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### Form 990-PF

Separtment of the Treasury

## **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

Interr	al Hev	enue Service Note I II de lou	muation may i	be able to use a copy of this	Teluin to satisfy state repor	ing requirements	l
Fore	alen	dar year 2010, or tax year beginning	AUG	1, 2010	, and ending	JUL 31, 2011	
G	heck	all that apply Initial return	1	Initial return of a fo	ormer public charity	Final return	1
		Amended re	eturn	Address chan	ge	Name change	
Nar	ne of	foundation				A Employer identification	number
		ANNIE MACLAY LE	FFINGW	ELL FOUNDATI	ON	84-6318731	
Nur	ber a	nd street (or P O box number if mail is not de	livered to street	address)	Room/suite	B Telephone number	
		P O BOX 9197				(406) 721-	4210
City	or to	own, state, and ZIP code				C If exemption application is p	ending, check here
		MISSOULA, MT 5	9807			D 1 Foreign organization:	s, check here
H (	heck	type of organization X Section	n 501(c)(3) ex	empt private foundation		<ol> <li>Foreign organizations me check here and attach co</li> </ol>	eeting the 85% test
	] Se	ction 4947(a)(1) nonexempt charitable	trust	Other taxable private founda	ation	E If private foundation sta	tus was torminated
l Fa	ır ma	rket value of all assets at end of year	J Account	ng method X Cash	Accrual	under section 507(b)(1	
(fr	om F	Part II, col (c), line 16)	Ot	her (specify)		F If the foundation is in a	60-month termination
	\$		(Part I, colu	mn (d) must be on cash t	basis)	under section 507(b)(1	
Pa	rt I	Analysis of Revenue and Expenses	-1 (-1)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c) an necessarily equal the amounts in column (a	d (d) may not i))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., recei	ved			N/A	
	2	Check X If the foundation is not required to	attach Sch B				
	3	Interest on savings and temporary cash investments		3,932.	3,932.		STATEMENT 1
	4	Dividends and interest from securities	;	9,080.	9,080.		STATEMENT 2
	5a	Gross rents					
	b	Net rental income or (loss)					
4	ва	Net gain or (loss) from sale of assets not on I	ine 10	30,096.			
ž	b	Gross sales price for all assets on line 6a 315	,476.				
Revenue	7	Capital gain net income (from Part IV line 2)			30,096.		
ά	8	Net short term capital gain					
	9	Income modifications					
	10 a	Gross sales less returns					
	P	FOCES PINGOLINE SOLID					
r	c	Gross profit or (loss)					
17	11_	Piper Miceries 013					
770	12	Cher income 2012 Fotal Add lines   through 11		43,108.	43,108.		
1-1	13	Compensation of officers directors trustees	s etc	0.	0.		0.
1	140	Other imployee salaties and wages					
يا	<del>-15</del>	Pension plans, employee benefits					
ses	16a	Legal fees ST	MT 3	228.	228.		0.
pen	b	-	MT 4	1,760.	1,760.		0.
ă	C	Other professional fees ST	MT 5	3,622.	3,622.		0.
<u>×</u>	17	Interest		246.	246.		0.
trat	18	Taxes ST	MT 6	15.	15.		0.
E S	19	Depreciation and depletion					
ΝĒ	20	Occupancy					
Operating and Administrative Expens	21	Travel, conferences, and meetings					
a S	22	Printing and publications					
<b>=</b> 6	23	Other expenses ST	MT 7	111.	111.		0.
]	24	Total operating and administrative					
p d		expenses Add lines 13 through 23		5,982.	5,982.		0.
П	25	Contributions, gifts, grants paid		19,559.			19,559.
	26	Total expenses and disbursements		_	_		
۱ . ——	<u> </u>	Add lines 24 and 25		25,541.	5,982.		19,559.
	27	Subtract line 26 from line 12					
•	a	Excess of revenue over expenses and disbu	rsements	17,567.			
•	Ь	Net investment income (if negative ent	er -0-)		37,126.		
	C	Adjusted net income (if negative, enter	-0-)		<u> </u>	N/A	1

ANNIE MACLAY LEFFINGWELL FOUNDATION

84-6318731

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Part IV	Capital Gains ar	nd Losses for Tax on In	vestment	Income					
\	2-story brick warel	e the kind(s) of property sold (e g nouse, or common stock, 200 shs			` P -	ow acquired Purchase - Donation		acquired day, yr )	(d) Date sold (mo , day, yr )
1a MSSB						P			·
b MSSB	3 ***917		****		ļ	P			
C									
d	-								
e			T		L.,				
(e) Gi	ross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				iain or (loss) s (f) minus (	g)
8	104,031.			96,19					7,839. 22,257.
b	211,445.			189,18	8.				22,257.
C									
d					-			<u> </u>	
е									
Complete	e only for assets showing i	gain in column (h) and owned by	the foundation	on 12/31/69				Col (h) gain	
MEM	V as of 12/31/69	(j) Adjusted basis		cess of col (i)	I	(		not less thar (from col (l	
1171 191	V 43 01 12/01/00	as of 12/31/69	over	col (j), if any					···
a					-		·		7,839. 22,257.
b									22,257.
С				<u> </u>	.				
d									
e									
		( If gain, also enter	in Part I, line	7	1				
2 Capital ga	in net income or (net capit	al loss) { If gain, also enter of the loss	- ın Part İ, line	7	P L	2			<u>30,096.</u>
3 Netshort-	term capital gain or (loss)	as defined in sections 1222(5) an							
	so enter in Part I, line 8, co		·u (0)		)				
	enter -0- in Part I, line 8	(-)			J.	3		N/A	
Part V	Qualification Und	der Section 4940(e) for	Reduced	Tax on Net	Inve	estment li	ncome		
(For optional	use by domestic private fo	oundations subject to the section 4	4940(a) tax on	net investment in	come	)			
If section 494	10(d)(2) applies leave this	part blank							
Was the foun	dation liable for the section	n 4942 tax on the distributable am	nount of any ye	ar in the base per	nod?				Yes X No
If "Yes," the fo	oundation does not qualify	under section 4940(e) Do not co	mplete this pa	rt					
1 Enter the	appropriate amount in eac	ch column for each year, see instri	uctions before	making any entri	es				
	(a)	(b)			(c)			Dietrik	(d) oution ratio
	Base period years ear (or tax year beginning	Advicted qualifying die	tributions	Net value of no		itable-use asse	ets		ided by col (c))
	2009		1,127.			394,10	06.		.053607
	2008		4,373.		-	423,81	8.		.057508
	2007		5,385.			489,43			.051866
	2006		5,762.			520,57	75.		.049488
	2005		5,453.			514,66			.049455
	2003		J, 4JJ.			J14,00	,,,,,		
O Takal of lu	no 1 column (d)						2		.261924
	ne 1, column (d)		l O b C		4		-		. 201924
=		rear base period - divide the total o	on line 2 by 5,	or by the number	or yea	ars .			052205
the found	ation has been in existence	e if less than 5 years					3	<del> </del>	.052385
									410 056
4 Enter the	net value of noncharitable	use assets for 2010 from Part X,	hne 5				4	<del> </del>	412,956.
								ļ	
5 Multiply li	ine 4 by line 3						5		21,633.
								ļ	
6 Enter 1%	of net investment income	(1% of Part I, line 27b)					6		<u>371</u> .
7 Add lines	5 and 6						7		22,004.
8 Enter aus	lifying distributions from F	Part XII. line 4					8		19,559.
-			1h and	alote that ac-t us-	va a 40	/ tay sate	<u> </u>		
	equal to or greater than III art VI Instructions	ne 7, check the box in Part VI, line	i iu, and comp	nete mai pari usin	ıya ız	o lax idiu			

Form 990-PF (2010) Part VI Exci	ANNIE MACLAY LEFFINGWELL FOUND SE Tax Based on Investment Income (Section 494)	DATION 10(a), 4940(b), 4940(e), or	84-631 <b>4948 - se</b> e			Page 4 ns)
	foundations described in section 4940(d)(2), check here 🕨 🔲 and e					
	determination letter (attach copy of letter if ne					
	tions that meet the section 4940(e) requirements in Part V, check here		1		7	43.
of Part I, line 27b						
c All other domesti	c foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	% of Part I, line 12, col (b)				
	n 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O		2			0.
3 Add lines 1 and 2	·		3		7	43.
	e) tax (domestic section 4947(a)(1) trusts and taxable foundations only (	Others enter -0-)	4			0.
	restment income Subtract line 4 from line 3. If zero or less, enter -0-		5			<u>43.</u>
6 Credits/Payment						
a 2010 estimated t	ax payments and 2009 overpayment credited to 2010	ва				
<b>b</b> Exempt foreign o	rganizations - tax withheld at source	6b	_			
c Tax paid with app	lication for extension of time to file (Form 8868)	вс				
d Backup withhold	ng erroneously withheld	6d				
7 Total credits and	payments Add lines 6a through 6d		7			0.
8 Enter any penalty	r for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			3.
9 Tax due If the to	tal of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>•</b>	9		7	46.
10 Overpayment If	line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	, <b>•</b>	10			
11 Enter the amount	of line 10 to be Credited to 2011 estimated tax	Refunded >	11			
Part VII-A St	atements Regarding Activities					
1a During the tax ye	ar, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or interver	e in		Yes	No
any political cam	oaign?			1a		X
<b>b</b> Did it spend mor	e than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for definition)?		1b		X
If the answer is	"Yes" to 1a or 1b, attach a detailed description of the activities an	nd copies of any materials publish	ed or			
distributed by t	he foundation in connection with the activities					
c Did the foundation	n file Form 1120-POL for this year?			1c		X
d Enter the amoun	(if any) of tax on political expenditures (section 4955) imposed during th	e year				
	lation 🕨 \$ (2) On foundation managers		•			
e Enter the reimbu	sement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation				
managers 🕨 \$	0.				!	}
2 Has the foundate	on engaged in any activities that have not previously been reported to the l	IRS?		2		X
If "Yes," attach	a detailed description of the activities					
3 Has the foundation	on made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation	or		i	
byławs, or other	similar instruments? If "Yes," attach a conformed copy of the chang	ges		3		X
	n have unrelated business gross income of \$1,000 or more during the ye	ar?		48		X
	d a tax return on Form 990-T for this year?		N/A	4b		
•	dation, termination, dissolution, or substantial contraction during the year	?		5	ļ. <del></del>	X
	the statement required by General Instruction T				1	
•	ents of section 508(e) (relating to sections 4941 through 4945) satisfied $\epsilon$	either				
	the governing instrument, or					
, -	tion that effectively amends the governing instrument so that no mandato	ory directions that conflict with the sta	te law			
	poverning instrument?			6	37	<u>X</u>
	n have at least \$5,000 in assets at any time during the year?			7	X	<del> </del>
	ete Part II, col (c), and Part XV					
	o which the foundation reports or with which it is registered (see instructi	ons) -	<del>. ,.</del>	-		
MT		A 0 1/		-		
	Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Aπorney General (or designate)			37	
	equired by General Instruction G? If "No," attach explanation	10.10(1)(0)		8b	X	
	claiming status as a private operating foundation within the meaning of s		iendar			7.7
	taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes,"			9	<b> </b>	X
10 Did any persons	become substantial contributors during the tax year? If 'Yes ' attach a sched	dule listing their names and addresses		10		X

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Part VII-B Statements Regarding Activities for Which	Form 4/20 Way be r	required (contin	ива)		<del></del>
5a During the year did the foundation pay or incur any amount to	40.454.330		es X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)			IS LALINO		
(2) Influence the outcome of any specific public election (see section 4955), o	or to carry on, unectly or indire		s X No	ŀ	
any voter registration drive?	.0		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		1			
(4) Provide a grant to an organization other than a charitable, etc., organization	III described in Section		es X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary	or advectional purposes of		ואו בבו אי		
the prevention of cruelty to children or animals?	, or audicational purposes, or i		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dar the exceptions described i		15 (Z) NO		
section 53 4945 or in a current notice regarding disaster assistance (see instru		iii nogalations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check it					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned	, <u> </u>		
expenditure responsibility for the grant?		I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53 494		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				İ	
a personal benefit contract?	1 ) 14. 4	Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			вь	x
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax:	shelter transaction?	Y6	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highly	/		
Paid Employees, and Contractors	. <u>-</u>				
1 List all officers, directors, trustees, foundation managers and their	<del></del>	T	[ ( D a	1	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	s ac	e) Expense count, other
	to position	enter -0-)	compensation	1 6	allowances
HELENA S MACLAY	CO-TRUSTEE				
PO BOX 9197			_		_
MISSOULA, MT 59807	0.00	0.	0	•	0.
GAIL H. GOHEEN	CO-TRUSTEE				
PO BOX 997				ŀ	•
<u>HAMILTON</u> , MT 598400997	0.00	0.	0	•	0.
	-				
<u> </u>					
- <u> </u>					<del> </del>
	_				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	1		
	(b) Title, and average		(d) Contributions to employee benefit plans		e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred	10	count, other allowances
NONE	dovoted to position		отпроложиет	<u> </u>	
	•				
	-				
- · · · · · · · · · · · · · · · · · · ·	1				
	1				
Total number of other employees paid over \$50,000			<b>&gt;</b>		0

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Part VIII Information About Officers, Directors, Trustees, Foundation I Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1N/A		
2		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tay year on lines 1 a	and 2	Amount
1 N/A		
		0.
2		
All other program-related investments. See instructions		
Total Add lines 1 through 3		Λ

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P	art X Minimum Investment Return (All domestic foundations in	ust complete this pa	rt Foreign four	ndations, see	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	, etc , purposes			
а	Average monthly fair market value of securities	, ,, ,		1a	419,245.
ь	Average of monthly cash balances			1b	
	Fair market value of all other assets		•	1c	
d	Total (add lines 1a, b, and c)			1d	419,245.
	Reduction claimed for blockage or other factors reported on lines 1a and		•		
	to (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	419,245.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	6,289.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on			5	412,956.
6	Minimum investment return Enter 5% of line 5			6	20,648.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) an foreign organizations check here  and do not complete this part)	d (j)(5) private operatin	g foundations an	id certain	
1	Minimum investment return from Part X, line 6			1	20,648.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	743.		
ь	Income tax for 2010 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2 <b>c</b>	743.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	19,905.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	19,905.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part 2	KIII, line 1		7	19,905.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable etc., purp	oses			40.550
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	19,559. 0.
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 charitab	le, etc , purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	4.0 55.0
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, an			4	19,559.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	tment			_
	income Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	19,559.
	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years w	aen calculating whether	the foundation (	nualifies for th	e section

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4940(e) reduction of tax in those years

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	20 10
1 Distributable amount for 2010 from Part XI, line 7				19,905
2 Undistributed income if any, as of the end of 2010				
a Enter amount for 2009 only			19,559.	
<b>b</b> Total for prior years				
3 Excess distributions carryover, if any, to 2010		0.		
a From 2005				
<b>b</b> From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ►\$ 19,559.				
a Applied to 2009, but not more than line 2a			19,559.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				0
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0
6 Enter the net total of each column as indicated below				
8 Corpus Add lines 3f 4c and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				40.00-
be distributed in 2011				19,905
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011	0			
Subtract lines 7 and 8 from line 6a	0.	···.		
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007 c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

		NGWELL FOUN			318731 Page 1
Part XIV Private Operating Fo	<del></del>		-A, question 9)	N/A	
, 1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	•	▶	<del></del>	
<b>b</b> Check box to indicate whether the foundation	····	ing foundation described i	<del></del>	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	453,0000	Prior 3 years	(4) 2007	/-> T-4-1
income from Part I or the minimum	(a) 20 10	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed		<u> </u>			
<b>b</b> 85% of line 2a	<del></del>				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X. line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents payments on					
securities loans (section					
512(a)(5)), or royalties)				<del> </del>	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income  Part XV Supplementary Infor		-A- Alsia mark ambe	if Ab a farmed at an	h = d &E 000 = = ==	ana in annata
Part XV   Supplementary Infor at any time during the			ii the ioundation	nad \$5,000 or n	iore in assets
		mondonons.,			
1 Information Regarding Foundation	-	M 00/ - 6 M 4-4-1		£	
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	toundation before the ci	ose of any fax
	570 than \$6,500) (600 t	30011011 007 (4)(2) /			
NONE	100/		/		
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porte	on of the ownership of a	parmersnip or
• •	a 1070 or groator mears	700			
NONE			<del></del>		
2 Information Regarding Contribution			•		
Check here \( \sum_{\text{\colored}} \) if the foundation or the foundation makes gifts, grants, etc. (	•	to preselected charitable	-	·	
	<del></del>	<del></del>	<del></del>	ompiete items za, b, c, ai	iù ù
a The name, address, and telephone numb			addressed		
HELENA S MACLAY	, 406-721-4				
PO BOX 9197, MISSOULZ	<del></del>			<del></del>	
b The form in which applications should be		•			
WRITTEN REQUEST DEMOI	NSTRATING T	THE NEED FOR	C FUNDING		
c Any submission deadlines					
JULY 15			tonda of contact		
d Any restrictions or limitations on awards					ATT
NOT-FOR-PROFIT ORGAN:	LAMITUNS PR	COATDING W V	ippnen SEKA.	LCE FUR KAVA	ADDI COUNTY,
MONTANA		<del></del>			Torm 000 DE (0040)
023601 12-07-10					Form <b>990-PF</b> (2010)

Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE STATEMENT 9 ➤ 3a 19,559. Total b Approved for future payment NONE **▶** 3b Total

Form 990-PF (2010) ANNIE MACLAY L	EFFINGWE	LL FOUNDAT	NOI	84-6	318731 Page 12
Part XVI-A Analysis of Income-Produ	cing Activitie	es			
Enter gross amounts unless otherwise indicated		ousiness income		y section 512 513 or 514	(e)
	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a			_		
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	3,932.	
4 Dividends and interest from securities			14	3,932. 9,080.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					<del></del>
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	30,096.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
8					
b					
С					
d					
e					
12 Subtotal Add columns (b) (d) and (e)		(	).	43,108.	
13 Total Add line 12, columns (b), (d), and (e)				13	43,108.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt P	urposes	
Line No Explain below how each activity for which incomplete the foundation's exempt purposes (other than				importantly to the accomp	olishment of
· · · · · · · · · · · · · · · · · · ·	by providing fand	s tot sacit hathoses)		·	
NOT APPLICABLE		·	**		
		<del></del>	<del>-</del>		
		<del></del>			
			<del> </del>		<del></del>
·· · · · · · · · · · · · · · · · ·			<del></del>		
				<del> </del>	
		<u></u>			
					<del></del>
				<del></del>	
					<del></del>

Pai	t XVII	Information Re Exempt Organia		sfers To a	and Transactio	ns and	Relationships With Noncha	ritable	9	_
	Old the or			of the followin	a with any other orga	nization des	scribed in section 501(c) of	T	Yes	No
		gamzation directly of indire (other than section 501(c)(								-
		from the reporting foundat				organization	113			
	(1) Cash	nom the reporting rounditi	non to a nonemara	iole exempt or	gamzation of			1a(1)		х
	( <b>2</b> ) Other	assets						1a(2)		X
	Other tran									
		of assets to a noncharitable	le exempt organiza	ıtıon				16(1)		X
		nases of assets from a none						1b(2)		X
	[ <b>3</b> ] Renta	al of facilities, equipment, o	r other assets	J				1b(3)		X
	( <b>4)</b> Reimi	bursement arrangements						1b(4)		X
	( <b>5</b> ) Loans	s or loan guarantees						1b(5)		X
	( <b>6)</b> Perfo	rmance of services or men	nbership or fundra	ısıng solicitatio	ns			16(6)		X_
C	Sharing o	f facilities, equipment, maili	ing lists, other ass	ets, or paid em	ployees			_1c		_X_
	or service:		undation If the fou	ındatıon receivi			show the fair market value of the goods, in transaction or sharing arrangement, s		ets,	
(a)Lir		(b) Amount involved			e exempt organization		(d) Description of transfers transactions, and	sharing ar	rangeme	nts
. /		1-,	107.11.11.0	N/A			, , , , , , , , , , , , , , , , , , ,		901110	
				14/11						
	_									
			<del></del>		· · · · · · · · · · · · · · · · · · ·					
			-							
					,			-		
								_		
	_									
28	s the four	idation directly or indirectly	y affiliated with, or	related to, one	or more tax-exempt	organization	is described		r—	7
		501(c) of the Code (other t		(3)) or in sect	ion 527?		L	Yes	X	No
b	f "Yes," co	omplete the following sched		·	417		(-) D			
		(a) Name of orga	nization		(b) Type of organiza	ition	(c) Description of relations	nip		
		N/A								
							<del></del>			
			<del>-</del>	<del></del>						
			<del>.</del>							
	Unde	r penalties of periury I declare t	that I have examined t	this return, includi	Ing accompanying sched	les and state	ments and to the best of my knowledge and be	lef it is tr	ue corre	ct
Sig	and a	complete Declaration of prepare								
He		· We low as	. IU and a	U	12	11/12-	_ CO-TRUSTEE			
		Signature of officer or trus	stee	40	Date	412	Title	_	-	
	<del>-   '</del>	Print/Type preparer's nan		Preparer's s	ignature_ ) /	Date	<del></del>			
		RICHARD D H		Kill	well bear		solf ampleyed	_		C 1
Pai	d	CPA		RICHAR	D HAMMA	ーノっ	31-12	120	719	84
Pre	parer Only	Firm's name ► GALU	JSHA, HIC	GINS &	GALUSHA,	PC	Firm's EIN -027			
	y	Firm's address ▶ 101	L E. FRON	T STRE	ET #301		0,007	-1/		<del>_</del>
			SSOULA, N				Phone no (406	72	8-1	800

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
SMITH BARNEY						3,9	32.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			3,9	32.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	)
SMITH BARNEY	•	·· <del>·</del>	9,080.		0.	9,0	80.
TOTAL TO FM 990-PF, PART I,	LN 4		9,080.		0.	9,0	80.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		
LEGAL FEES	<del></del> -	228.	·	228.			0.
TO FM 990-PF, PG 1, LN 16A		228.		228.			0.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		1,760.	1	,760.			0.
TO FORM 990-PF, PG 1, LN 16B		1,760.	1	,760.	<u> </u>		0.

FORM 990-PF (	OTHER PROFES	SIONAL FEES		STATEMENT 5
DESCRIPTION				CHARITABLE
INVESTMENT FEES	3,622.	3,622.		0.
TO FORM 990-PF, PG 1, LN 16C	3,622.	3,622.		0.
FORM 990-PF	TAX	ES	<del></del>	STATEMENT 6
DESCRIPTION				CHARITABLE
FOREIGN TAX ON DIVIDENDS	15.	15.		0.
TO FORM 990-PF, PG 1, LN 18	15.	15.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION				(D) CHARITABLE PURPOSES
MISCELLANEOUS TAXES	48.			0.
TO FORM 990-PF, PG 1, LN 23	111.	111.		
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	CORPORAT			STATEMENT 8
		E STOCK	OK VALUE	
FORM 990-PF		E STOCK	OK VALUE 397,828.	STATEMENT 8

STATEMENT

FORM 990-PF

PAID DURING THE YEAR						
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT			
DARBY BREADBOX 206 E TANNER AVE DARBY, MT 59829	NONE OPERATING EXPENSES	PUBLIC CHARITY	1,000.			
LITERACY VOLUNTEER OF AMERICA 316 N 3RD ST SUITE 156 HAMILTON, MT 59840	NONE OPERATING EXPENSES	PUBLIC CHARITY	1,500.			
SUSTAINABLE LIVING SYSTEMS PO BOX 53 VICTOR, MT 59875	NONE OPERATING EXPENSES	PUBLIC CHARITY	1,000.			
BITTERROOT HUMANE ASSOCIATION 262 FAIRGROUNDS ROAD HAMILTON, MT 59840	NONE OPERATING EXPENSES	PUBLIC CHARITY	3,187.			
BITTERROOT COURT APPOINTED SPECIAL ADVOCATES 127 W MAIN ST, SUIT D HAMILTON, MT 59840	NONE OPERATING EXPENSES	PUBLIC CHARITY	3,000.			
BITTERROOT LAND TRUST PO BOX 1806 HAMILTON, MT 59840	NONE OPERATING EXPENSES	PUBLIC CHARITY	1,000.			
RAVALLI HEAD START, INC 81 KURTZ LANE HAMILTON, MT 59840	NONE OPERATING EXPENSES	PUBLIC CHARITY	2,000.			
BITTERROOT PUBLIC LIBRARY 306 STATE STREET HAMILTON, MT 59840	NONE OPERATING EXPENSES	PUBLIC CHARITY	4,280.			

GRANTS AND CONTRIBUTIONS

· ANNIE MACLAY LEFFINGWELL FOUNDATION

84-6318731

SUPPORTERS OF ABUSE FREE ENVIRONMENT, INC (SAFE)
PO BOX 534 HAMILTON, MT 59840

NONE OPERATING EXPENSES PUBLIC 2,592. CHARITY

TOTAL TO FORM 990-PF, PART XV, LINE 3A

19,559.

(Rev January 2011) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an **Exempt Organization Return**

▶ File a separate application for each return.

If you are	e filing for an <b>Automatic 3-Month Extens</b> e filing for an <b>Additional (Not Automatic)</b> n <b>plete Part II unless</b> you have already be	3-Month E	Extension, complete only Part II (	(on page 2 of this form).		
a corporatio 8868 to requ Return for T	filing (e-file). You can electronically file Fin required to file Form 990-T), or an additionest an extension of time to file any of the fransfers Associated With Certain Personal). For more details on the electronic filing of	ional (not a forms liste al Benefit C	automatic) 3-month extension of tin d in Part I or Part II with the except Contracts, which must be sent to th	ne. You can electronically t tion of Form 8870, Informa e IRS in paper format (see	file Form ation	
Part I	Automatic 3-Month Extension of 1	Time. Onl	v submit original (no copies nee	eded).		
	on required to file Form 990-T and request	ing an auto	omatic 6-month extension—check		▶ 🗌	
	porations (including 1120-C filers), partne ncome tax returns.	rships, RE	MICs, and trusts must use Form 76	004 to request an extensio	n of	
Type or	pe or Name of exempt organization Employer identification				ımber	
print	Annie Maclay Leffingwell Foundation 84-6318731					
File by the	Number, street, and room or suite no. If a P.O	), box, see ir	nstructions			
due date for filing your	c/o Helena Maclay - PO Box 9197					
return See	City, town or post office, state, and ZIP code.	For a foreig	n address, see instructions.			
instructions	Missoula			MT <u>59807</u>		
Enter the Return code for the return that this application is for (file a separate application for each return)						
Application	n	Return	Application		Return	
Is For		Code	Is For		Code	
Form 990		01	Form 990-T (corporation)		07	
Form 990-E	3L	02	Form 1041-A		08	
Form 990-E		03	Form 4720		09	
Form 990-F		04	Form 5227		10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
Telephor If the org If this is for the whole	As are in the care of ► Galusha Higgins  The No. ► (406) 728-1800  The Arabican does not have an office or place for a Group Return, enter the organization a group, check this box	of busines 's four digit If it is for passion is for	FAX No. ► (406) 721-2431 ss in the United States, check this t Group Exemption Number (GEN) part of the group, check this box.	box	. ▶ ☐ his is d attach a	
until is for ▶	the organization's return for: calendar year or	exempt or	ganization return for the organizati	on named above. The exte	ension	
	tax year beginning 8/1/2				. •	
	tax year entered in line 1 is for less than 1 hange in accounting period	2 months,	check reason: Initial return	n Final return		
	application is for Form 990-BL, 990-PF, 9 fundable credits. See instructions.	90-T, 4720	O, or 6069, enter the tentative tax, I	ess any 3a \$		
<b>b</b> If this	application is for Form 990-PF, 990-T, 47	20, or 60 <del>6</del>	9, enter any refundable credits and	·	·	
estim	ated tax payments made. Include any prio	r year ove	rpayment allowed as a credit.	3b \$		
c Balar	ice due. Subtract line 3b from line 3a. Incl S (Electronic Federal Tax Payment Syster	lude your p	payment with this form, if required,		0	
	you are going to make an electronic fund v					
	instructions.	withurawal	with this i offit 6000, See Fulfil 64			