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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

2010

OMB No 1545-0052

For calendar year 2010, or tax year beginning , and ending Check all that apply. Initial return Initial return of a former public charity Final return Amended return Address change □ Name change Name of foundation A Employer identification number Dan & Jeanne Scott Family Foundation 32-0094100 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) 401 North 31st Street 700 406-255-5386 City or town, state, and ZIP code C If exemption application is pending, check here Billings MT 59101 D 1. Foreign organizations, check here H Check type of organization X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation E If private foundation status was terminated Fair market value of all assets at end J Accounting method. under section 507(b)(1)(A), check here Other (specify) of year (from Part II, col. (c), F If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis) line 16) ▶ \$ under section 507(b)(1)(B), check here 787,946 Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (h) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes the amounts in column (a) (see page 11 of the instructions)) books (cash basis only) 100,000 Š. Contributions, gifts, grants, etc., received (attach schedule) 3. Check ▶ If the foundation is not required to attach Sch B 10 3 Interest on savings and temporary cash investments 13,197 Dividends and interest from securities . . . 13,197 5 a Gross rents . . 12 6 **b** Net rental income or (loss) 12,110 6 a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a Χ, Capital gain net income (from Part IV, line 2) . Net short-term capital gain 37-ماريكار Income modifications **6** 10 a Gross sales less returns and allowances 0 **8 b** Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 0 0 0 Other income (attach schedule) Total. Add lines 1 through 11 12 125,307 0 13,203 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) 2.005 1.002 0 **b** Accounting fees (attach schedule) 1.003 and Administrative c Other professional fees (attach schedule) . 0 250 18 Taxes (attach schedule) (see page 14 of the instructions) . . 0 0 19 Depreciation (attach schedule) and depletion Occupancy CEIVEL 20 21 Travel, conferences, and meetings) 22 Printing and publications 011 Other expenses (attach schedules) 23 0 0 0 perating Total operating and administrative expenses. Add lines 13 through 23 :UT 2.255 1,002 1,003 25 Contributions, gilts, grants paid 51,797 51,797 26 Total expenses and disbursements. Add lines 24 and 25 54.052 0 1,002 52.800 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements 71.255 12,201 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) . . 0

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

Form **990-PF** (2010)

Da	et 11	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Ena	or year
, e	rt II	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	8,352	139,597	139,597
	2	Savings and temporary cash investments			
	3	Accounts receivable 0			
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable • 0			
		Less allowance for doubtful accounts	O	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			_
	l _	instructions)	<u> </u>	0	. 0
	7	Other notes and loans receivable (attach schedule)			,
Assets	_	Less allowance for doubtful accounts	0	0	0
SS	8	Inventories for sale or use			
Ä	9	Prepaid expenses and deferred charges			_
		Investments—US and state government obligations (attach schedule)	0	0	0
		Investments—corporate stock (attach schedule)	632,389	573,009	648,349
		Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans	-		-
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe)	0	0	0
	16	Total assets (to be completed by all filers—see the	:		
		instructions Also, see page 1, item I)	640,741	712,606	787,946
	17	Accounts payable and accrued expenses .			
Ś	18	Grants payable			* 1
ij	19	Deferred revenue			٠. الم
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
<u>.</u>	21	Mortgages and other notes payable (attach schedule)	0	0	8 8
_	22	Other liabilities (describe)	0	0	•
	23	Total liabilities (add lines 17 through 22)	0	0	•
		Foundations that follow SFAS 117, check here ▶ 🔲			, , ,
nces		and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted		<u></u> .	, 3 .
ala	25	Temporarily restricted			'
8	26	Permanently restricted			
=		Foundations that do not follow SFAS 117, check here 🕒 🔀			
Net Assets or Fund Bala	1	and complete lines 27 through 31.			
6	27	Capital stock, trust principal, or current funds	640,741	712,606	
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds			
AS	30	Total net assets or fund balances (see page 17 of the			
et		instructions)	640,741	712,606	
Z	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	640,741	712,606	
	t III	Analysis of Changes in Net Assets or Fund Balances	. ,,		
1		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		
		f-year figure reported on prior year's return)		. 1	640,741
		amount from Part I, line 27a		. 2	71,255
		increases not included in line 2 (itemize) Timing Differences		3	610
		nes 1, 2, and 3	•	4	712,606
		eases not included in line 2 (itemize)		5	0
6	Total i	net assets or fund balances at end of year (line 4 minus line 5)-Part II, co	olumn (b), line 30	. 6	712 606

Part IV Capital Gains an	d Losses for Tax on Inves	tment Inco	ne			
(a) List and describe the	e kind(s) of property sold (e g , real estat se, or common stock, 200 shs MLC Co	e,	(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day,)		(d) Date sold (mo , day, yr)
1a			B Bondaon			
b	·					
С	•					
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	r other basis ense of sale			n or (loss) f) minus (g)
a 0	_0		0			
b 0	0		0			
c 0	0		0			
d 0	0		. 0			
e 0	0		. 0			
Complete only for assets show	ring gain in column (h) and owned	by the foundation	on on 12/31/69	(I) Ga	ıns (Col	l (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	ss of col (i) I (j), if any	• •		t less than -0-) or rom col (h))
a 0	0		Ō			
b 0	0		0			(
с 0	0		0			C
d 0	o		0			C
e 0	0		0			C
2 Capital gain net income or		so enter in Pa enter -0- in Pa		2		
3 Net short-term capital gain	or (loss) as defined in sections		· · •			
	line 8, column (c) (see pages 1			3		C
Part V Qualification Und		· · · ·	n Not Invoctme			
(For optional use by domestic If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does no	eave this part blank. ne section 4942 tax on the distr	ributable amo	unt of any year in			
	ount in each column for each y			tions before	makın	g any entries.
(a) Base penod years	(b)		(c) of noncharitable-use a	ssets	Dist	(d) tribution ratio
Calendar year (or tax year beginning ii 2009		906	645	.426	201 (0) (divided by col (c)) 0.119155
2008	539,	_		,426 ,466		0.119130
2007	537,		1,089			0 493097
2006		335	1,005			0 570207
2005	558,			,824		0 591590
						2.386549
	or the 5-year base period—divi undation has been in existence					0 477310
4 Enter the net value of nonc	haritable-use assets for 2010 f	from Part X, li	ne 5	. 4		667,976
5 Multiply line 4 by line 3 .				5		318,832
6 Enter 1% of net investment	income (1% of Part I, line 27b)		. 6		122
7 Add lines 5 and 6				7		318,954
	is from Part XII, line 4 er than line 7, check the box in page 18			that part usi	ng a 1	52,800 % tax rate. See

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of tr	ie inst	ructi	ons)
1 8	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)			
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		244	
	here and enter 1% 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).		٨	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2		0 244	
3	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		244	
4 5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		244	
6	Credits/Payments			
-	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 46			
	Exempt foreign organizations—tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) . 6c 200			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		246	
8	Enter any penalty for underpayment of estimated tax. Check here		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2	
11			0	
Pa	rt VII-A Statements Regarding Activities	—		
1 8	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	ļ	Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		X
ı	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	1		
	instructions for definition)?	1 <u>b</u>		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials)	~'I ¬	1
	published or distributed by the foundation in connection with the activities 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.	10	,	
,	(1) On the foundation. \$	١,		
	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	, \$	4	*/
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		·	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
١	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?	15		X
_	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	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	7	X	
	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
-	instructions) ► MT			
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	X	
9	ts 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 27)?			
	If "Yes," complete Part XIV	9		X
10	••			
	their names and addresses	10	1	Х

Par	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			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► Not Applicable			
14	The books are in care of ▶ Dan Scott, c/o Scott Family Services, Inc Telephone no ▶ 406-255-53	36		
	Located at ► 401 North 31st, Suite 700 Billings MT ZIP+4 ► 59101			
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			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter		,	,
	the name of the foreign country			
Pa	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
1a	During the year did the foundation (either directly or indirectly)) 3		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ž.		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	4.	<u>6.</u>	
	a disqualified person? Yes X No	Ž	, 💲	193
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	*>	***	é
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ŵ.	1	\$
	(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)?	Š.		200
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			š.
	if the foundation agreed to make a grant to or to employ the official for a period	\$		1
	after termination of government service, if terminating within 90 days) Yes X No	2		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>	<u> </u>	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	,
	Organizations relying on a current notice regarding disaster assistance check here	4		
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?			
	If "Yes," list the years 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	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		·	
2-	20 , 20 , 20 , 20 , 20 , 20 , 20 , 20 ,			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
U	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	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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		X

Рa	rt VII-B Statements Regarding Activitie	<u>es for Which Forπ</u>	n 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or incur any	amount to.				
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (s	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 registration	n drive?		· · · · Yes X	No	
	(3) Provide a grant to an individual for travel, stu	• •		Yes X	No	
	(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 494			Yes X	(No	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o		•	Yes X	No	
ь	If any answer is "Yes" to 5a(1)–(5), did any of the t	•			7 40	
-	Regulations section 53 4945 or in a current notice	•	•		5b	N/A
	Organizations relying on a current notice regarding				7	- · · · · ·
С	If the answer is "Yes" to question 5a(4), does the fo				_	
	tax because it maintained expenditure responsibilit If "Yes," attach the statement required by Regulation	y for the grant?		Yes	No	
6a	Did the foundation, during the year, receive any fur	nds, directly or indirectly	v. to pav			
	premiums on a personal benefit contract?	,,), p-)	Yes X	No	
b	Did the foundation, during the year, pay premiums,	directly or indirectly, or	n a personal benefit		. 6b	X
	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation		·		No 🎚	20 8
	If "Yes," did the foundation receive any proceeds o	•			. 7b	
	art VIII Information About Officers,				1	998
•	and Contractors	Directors, Truste	co, i canaation	managers, riiginiy ra	na Employ	cc3,
1	List all officers, directors, trustees, founda	ation managers and	their compensat	tion (see page 22 of the	instruction	ns).
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expen	se account,
Sec	Attached Statement	devoted to position	-0-j	and deferred compensation	 	
		00	0		0	0
		00	0	. (0	0
		.00	0		0	0
		00	0		0	0
2	Compensation of five highest-paid employ If none, enter "NONE."	ees (other than the	ose included on li	ne 1—see page 23 of th	ne instructio	ons).
(a	Name and address of each employee paid more than \$50,0	(b) Title, and avera hours per week devoted to positio	(c) Compensation	on (d) Contributions to employee benefit plans and deferred compensation	, , ,	se account, lowances
ΝŌ	NE	•••				
	at number of other employees paid over \$50 (200		_	1	

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

Total. Add lines 1 through 3

0

qualifies for the section 4940(e) reduction of tax in those years

Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities 1a а 662,193 Average of monthly cash balances 1b 15,955 Fair market value of all other assets (see page 25 of the instructions) . 1c C 1d 678,148 Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . 2 2 Acquisition indebtedness applicable to line 1 assets . . . 3 Subtract line 2 from line 1d 678,148 Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) 4 10,172 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 667,976 Minimum investment return. Enter 5% of line 5 . 6 33,399 Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here $\blacktriangleright \bigsqcup$ and do not complete this part.) 1 Minimum investment return from Part X, line 6 . 33,399 2a Tax on investment income for 2010 from Part VI, line 5 b Income tax for 2010 (This does not include the tax from Part VI) . 2b C Add lines 2a and 2b . 2c 3 3 Distributable amount before adjustments Subtract line 2c from line 1 33,155 4 Recoveries of amounts treated as qualifying distributions . . 4 5 Add lines 3 and 4 33,155 Deduction from distributable amount (see page 25 of the instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 33,155 Part XII Qualifying Distributions (see page 25 of the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. а Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1a 52.800 Program-related investments—total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 52,800 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 Adjusted qualifying distributions. Subtract line 5 from line 4 52.800 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Part XIII Undistributed Income (see page 26 of the instructions) (a) (b) (c) 2010 Corpus Years prior to 2009 2009 Distributable amount for 2010 from Part XI, 33,155 Undistributed income, if any, as of the end of 2010 2 O a Enter amount for 2009 only **b** Total for prior years 20_____, 20_____, 20_____ Excess distributions carryover, if any, to 2010. a From 2005 511,413 521,576 **b** From 2006 c From 2007 482,885 d From 2008 . 496,255 e From 2009 . . . 44,849 Total of lines 3a through e 2,056,978 Qualifying distributions for 2010 from Part XII, line 4 > \$ a Applied to 2009, but not more than line 2a 0 **b** Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) 33,155 d Applied to 2010 distributable amount . . . e Remaining amount distributed out of corpus . 19,645 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the 2.3 same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 2,076,623 470 b Prior years' undistributed income Subtract 4 30 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . 511,413 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . 1,565,210 10 Analysis of line 9. a Excess from 2006 521,576 b Excess from 2007 . . 482,885 c Excess from 2008 496,255 d Excess from 2009 . 44,849 19,645 e Excess from 2010

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager status of		Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	Contribution				
a Paid during the year							
Wyoming Theater		501(c)(3)	Operating Support	250			
PO Box 528							
Sheridan WY 82801							
Sheridan Dog & Cat Shelter		501(c)(3)	Operating Support	11,525			
84 East Ridge Road							
Sheridan WY 82801		504()(0)		0-0			
Billings Clinic Foundation	•	501(c)(3)	Operating Support	650			
PO Box 3566			1				
Billings MT 59103		501(0)(3)	Operating Support	28,250			
Tongue River Community Center PO Box 792		501(c)(3)	Operating Support	20,230			
Ranchester WY 82839							
Boys & Girls Club of Long Beach		501(c)(3)	Operating Support	275			
3635 Long Beach Blvd		001(0)(0)	operating cuppert	2,0			
Long Beach CA 90807							
Children's Center		501(c)(3)	Operating Support	150			
863 Highland Ave		````					
Sheridan WY 82801							
Orangewood Children's Foundation		501(c)(3)	Operating Support	1,000			
1575 E. 17th Street							
Santa Ana CA 92705							
American National Cattlewomen Foundation		501(c)(3)	Operating Support	1,000			
9110 E Nichols Ave STE 302							
Centennial CO 80112		504()(0)					
Wyoming Cares		501(c)(3)	Operating Support	200			
PO Box 2575							
Casper WY 82602		501(0)(3)	Operating Support	1,200			
Sheridan Memorial Hospital Foundation PO Box 391		501(c)(3)	Operating Support	1,200			
Sheridan WY 82801							
Montana State University Foundation		501(c)(3)	Operating Support	100			
PO Box 172750		337(3)(3)	l poraming cappen				
Bozeman MT 59717							
Total See Attached Statement			▶ 3a	51,797			
b Approved for future payment							
		[
		l					
			I				
Total	<u> </u>	· ·	▶ 3b	0			

Part XVI-A	Analysis of Income	-Producina Activitie	es:

Inter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)	
		0		0		
a b		0		0		
6		0		0		
d		0	 	0		
u 8		0	 	0		
<i>f</i>		0		0		
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments .						
4 Dividends and interest from securities			14	13,197		
5 Net rental income or (loss) from real estate	45 65 - 38 . 15 mm	The state of the s			11. 45 2 94	
a Debt-financed property		* 1/2 4 * 7 2 1 * 4	1, 1,, 50	, , , , , , , , , , , , , , , , , , ,	R	
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income			<u> </u>			
	<u> </u>		18	12,110		
8 Gain or (loss) from sales of assets other than inventory			10	12,110		
9 Net income or (loss) from special events					_	
10 Gross profit or (loss) from sales of inventory		0				
11 Other revenue: a		0	-	0		
b		0		0		
c	-	0		0	<u>_</u>	
ч <u> </u>		0		0		
A				U		
e	7年高年本地於27日間。		146 - 15 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C	25 307	n	
e	了在本文文章中的人下中的。		**************************************	25,307 13		
13 Total. Add line 12, columns (b), (d), and (e)	· · · · · · · · · · · · · · · · · · ·		Mark 10 Market	25,307 13	25,307	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcu	ılatıons)					
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc	ulations)	of Exempt P	urposes	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcu	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to verify calcular to the Acceptance of the No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	ulations) complishment e is reported in col	of Exempt P umn (e) of Part X	urposes VI-A contributed ii	13		

Part XVII	Information Regarding	Transfers To and	Transactions and	Relationships Witl	n Noncharitable
	Exempt Organizations				

1	n secti	organization directly on 501(c) of the Code ations?	•	• •	•	•	Ψ			Yes	No
a -	Francte	ers from the reporting	foundation to	a noncharitable ev	emnt organiza	ation of			-	'	
									1a(1)		X
									1a(2)	\vdash	x
	b Other transactions:								14(2)	,	$\overline{}$
		les of assets to a non	charitable ev	emnt organization					1b(1)		X
		rchases of assets from							1b(2)	\vdash	X
		ntal of facilities, equip							1b(2)	\vdash	x
		imbursement arrange									x
		ans or loan guarantee							1b(4)		
									1b(5)		X
		rformance of services							1b(6)		X
		of facilities, equipme							1c		Х
١	/alue o	nswer to any of the al of the goods, other as on any transaction or s	sets, or servic	ces aiven by the rep	ortina foundat	tion. If th	ne foundation red	ceived less than	ı fair m	narket	t d .
(a) Li	ne no	(b) Amount involved	(c) Name	of noncharitable exempt of	organization	(d) Des	спрtion of transfers, t	ransactions, and sh	anng arr	angem	ents
		0									
		0									
		0									
		0									
		0									
		0									
		0									
		0	i								
		0									
		0		<u> </u>		<u> </u>					
		0		,		<u> </u>					
		0									
		0									
		0					.				
		0	_			ļ					
		0				<u>L</u>					
(describ	oundation directly or i led in section 501(c) o " complete the followi	of the Code (d	ated with, or related other than section 50	to, one or mo 01(c)(3)) or in	ore tax-e section	exempt organiza 527?		es 🔀	No	
		(a) Name of organization		(b) Type of	f organization		(c) E	escription of relation	nship		
							_				
		1 /1		L					_		
Sig	bolio	er benalties of perjury, I dec ef, it is true, correct, and con	lare that I have e pplete Declaratio	xamined this return, including in of preparer (other than t	ling accompanying axpayer or fiducia	g schedule ry) is base	es and statements, ared on all information of	id to the best of my life which preparer has	knowledg s any kno	ge and owledg	je
Her	'e 🔽	the state of	4		1.	11/2	1, 1	Dics Pe	35.0	ر بی	نور
	P 3	Signature of officer or trustee	•		Dat	te /	Title	e	- 3 - 8	- 10	
		Print/Type preparer's na		Reparer's signature	/		Date		PTIN		
Paid	t			XI (A			Check if			
Pre	parer	Timothy Leuthold		10-12-	<u> </u>		11/4/2011	self-employed	P0073	J8917	<u>, </u>
	Only	Firm's name ► Sc	ott Family Se					Firm's EIN ► 7	1-0919	978	
Firm's address ► PO Box 7113, Billings				Billings, MT 59103				Phone no (406) 255-	<u>5368</u>	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

Dan & Jeanne Scott Fami	y Foundation		32-0094100	
Organization type (check				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) t	nonexempt charitable trust not treate	ed as a private foundation	
	527 political	I organization		
Form 990-PF	X 501(c)(3) ex	xempt private foundation		
	4947(a)(1) r	nonexempt charitable trust treated as	s a private foundation	
	501(c)(3) ta	exable private foundation		
Note. Only a section 501(instructions. General Rule	c)(7), (8), or (10) orga	anization can check boxes for both th	ne General Rule and a Special Rule See	
X For an organization			g the year, \$5,000 or more (in money or	
property) from any	one contributor. Cor	mplete Parts I and II.		
Special Rules				
sections 509(a)(1)	and 170(b)(1)(A)(vi)	, and received from any one contribu	33 1/3% support test of the regulations un itor, during the year, a contribution of the g ii) Form 990-EZ, line 1. Complete Parts I a	greater
the year, aggrega	te contributions of mo		that received from any one contributor, dui or religious, charitable, scientific, literary, c omplete Parts I, II, and III.	
the year, contribut aggregate to more year for an exclus applies to this org	ions for use exclusive than \$1,000. If this lively religious, charit anization because it i	ely for religious, chantable, etc., pur box is checked, enter here the total of table, etc., purpose Do not complete received nonexclusively religious, ch	that received from any one contributor, durposes, but these contributions did not contributions that were received during the any of the parts unless the General Rule paritable, etc., contributions of \$5,000 or m	e nore
Caution. An organization	that is not covered by	v the General Rule and/or the Specia	BI Rules does not file Schedule B (Form 99	an

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).

Name of organization

	۱ .		1	-4	D-4
•	l o	t		OT I	Part

Employer identification number

Dan & Jear	nne Scott Family Foundation		32-0094100
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Dan S. Scott 4142 Audubon Billings MT 59102 Foreign State or Province Foreign Country	\$ 100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	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
3	Foreign State or Province Foreign Country.	\$ <u>o</u>	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 Oncash (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 Occupation (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

uan & Jea	nne Scott Family Foundation		32-0094100
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>0</u>	
(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> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Name of organization

Employer identification number

an & Jea	nne Scott Family Foundation			32-0094100
Part III	Exclusively religious, charitable, etc.,	individual coi	ntributions to section 5	01(c)(7), (8), or (10) organizations
	aggregating more than \$1,000 for the y	ear. Complete	columns (a) through (e)	and the following line entry
	For organizations completing Part III, ento			
	contributions of \$1,000 or less for the ye			
(a) No.				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	-			
		(e) 1	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(a) No.	(h) Durance of miff	4-	\	(d) Decembles of how eith in held
from Part I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
		(-/ -	g	
	Transferee's name, address, and	71P + 4	Relationsh	ip of transferor to transferee
				•••••
	For Prov Country			
(a) No.	1 of 1 lev		 	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I				
		(a) T	·	
		(e) I	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(a) No. from	(b) Purpose of gift	10) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(6) use or girt	(a) Description of now gift is neig
		(e) T	ransfer of gift	·
		(-) .		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	Transfer of fluine, address, and			
	For Prov Country	• • • • • • • • • • • • • • • • • • • •		••••••
	1 1 01 1 104 Country		1	

Continuation of Part XV		- Grar	its and Con	<u>tributions Pai</u>	d During the	e Year
Recipient(s) paid during the year	r					
Name						
Senior Citizens Council	<u>.</u>					
Street						
211 South St. City		State	Zip Code	Foreign Coun	ntry	
Sheridan		WY	82801	i Greigh Coun	y	
Relationship	Foundation Status		_			
Purpose of grant/contribution	501(c)(3)				Amount	-
Operating Support					Amount	500
Name					•	
Yellowstone Boys & Girls Ranch						
Street						
1735 S. 72nd St West						······
City			Zip Code	Foreign Coun	ntry	
Billings Relationship	Foundation Status	MT	59106	<u> </u>		
·	501(c)(3)					
Purpose of grant/contribution					Amount	
Operating Support						500
Name						
Green House Living for Sheridan						
Street						
PO Box 444 City	·····	State	Zip Code	Foreign Coun	ntry	
Sheridan		WY	82801	. 5.5.9.7 554.1	,	
Relationship	Foundation Status				(3.5.0	
Purpose of grant/contribution	501(c)(3)				Amount	
Operating Support					Amount	250
	•				·	
Name Billings Studio Theater						
Street	- · · ·					
1500 Rimrock Road				· · · · · · · · · · · · · · · · · · ·		
City			Zip Code 59102	Foreign Coun	ntry	
Billings Relationship	Foundation Status	MT	159102			
	501(c)(3)					
Purpose of grant/contribution					Amount	
Operating Support						500
Name						
Boys & Girls Club Endowment Fou Street	indation					
505 Orchard Lane						
City		State		Foreign Coun	ntry	
Billings	In the second second	MT	59101			
Relationship	Foundation Status 501(c)(3)					
Purpose of grant/contribution	1001(0)(0)				Amount	
Operating Support						250
Name						
Venture Theater						
Street						
PO Box 112 City		State	Zip Code	Foreign Cour	ntry	-
Billings		MT	59103		··· ,	
Relationship	Foundation Status					
Purpose of grant/contribution	501(c)(3)		 		Amount	
Operating Support					Cinouit	350

Continuation of Part XV		<u>Gran</u>	its and Con	tributions Paid	d During th	<u>e Year</u>
Recipient(s) paid during the year	ar .					
Name						
Skyview High School						
Street						
1775 High Sierra Blvd				· · · · · · · · · · · · · · · · · · ·		
City			Zıp Code	Foreign Count	ry	
Billings	<u> </u>	MT	59105			_
Relationship	Foundation Status					
Purpose of grant/contribution	[501(c)(3)				Amount	
Operating Support					Amount	50
Name						
Special Olympics Montana						
Street PO Box 3507						
City		State	Zip Code	Foreign Count		
Great Falls		MT	59403	l oreign count	·· y	
Relationship	Foundation Status		100.00			
·	501(c)(3)					
Purpose of grant/contribution					Amount	
Operating Support						1,780
Name						
Rocky Mountain College						
Street						
1511 Poly Drive						
City			Zıp Code	Foreign Count	гу	
Billings	<u> </u>	MT	59102			
Relationship	Foundation Status					
Purpose of grant/contribution	501(c)(3)				Amount	
Operating Support					Amount	750
				 	. ! <u>.</u>	730
Name						
Big Brothers Big Sisters						
Street						
15 S. 8th Avenue City		State	Zip Code	Foreign Count	'D'	
Bozeman		MT	59715	li oreign count	ıı y	
Relationship	Foundation Status	1	1007.10			
	501(c)(3)					
Purpose of grant/contribution					Amount	
Operating Support						100
Name						
Culver Educational Foundation						
Street						
1300 Academy Road #153				· · ·		
City		1	Zip Code	Foreign Count	ry	
Culver	<u> </u>	IN	46511			
Relationship	Foundation Status					
Purpose of grant/contribution	501(c)(3)		<u> </u>		Amount	•••
Operating Support					Amount	667
	· ·				<u> </u>	
Name						
Head Start						
Street 615 North 19th Street						
City		State	Zıp Code	Foreign Count	trv	
Billings		MT	59101	, Sicigii Couii	·· ,	
Relationship	Foundation Status			<u> </u>		
	501(c)(3)					
Purpose of grant/contribution				·	Amount	
Operating Support						1.000

Relationship	Foundation Status					
Purpose of grant/contribution					Amount	0
Name						
Street						
City		State	Zip Code	Foreign Count	ry	
Relationship	Foundation Status	_	·			
Purpose of grant/contribution					Amount	0
Name						•
Street						
City		State	Zip Code	Foreign Count	ry	
Relationship	Foundation Status	<u> </u>		l,-		•

Amount

0

Purpose of grant/contribution

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

								Totals	Gross	SS	Cost, Other	Other	Net Gain	aıu
		•	Amount						Sales	es	Basis and Expenses	xpenses	or Loss	SS
		Long Term CG Distributions	9					Securities		120,260		108,150		12,110
		Short Term CG Distributions						Other sales		0		0		0
					Check "X" if					-		Expense of Sale and		
	Check "X"				Purchaser							Cost of		
	if Sale of	Jo	-		ısa	Date	Acquisition	Date	Gross Sales	Cost or	Valuation	Improve-		Net Gain
Index		ty Description	CUSIP#	Purchaser	Business	Acquired	Method	Sold	Pnce	Other Basis	Method	ments	Depreciation	or Loss
-	×	5000 Sh, Dodge & Cox Income	256210105			3/24/2009	Ь	11/19/2010	67,000	29,000				8,000
7	×	96, Ishares Russell Midcap	464287481			9/22/2009	Ь	11/19/2010	5,015	4 243				772
٣	×	286 Sh, Ishares Barclays MBS B	464288588			3/24/2009	Ъ	11/19/2010	31,039	30,342				269
4	×	116 Sh, Oppenheimer Sm & Mid	68380E700			1/21/2005	Ь	11/19/2010	3,500	3,477				23
2	×	359 Sh, Oppenheimer Value A	68380J303			11/5/2003	ď	11/19/2010	7,500	6,720				780
9	×	228 Sh, Oppenheimer Intl Grow	68380L100			12/30/2004	Ь	11/19/2010	6,200	4,368				1,832
^														0
80														0
6														0
9	_													0

Line 16b (990-PF) - Accounting Fees

1,003	Disbursements	Purposes	(Cash Basis Only)	666	10								
		Adjusted Net	Income										
1,002		Net Investment	Income	666	6								
2,005	Page 61:00000	Expenses per	Books	1,986	19								
		Name of Organization or	Person Providing Service	Scott Family Services, Inc.	Bank Service Charges								
				-	2	က	4	2	9	7	8	6	10

Line 18 (990-PF) - Taxes

Revenue Revenue Adjusted and Expenses Net Investment Adjusted por Charitable and Expenses Net Income Purposes 1			250	0	0	
Description and Expenses Net Investment Adjusted per Books Income Net Income Net Income Income tax 250			Revenue			Disbursements
Foreign Tax Withholding Tax on investment income Income tax Incom			and Expenses	Net Investment	Adjusted	for Charitable
Foreign Tax Withholding Tax on investment income Income tax Income tax 250		Description	per Books	Income	Net Income	Purposes
Tax on investment income Income tax	_	Foreign Tax Withholding				
Income tax		Tax on investment income				
3 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	_	Income tax	250			
3 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
5 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2					
8 9 0	9					
6	7					
6	3					
0	6					
	0					

Part II, Line 10b (990-PF) - Investments - Corporate Stock

Description Oppenheimer Small & Mid Cap Value Fund Oppenheimer Value Class A Oppenheimer International Growth Class A Eaton Vance Tax MDG EMG Dodge & Cox Income Oppenheimer Capital Apprec. A Russell Mid Cap Growth Barclays MBS Bond	Description Face Value imer Small & Mid Cap Value Fund imer Value Class A imer International Growth Class A Ince Tax MDG EMG Cox Income imer Capital Apprec. A MBS Bond MBS Bond	Mum Shares/ Book Face Value Beg. o Face Value Be	632,389 Num Shares/ Book Value Book Value End o Face Value Beg. of Year End o 41,536 151,193 rowth Class A 61,541 A 90,138 A 56,757 68,960
	Num Shares/ Face Value	Book Beg. o	632,389 Book Value Book Beg. of Year End o 41,536 151,193 61,541 21,219 141,045 56,757 68,960
Book End of	573,009 Book Value FN End of Year 38,059 144,473 57,173 54,252 64,252 105,875 52,514 38,618	FN F	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Part

om 8868 (Rev	1-2011)				Page 2
If you are	e filing for an Additional (Not Automation	c) 3-Month	Extension, complete only Part II ar	nd check this box	▶ 🗙
	complete Part II if you have already beer				
•	filing for an Automatic 3-Month Exten	_	·	•	
Part II	Additional (Not Automatic) 3-Mont			no copies neede	d)
Type or	Name of exempt organization Employer identification num				
print	Dan & Jeanne Scott Family Foundation		la la	2-0094100	
ile by the	Number, street, and room or suite no. If a P O box, see instructions.				
extended fue date for	401 North 31st Street, Room No 700				
iling your	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
eturn See nstructions					59101
I SII UCIIO/IS	- Inningo	_			00101
Enter the Re	eturn code for the return that this applica	tion is for (fi	le a separate application for each re	turn)	04
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990		01	PRO-1808 N. 2015 P. P. C. C. C. C.		10. FM
Form 990-BL		02	Form 1041-A	The state of the s	08
Form 990-EZ		03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T (trust other than above)		06	Form 8870		12
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
	s are in the care of ► Dan Scott, c/o		Consisse Inc		
	- No. N. 400 OFF FOOD		FAX No. ►		
•	anization does not have an office or plac			·····	▶ □
_	or a Group Return, enter the organization				. If this is
	e group, check this box	-			and attach a
	_	-			and allach a
	names and EINs of all members the extension of the				
	equest an additional 3-month extension of time until 11/15/2011				
	calendar year 2010 , or other tax year beginning , and ending				
	e tax year entered in line 5 is for less than 12 months, check reason:				
_	Change in accounting period State in detail why you need the extension Additional time is requested to acquire all information necessary to complete				
		uilionai linie	is requested to acquire all information	on necessary to c	ompiete
and iii	e an accurate return.				
					•••••
On If this	application is for Form 990-BL, 990-PF,	000 T 4724	or 6060, enter the tentative tay le	2001	
	fundable credits See instructions.	990-1, 4720	o, or 6069, enter the tentative tax, les	, I I	e 046
				8a	<u>\$ 246</u>
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and nated tax payments made. Include any prior year overpayment allowed as a credit and any				
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	unt paid previously with Form 8868.				\$ 246
	nnce due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using				•
EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$ Signature and Verification					<u>\$</u> 0
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	of perjury, I declare that I have examined this form, I and complete, and that I am authorized to prepare		panying schedules and statements, and to the	best of my knowledge a	and belief,
, Wilcu	, and complete, and distributionized to prepare				
Composition &		Title -		Data A	
Signature >		Title ▶		Date ►	0000 /-
				Form	8868 (Rev 1-2011)

Form 8868 (Rev 1-2011)