 18 of the instru (c) lue of nonchantable-use	investment in the base postions before	ncome) eriod? [making	any entries. (d) button ratio vided by col (c)) 0.9362 3.7291
If gain, also enter in Part I, lir instructions). If (loss), enter- Int V Qualification Under optional use by domestic prection 4940(d)(2) applies, leas the foundation liable for the res," the foundation does not Enter the appropriate amountable for the appropriate amountable for the ges," the foundation does not enter the appropriate amountable for the foundation does not see the foundation of the foundation does not foundation appropriate amountable for the foundation does not foundation does	er Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the discussion 4940(ant in each column for each subject to (b) Adjusted qualifying distribution 197	tributable a e) Do not o year; see pa	x on Net Investn 4940(a) tax on net mount of any year is complete this part. age 18 of the instru (c) lue of nonchantable-use	investment in the base per ctions before assets 0,411	ncome) eriod? [making	any entries. (d) button ratio vided by col (c)) 0.9362
If gain, also enter in Part I, lir instructions). If (loss), enter- IT V Qualification Under optional use by domestic prection 4940(d)(2) applies, leas the foundation liable for the res," the foundation does not Enter the appropriate amountable for the appropriate amountable for the grant years period years allendar year (or tax year beginning in) 2009 2008 2007	er Section 4940(e) for Revivate foundations subject to ve this part blank. e section 4942 tax on the discussion 4940(ant in each column for each subject to (b) Adjusted qualifying distribution 197	tributable a e) Do not o year; see pa	x on Net Investn 4940(a) tax on net mount of any year is complete this part. age 18 of the instru (c) lue of nonchantable-use	investment in the base per ctions before assets 0,411	ncome) eriod? [making	any entries. (d) bution ratio vided by col (c)) 0.9362 3.7291 0 0000

5 Multiply line 4 by line 3 . . .

the Part VI instructions on page 18

6 Enter 1% of net investment income (1% of Part I, line 27b) .

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

170,270

170,270

67,000

0

5

7

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	page	18 of th	<u>e inst</u>	ructio	ons)
1 a 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)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
here and enter 1% of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%		<u> </u>			
of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			٥	
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2	3	1		0	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0	
6 Credits/Payments:				Ť	
a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0		1			
b Exempt foreign organizations—tax withheld at source . 6b					
c Tax paid with application for extension of time to file (Form 8868) 6c 0					
d Backup withholding erroneously withheld 6d					
7 Total credits and payments Add lines 6a through 6d	7			0	
8 Enter any penalty for underpayment of estimated tax. Check here	8		•	0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	▶ 9			0	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10			0	
11 Enter the amount of line 10 to be. Credited to 2011 estimated tax	<u> 11</u>	<u> </u>		o	
Part VII-A Statements Regarding Activities					
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
participate or intervene in any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the)				
instructions for definition)?			1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
published or distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			1c		_X_
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
(1) On the foundation \blacktriangleright \$ 0 (2) On foundation managers \blacktriangleright \$		0		1	
e 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?	٠		2		<u>X</u>
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				- ∦	
3			3		Y
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	1777	Х
If "Yes," attach the statement required by General Instruction T.		•			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandatory directions				}	
that conflict with the state law remain in the governing instrument?		•	6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c)	and P	art XV .	7	Х	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the				Ĭ	
ınstructions) ► MT					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
General (or designate) of each state as required by General Instruction G? If "No," attach explanation .			8b	Х	-
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 2	?7)?				
If "Yes," complete Part XIV			9		<u>X</u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			ا مر ا		
their names and addresses			10	Χ.]	

orm	990-PF (2010) The LouVin Foundation 26-28-	4097	Pa	age 5
oart	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
13	August 17, 2008?	12	X	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13		
14	The books are in care of Dennis C McGinnis Telephone no. ▶ (406) 652-5	096		· • • • • •
	Located at ► 3102 Solar Blvd Billings MT ZIP+4 ► 59102			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. ▶	. 🗆
	and enter the amount of tax-exempt interest received or accrued during the year		<u>.</u> T	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	ا مد ا	Yes	No
	over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	16		X
	the name of the foreign country			
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
la	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	hand hand			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? [Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days) Yes X No		į	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	4	NI/A	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2010?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?			
L	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	enterprise at any time during the year? Yes X No If "Yes," did it have excess business holdings in 2010 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 2010)	3b	N/A	
la L	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2010?	4b		Х
		1 7 7 1		

Form	n 990-PF (2010) The LouVin Foundation				26-2844097	Page 6
Pa	rt VII-B , Statements Regarding Activiti	es for Which Forn	1 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or incur any		<u> </u>			
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation (section 4945(e))?	. Yes	X No	
	(2) Influence the outcome of any specific public	election (see section 49	955), or to carry	_		
	on, directly or indirectly, any voter registratio	n drive? .	,	Yes	X No	
	(3) Provide a grant to an individual for travel, stu	ıdv. or other similar nur	000002	. Tyes	X No	
	(4) Provide a grant to an organization other than	• • •		163		}
	in section 509(a)(1), (2), or (3), or section 49			□ vaa	∇ No.	
	(5) Provide for any purpose other than religious,		•	· L tes	X No	
	educational purposes, or for the prevention of	, ,		□ _V		Ĭ
h		•		Yes	X No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the				Sh. A	/^
	Regulations section 53 4945 or in a current notice			of the instructions)?	5b N	/A
_	Organizations relying on a current notice regarding					
С	If the answer is "Yes" to question 5a(4), does the f		tion from the			
	tax because it maintained expenditure responsibility			· · · · L Yes	L_ No I	
_	If "Yes," attach the statement required by Regulati	·	•			
6a	Did the foundation, during the year, receive any fu	nds, directly or indirectly	y, to pay			
	premiums on a personal benefit contract?	•	•	Yes	X No	
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	n a personal benefit	contract?	6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation	n a party to a prohibited	tax shelter transaction	on? Yes	X No	
b	If "Yes," did the foundation receive any proceeds of	or have any net income	attributable to the tra	nsaction?.	7b	X
P	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly	Paid Employee	s,
	and Contractors					
_1	List all officers, directors, trustees, found	ation managers and	their compensat	ion (see page 22 of t	he instructions)	•
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense a	ccount.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensate	- 40	
Vın	cent T Larsen	President/Director	·			
910	Coburn Road Billings MT 59101	1.00	0		o	0
Lou	isie F Larsen	Vice Pres./Director		,		
910	Coburn Road Billings MT 59101	1.00	0		o	0
Der	nnis C McGinnis	Secr'y/Treas./Direct				
<u>P.C</u>	D. Box 20598 Billings MT 59104	1.00	0		o	0
		00	0		ol	0
2			se included on li	ne 1—see nage 23 of	the instruction	s).
	Compensation of five highest-paid employ	yees (otner than tho	oc included on it	ile i — ace page zo o	i ule ilisuucuoni	
	Compensation of five highest-paid employ If none, enter "NONE."	yees (other than tho	se meiadea on n	ile i—see page 25 o	the instructions	
		·		(d) Contributions to)	
(a)		(b) Title, and avera		(d) Contributions to employee benefit	(e) Expense a	
(a)	If none, enter "NONE."	(b) Title, and avera	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and avera hours per week	ge (c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense a	

2

All other program-related investments. See page 24 of the instructions

Total. Add lines 1 through 3

Form 990-PF (2010)

0

26-2844097

Pai	Minimum Investment Return (All domestic foundations must complete this part Foreign	foundatio	ns,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes:	10	0
a	Average monthly fair market value of securities	1a 1b	74 105
b	Average of monthly cash balances		74,105 0
C	Fair market value of all other assets (see page 25 of the instructions)	1c 1d	<u> </u>
d	Total (add lines 1a, b, and c)	10	74,105
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	to (attach dotallos oxplanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	74,105
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
_	of the instructions)	4	1,112
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	72,993
6	Minimum investment return. Enter 5% of line 5	6	3,650
Par	TXI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,650
2a	Tax on investment income for 2010 from Part VI, line 5	- I	
b	Income tax for 2010 (This does not include the tax from Part VI) . 2b .)	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,650
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,650
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,650
Par	Qualifying Distributions (see page 25 of the instructions)		
1			
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4-	67.000
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	67,000
b	Program-related investments—total from Part IX-B .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	2	
3	purposes		
	Amounts set aside for specific charitable projects that satisfy the	2-	
a	Suitability test (prior IRS approval required) .	3a	
b A	Cash distribution test (attach the required schedule) .	3b	67,000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	67,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	_
_	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	07.000
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	67,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years	dation	

Form 9	90-PF (2010) The LouVin Foundation			26-2	844097 Page 9
Part	XIII Undistributed Income (see page 26 of the	he instructions)			
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
2	line 7				3,650
2	Undistributed income, if any, as of the end of 2010 Enter amount for 2009 only			0	
	Total for prior years 20, 20, 20		0	0	
3	Excess distributions carryover, if any, to 2010.				
_	From 2005 . 0				
b	From 2006 0				
С	From 2007 0			İ	
d	From 2008 24,727			Ì	
е	From 2009 186,479				
f	Total of lines 3a through e	211,206			
4	Qualifying distributions for 2010 from Part				
	XII, line 4. ► \$67,000				
	Applied to 2009, but not more than line 2a			0	
a	Applied to undistributed income of prior years				
•	(Election required—see page 26 of the instructions)		0		•.
·	Treated as distributions out of corpus (Election required—see page 26 of the instructions)	o			
d	Applied to 2010 distributable amount				3,650
	Remaining amount distributed out of corpus	63,350			
5	Excess distributions carryover applied to 2010	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	274,556			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
a	tax has been previously assessed .				
u	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions .				
e	Undistributed income for 2009 Subtract line		0		
•	4a from line 2a Taxable amount—see page 27 of the				
	Instructions			o	
f	Undistributed income for 2010 Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2011				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by	•			
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
0	the instructions)				· · · -
8	Excess distributions carryover from 2005				
	not applied on line 5 or line 7 (see page 27 of the instructions)	o			
9	Excess distributions carryover to 2011.	9			
-	Subtract lines 7 and 8 from line 6a	274,556			
10	Analysis of line 9				
а	Excess from 2006 0				
b	Excess from 2007 0				
С	Excess from 2008 24,727			į	
d	Excess from 2009 186,479				
е	Excess from 2010 63,350				

	n 990-PF (2010) The LouVin Foundation				26-284	
Pa	rt XIV Private Operating Foundations (S	ee page 27 of th	<u>ne instructions ar</u>	<u>nd Part VII-A, qu</u>	estion 9)	N/A
1 a	if the foundation has received a ruling or determination, and the ruling is effective for 2010, enter			•		
b	Check box to indicate whether the foundation is a p	private operating fou	indation described in	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year	· -	Prior 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each				(d) 2007	
	year listed	0	0	0		0
	85% of line 2a .	0	0	0	0	0
C	Qualifying distributions from Part XII, line 4 for each year listed	0	0	0		0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					-
	for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the		•	·		
	alternative test relied upon					
а	"Assets" alternative test—enter.			i		•
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3			·		
	of minimum investment return shown in Part X, line 6 for each year listed		0			0
_	"Support" alternative test—enter	0	0	0		0
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					0
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					_
	(3) Largest amount of support			··-		0
	from an exempt organization					0
	(4) Gross investment income					<u>0</u> 0
Pa	rt XV Supplementary Information (Con	nnlote this part	only if the four	ndation had \$5	000 or more in	
. u	assets at any time during the yea				ooo or more in	
1	Information Regarding Foundation Manage		o or the matrice	dons.)		
	List any managers of the foundation who have conf		% of the total contri	hutions received by	the foundation	
_	before the close of any tax year (but only if they ha				the realidation	
Vin	cent T Larsen Louise F La	arsen	, ,	,		
	List any managers of the foundation who own 10%		k of a corporation (o	r an equally large po	ortion of the	
	ownership of a partnership or other entity) of which					
NO	NE					
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	olarship, etc., Pr	rograms:		
	Check here ► X if the foundation only makes	contributions to pre-	selected charitable of	organizations and do	es not accept	
	unsolicited requests for funds If the foundation ma		c (see page 28 of th	e instructions) to inc	dividuals or organizat	ions
	under other conditions, complete items 2a, b, c, an					
а	The name, address, and telephone number of the	person to whom app	olications should be	addressed		
	The form in which applications should be submitted	and information ar	nd materials they sho	ould include:		·
-						
C	Any submission deadlines					
d	Any restrictions or limitations on awards, such as b	y geographical area	is, charitable fields	kinds of institutions	or other	
-	factors.					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to' any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year			L	
A. A. P. G. Foundation		501 (c) (3)	Education	25,000
P.O. Box 979 Tulsa OK 74101				
Amer.Educational Tr Library Foundation		501 (c) (3)	Education	3,000
P.O. Box 53062			Eddodion	5,000
Washington DC 20009				
Americans for Middle East Understanding		501 (c) (3)	Education	2,000
475 Riverside Dr. Room 241				
New York NY 10115				
Angela'a Pıazza, Inc.		501 (c) (3)	Welfare & education	5,000
420 Grand Avenue				
Billings MT 59101-5925		504 (-) (0)	Education .	40.000
Central Asia Institute P. O. Box 7209		501 (c) (3)	Education	10,000
Bozeman MT 59771				
Foundation For Middle East Peace		501 (c) (3)	Humanıtarıan aid	2,000
1761 N Street NW		301 (0) (3)	Tiomamianan aid	2,000
Washington DC 20036				
Jewish Voice for Peace		501 (c) (3)	Education	5,000
1611 Telegraph Avenue, Suite 550		````		•
Oakland CA 94612				
Middle East Children's Alliance		501 (c) (3)	Welfare & education	2,000
901 Parker Street Berkeley			1	
Berkeley CA 94710		504 () (0)		4
Montana State University - Billings		501 (c) (3)	Education	10,000
1500 University Drive Billings MT 59101				
St. Judes Childrens Research Hospital, Inc.		501 (c) (3)	Medical research	3,000
262 Danny Thomas Place MS 275		301 (6) (3)	Wedical rescarcit	3,000
Memphis TN 38105				
·				
Total		r i	▶ 3 a	67,000
b Approved for future payment				
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Total	<u> </u>	· · · ; ·	▶ <u>_</u> 3b	0 - 000 BE (0010)

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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	n sect	e organization directly ion 501(c) of the Code zations?								Yes	No
a ·	Transf	ers from the reporting	foundation t	o a noncharitable exe	mnt organizat	ion of			1		
	(1) Ca								1a(1)	AZZME	X
		her assets						•	1a(2)		$\frac{\lambda}{X}$
		transactions							417		
		· · · · · · · · · · · · · · · · · · ·	aharitahla as							AF LA	
		lles of assets to a non							1b(1)		_^^_ _
		rchases of assets from				•			1b(2)		X
		ental of facilities, equip							1b(3)		<u>X</u>
		eimbursement arrange							1b(4)		X
		ans or loan guarantee							1b(5)		X
		erformance of services							1b(6)		X
c :	Sharin	g of facilities, equipme	ent, mailing l	ists, other assets, or p	oaid employee	es			1c		X
,	/alue d	inswer to any of the a of the goods, other as n any transaction or s	sets, or servi	ces given by the repo gement, show in colu	orting foundation (d) the val	on. If th ue of th	e foundation re- e goods, other	ceived less that assets, or servi	n fair m ces re	narket ceive	d. ———
(a) L	ne no	(b) Amount involved	(c) Name	e of noncharitable exempt or	ganization	(d) Desc	cription of transfers,	transactions, and sh	anng arr	angem	ents
		0									
		0	+								
		0									
		0									
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		0			•		***************************************				
(describ	foundation directly or oped in section 501(c) of complete the follow	of the Code (other than section 50					′es X	No	
	·	(a) Name of organization	1	(b) Type of	organization		(c)	Description of relation	nship		
											
				- 							
Sig	n beli	der penalties of perjury, I dec ef, it is true, correct, and cor	mplete Declarati	on of preparer (other than ta							
пеі	Here 5/4/2011 Secretary/Treasurer										
		Signature of officer or truste			Date	e	Tit				
D-:		Pnnt/Type preparer's n	ame	Preparer's signature			Date		PTIN		
Pai								Check if			
Pre	pare			<u></u>				self-employed	L		
Use	Only	y Firm's name						Firm's EIN			
		Firm's address						Phone no			
									000	DE	(0040)

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

2010

Name of the organization		Employer identification number					
The LouVin Foundation 26-2844097							
	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							
Form 990-PF	X 501(c)(3) exempt private foundation	exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation						
· · · · · ·	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rul	e and a Special Rule. See					
X For an organization fi	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5, ne contributor. Complete Parts I and II.	000 or more (in money or					
Special Rules	ie contributor. Complete r arts i and ii.						
Special Rules							
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% supp ad 170(b)(1)(A)(vi), and received from any one contributor, during the % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E.	year, a contribution of the greater					
the year, aggregate o	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ,							

or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

		-	
	Form 990, 990-EZ, or 990-PF) (2010)	··	Page 1 of 1 of Part
	ganization ·		Employer identification number
	n Foundation		26-2844097
Part I	Contributors (see instructions)		· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Vincent T Larsen 910 Coburn Road Billings MT 59101 Foreign State or Province Foreign Country	\$20,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Louise F Larsen 910 Coburn Road Billings MT 59101 Foreign State or Province Foreign Country	\$ 20,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province ⁻ Foreign Country	\$0	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
4	Foreign State or Province Foreign Country	\$0	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
5	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(a) No.

. . 6

(b)
Name, address, and ZIP + 4

Foreign State or Province.

Name of organization '

The LouVin Foundation

Employer identification number 26-2844097

Part II	Noncash Property (see instructions)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$0		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$0		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$ <u>o</u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$ <u>o</u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$0		

Schedule B (F	form 990, 990-EZ, or 990-PF) (2010)			Page 1 of 1 of Page	art III	
Name of or				Employer identification number		
Part III	Exclusively religious, charitable, etc., aggregating more than \$1,000 for the year organizations completing Part III, enter contributions of \$1,000 or less for the year	rear. Complete er the total of e	e columns (a) through (e exclusively religious, cha	and the following line entry. aritable, etc.,	0	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I			· -			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	For Prov Country					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationsh		ip of transferor to transferee			
	For Prov Country			- · - ·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	 !	
					<u></u>	
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
		•••••		•••••		
	For Prov Country				<u></u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	ı	
					- ·	
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		
					- ·	
	For Prov. Country			•••••	- -	