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Form **990-PF**

OMB No 1545-0052

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. Department of the Treasury Internal Revenue Service For calendar year 2011 or tax year beginning and ending

Na	me of	foundation		· · · ·	-	A Employer identification	number
т		AND DOMAIN MEMORIE CURD	דשא בו בי שבווכש			27 6200024	
		AND DONNA METCALF CHAR and street (or P O box number if mail is not delivered to street		Room/s		27-6298924	
		BOX 1241	address)	Tiooni/s	uito	B Telephone number 406-442-86	70
		own, state, and ZIP code					
	-	ENA, MT 59624				C if exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity		D 1 Foreign organizations	chack here
ч,	JIIGGE	Final return	Amended return	inter public charity		b i rordigit organizations	s, check flore
		Address change	Name change			Foreign organizations me 2 check here and attach co	eting the 85% test,
Н (Check	type of organization: X Section 501(c)(3) ex				ī	
	_		Other taxable private founda	tion		E If private foundation sta under section 507(b)(1)	
L E	•	arket value of all assets at end of year J Accounti		Accrual		F If the foundation is in a	
		· —	her (specify)			under section 507(b)(1)	
	-\$	925,000 . (Part I, colu		asis)			(-,,
Pi	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investmen	nt	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	745,393.				
	2	Check If the foundation is not required to attach Sch. B	· ———				
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross-rents					
	b	Net rental Income Cr.(Idss) VED					
<u>o</u>	l 6a	Net gain or floss) from sale of assets not on line 10					
eun	b	Grossystem of the state of the	, .				
Revenue	7	Capital gain net income (from Part IV, line.2) (L			0.		
	8	Net short-term-capital-gain, UT					
	9	Gross'ssies less returns					
	10a	and allowances					
	1	Less Cost of goods sold					
	11	Gross profit or (loss) Other income					
	12	Total. Add lines 1 through 11	745,393.		0.	0.	
-	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
nses	16a	Legal fees					
nec.	b	Accounting fees					
Ä	C	Other professional fees					
Ĕ.	17	Interest					
tra	18	Taxes					
iii	19	Depreciation and depletion					
Ê	20	Occupancy	4 244		_		
V D	21	Travel, conferences, and meetings	4,244.		0.	0.	0.
ja E	22	Printing and publications Other expenses STMT 1	16,149.		0.	0.	1,300.
Operating and Administrative Expe	24	Total operating and administrative	10,149.		<u> </u>	0.	1,300.
era		expenses. Add lines 13 through 23	20,393.		0.	0.	1,300.
L	25	Contributions, gifts, grants paid	0.		<u> </u>	<u> </u>	0.
Ē	1	Total expenses and disbursements.					
j	L	Add lines 24 and 25	20,393.		0.	0.	1,300.
SCAINING	27						
2	a	Excess of revenue over expenses and disbursements	725,000.				
3	b	Net investment income (if negative, enter -0-)			0.		
<u>'0</u>		Adjusted net income (If negative, enter -0-)				0.	<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions

Foi	m 99	00-PF (2011) LEE AND DONNA METCALF C	HARITABLE TRUS	T 27-	6298924	Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o		
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Va	lue
	1	Cash - non-interest-bearing			l	
	2	Savings and temporary cash investments				
	3,	Accounts receivable ►				
		Less; allowance for doubtful accounts				
	4	Pledges receivable ►				
		Less; allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable	· ·			
		Less; allowance for doubtful accounts				
S	8	Inventories for sale or use				
Assets	1	Prepaid expenses and deferred charges				
As	1	Investments - U.S. and state government obligations				
		Investments - corporate stock				
	1	Investments - corporate bonds				
		Investments - land, buildings, and equipment basis 925,000.				
	l	Less accumulated depreciation	200,000.	925,000.	925,0	000
	12	Investments - mortgage loans	20070001	32370000		
	13	Investments - other				
	1	Land, buildings, and equipment: basis				
	'"	Less accumulated depreciation				
	15	Other assets (describe)				
	'	Cition account (accounts >				
	16	Total assets (to be completed by all filers)	200,000.	925,000.	925,0	000.
_		Accounts payable and accrued expenses				
	18	Grants payable				
w	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
В	1	Mortgages and other notes payable				
Ë		Other liabilities (describe STATEMENT 3)	0.	48,000.		
	23	Total liabilities (add lines 17 through 22)	0.	48,000.		
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
ces	24	Unrestricted	200,000.	877,000.		
ā	25	Temporarily restricted				
Ba	1	Permanently restricted				
n d		Foundations that do not follow SFAS 117, check here				
Ţ		and complete lines 27 through 31.				
S 0	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
As	29	Retained earnings, accumulated income, endowment, or other funds				
Net Assets or Fund Balances	30	Total net assets or fund balances	200,000.	877,000.		
_						
	31	Total liabilities and net assets/fund balances	200,000.	925,000.		
P	art	Analysis of Changes in Net Assets or Fund B	alances			
_				· · · · · · · · · · · · · · · · · · ·		
1		net assets or fund balances at beginning of year - Part II, column (a), line	30			
		st agree with end-of-year figure reported on prior year's return)		1	200,0	
		r amount from Part I, line 27a		2	725,0	
		r increases not included in line 2 (itemize)		3	.	0.
		lines 1, 2, and 3		4	925,0	
		eases not included in line 2 (itemize)	SEE STA		48,0	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	plumn (b), line 30	[6]	877,(
					Form 990-PF	(2011)

(a) List and des 2-story brick w	cribe the kind(s) of pro varehouse; or common	perty sold (e.g., real estate, stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date	acquired day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>							
b , NO	ONE						
d							
e							
(e) Gross sales price	(f) Depreciation (or allowab		ost or other basis expense of sale		(h) ((e) plu	Gain or (loss is (f) minus () (g)
<u>a</u>	 						
b C				<u> </u>			
d							
e							
Complete only for assets show	T	_				Col. (h) gaın not less thaı	
(i) F.M.V. as of 12/31/69	(j) Adjusted l as of 12/31		xcess of col. (1) r col. (1), if any			s (from col. (
<u>a</u>							
<u>b</u>							
<u>C</u>							
<u>d</u> e							
<u> </u>	Clfd	nain, also enter in Part I, line	- 				
2 Capital gain net income or (net o	apıtal loss) 🔰 [f (jain, also enter in Part I, line loss), enter -0- in Part I, line	e 7) 2			
3 Net short-term capital gain or (lo	,	ons 1222(5) and (6):					
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8				}			
Part V Qualification (Jnder Section 4	940(e) for Reduce	d Tax on Net	Investment	Income		
If section 4940(d)(2) applies, leave Was the foundation liable for the sei If "Yes," the foundation does not qui Enter the appropriate amount in	ction 4942 tax on the d	(e). Do not complete this p	art.				Yes X No
	each column for each		e making any entre				(d)
(a) Base period years Calendar year (or tax year beginn	ing in) Adjusted	(b) qualifying distributions	Net value of no	(c) ncharitable-use ass	sets	Distrib (col. (b) div	(d) jution ratio ided by col. (c))
2010		2,150.		7,0	16.		.306442
2009				 .			
2008			-				
2006		··· ·					
	<u>-</u>						
2 Total of line 1, column (d)	F	oude the hotel or love Ober 5			2		.306442
3 Average distribution ratio for the the foundation has been in existing			, or by the number	of years	3		.306442
the realization has seen in exist.	oneo n'iooo alan o yeare	•					
4 Enter the net value of noncharita	ble-use assets for 2011	I from Part X, line 5			4_		911,125.
5 Multiply line 4 by line 3					5		279,207
6 Enter 1% of net investment inco	me (1% of Part I, line 2	7b)			6		0.
7 Add lines 5 and 6					7		279,207.
8 Enter qualifying distributions fro	m Part XII, line 4				8		49,300.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box	in Part VI, line 1b, and com	plete that part usin	g a 1% tax rate.			

	990-PF (2011) LEE AND DONNA METCALF CHARITAE	BLE '	TRUST		<u> 27-</u>	<u>6298</u>	<u>924</u>		Page 4
	rt VI Excise Tax Based on Investment Income (Section 494)), or 4	948	- see ii	nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and element operating foundations described in section 4940(d)(2), check here	enter "N/A	" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if nec								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶	and enter 1%	}	1				0.
	of Part I, line 27b					ļ.			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	% of Part	I, line 12, col. (b).)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers ent	er -0-)		2_				<u>0.</u>
	Add lines 1 and 2				3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others en	ter -0-)		4				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5				0.
	Credits/Payments:	1 1							
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a							
	Exempt foreign organizations - tax withheld at source	6b				,			
	Tax paid with application for extension of time to file (Form 8868)	6c							
	Backup withholding erroneously withheld	6d			_				_
	Total credits and payments. Add lines 6a through 6d				7				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attained to the control of the control o	ached			8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				9	 			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1		10				
	rt VII-A Statements Regarding Activities Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶		Refund	led 🚩	11				
		olotion or	did it participate or ii	-tor: 1000				Yes	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legis any political campaign?	siation of	did it participate of it	itervene	Ш		1a	163	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	see (enn	inetructione for defin	ition\2			1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and				nd or		וט		
	distributed by the foundation in connection with the activities.	ia copie.	s or arry materials p	Jubilanc	a or				1
c	Did the foundation file Form 1120-POL for this year?						1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear.					10		
·	(1) On the foundation. > \$ (2) On foundation managers			0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expendi								
•	managers. ► \$ 0.	ina o tak	mpooda on touribun						
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?					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 in	ınstrumei	nt, articles of incorpo	ration, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		,	•			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?					4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?				N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	?					5		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 en	ither:							
	By language in the governing instrument, or								
	ullet By state legislation that effectively amends the governing instrument so that no mandatory	ry directio	ons that conflict with	the state	law	Ì			
	remain in the governing instrument?						6		_X_
7	Did the foundation have at least \$5,000 in assets at any time during the year?						_ 7	X	
	If "Yes," complete Part II, col (c), and Part XV	_							
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨 _	NONE						
_									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Af	Attorney G	ieneral (or designate))					7.5
	of each state as required by General Instruction G? If "No," attach explanation		10(3/0) == 1010(3/5)	£ 1			8b		<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of sec			ior cale	naar		•		v
10	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," co	-				}	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	ule listing th	neir names and addresse	5			10		_X_

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	<i>'</i>	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of servi	ce	(c) Compensation
· NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Lypenses
1 N/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 tax year on lines 1 and 2.		Amount
1 N/A		Amount
1 A/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	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	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	925,000.
d	Total (add lines 1a, b, and c)	1d	925,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	925,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,875.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	911,125.
6	Minimum investment return. Enter 5% of line 5	6	45,556.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	ıd certain	
Ξ	foreign organizations check here and do not complete this part.)		45,556.
1	Minimum investment return from Part X, line 6	1	45,556.
2a	Tax on investment income for 2011 from Part VI, line 5		
þ	Income tax for 2011. (This does not include the tax from Part VI.) 2b		0
C	Add lines 2a and 2b	2c	U.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	45,556.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	45,556.
6	Deduction from distributable amount (see instructions)	6	<u>0.</u> 45,556.
<u>_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	45,556.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,300.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule) SEE STATEMENT 4	3b	48,000.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	49,300.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,300.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for tl	ne section

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 20	11 from Part XI,				
line 7					45,556.
2 Undistributed income, if any, as				_	
a Enter amount for 2010 only				0.	
b Total for prior years:			.		
3 Excess distributions carryov	vor if any to 2011:		0.		
1 *	rei, ii aily, to 2011.				
a From 2006					
b From 2007					
c From 2008					
d From 2009	1,799.				
e From 2010	1,799.	1,799.			
f Total of lines 3a through e)O11 from	1,/99.			
4 Qualifying distributions for 2 Part XII, line 4: ► \$	49,300.				
· · · · · · · · · · · · · · · · · · ·				0.	
a Applied to 2010, but not mo					
b Applied to undistributed inc	*		0.		
years (Election required - se			0.		
c Treated as distributions out	,	0.			
(Election required - see insti		0.1			45,556.
 d Applied to 2011 distributable e Remaining amount distribute 		3,744.			45,550.
_		0.			0.
5 Excess distributions carryover ap (If an amount appears in column must be shown in column (a))		0.		·	
6 Enter the net total of each of indicated below:	column as				
a Corpus Add lines 3f, 4c, and 4e	Subtract line 5	5,543.		· · · · · · · · · · · · · · · · · · ·	
b Prior years' undistributed in	come. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior ye					
undistributed income for wh deficiency has been issued,	or on which				
the section 4942(a) tax has assessed	been previously		0.		
d Subtract line 6c from line 6t	. Taxable				
amount - see instructions			0.		
e Undistributed income for 20	10. Subtract line				
4a from line 2a. Taxable am	ount - see instr.			0.	
f Undistributed income for 20	11. Subtract				
lines 4d and 5 from line 1. T	his amount must				
be distributed in 2012					0.
7 Amounts treated as distribu	tions out of				
corpus to satisfy requiremen	nts imposed by				
section 170(b)(1)(F) or 494	2(g)(3)	0.			
8 Excess distributions carryov					
not applied on line 5 or line	7	0.			
9 Excess distributions carryo					
Subtract lines 7 and 8 from	line 6a	5,543.		· · · · · · · · · · · · · · · · · · ·	
10 Analysis of line 9:					
a Excess from 2007					
b Excess from 2008					
c Excess from 2009					
d Excess from 2010	1,799.				
e Excess from 2011	3,744.		<u> </u>		Form QQN_DF (2011)

LEE AND DONNA METCALF CHARITABLE TRUST <u>27-6298924</u> Page 11 Form 990-PF (2011) Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year NONE ➤ 3a Total b Approved for future payment MONTANA DEPARTMENT OF FISH, WILDLIFE NONE PUBLIC - STATE TO FUND ANNUAL AGENCY MAINTENANCE COSTS FOR AND PARKS PO BOX 200701 MADISON BUFFALO JUMP 18,000. HELENA, MT 59620-0701 STATE PARK UNIVERSITY OF MONTANA FOUNDATION NONE PUBLIC CHARITY TO PROVIDE ACADEMIC PO BOX 7159 SCHOLARSHIPS TO JOURNALISM STUDENTS AT MISSOULA, MT 59807-7159 THE UNIVERSITY OF MONTANA 30,000,

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48 000

► <u>3b</u>

Total

(e)

Excluded by section 512, 513, or 514

Unrelated business income

Enter gross amounts unless otherwise indicated.

Part XVI-A Analysis of Income-Producing Activities

1 Program service revenue:	Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C	1				
	1				-
					·
e	-				
	- 		\vdash		
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					
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					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events		<u> </u>			
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					· · · · · ·
	1				
a b	-				
	-				
e2 Subtotal. Add columns (b), (d), and (e)	_	0.		0.	0.
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>				
	\			13	0.
See worksheet in line 13 instructions to verify calculations.		-			
Part XVI-B Relationship of Activities	s to the Accon	nplishment of Ex	kemp	t Purposes	
Line No. Explain below how each activity for which in			ontrib	uted importantly to the accor	mplishment of
the foundation's exempt purposes (other th	ian by providing fund:	s for such purposes).			<u></u>
					
			,		

406-442-1040

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Form 990			ND DONNA 1							<u> 298924 </u>	Pag	je 13
Part 2	XVII	Information Re		sfers To a	and Tran	sactior	ıs aı	nd Relationsl	nips With None	charitable		
		Exempt Organ	izations							· · · · · · · · · · · · · · · · · · ·		
1 Did	the or	ganization directly or indi	rectly engage in any o	of the followin	g with any of	ther organ	izatior	n described in secti	on 501(c) of		/es	<u>No</u>
the	Code (other than section 501(c))(3) organizations) or	ın section 52	7, relating to	political o	organiz	zations?				
a Tra	nsfers	from the reporting found	ation to a noncharitab	le exempt or	ganization of	:						
(1)	Cash									1a(1)		<u> </u>
(2)	Other	assets								1a(2)		X
b Oth	er tran	sactions;										
(1)	Sales	of assets to a noncharita	ble exempt organizati	on						1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt or	ganization						1b(2)		<u>X</u>
(3)	Renta	l of facilities, equipment,	or other assets							1b(3)		<u>X</u>
(4)	Reimi	oursement arrangements								1b(4)		<u> </u>
(5)	Loans	or loan guarantees								15(5)		X
(6)	Perfo	rmance of services or me	mbership or fundrais:	ıng solicitatio	ns					1b(6)		<u>X</u>
c Sha	aring of	facilities, equipment, ma	iling lists, other assets	s, or paid em	ployees					1c		<u>X</u>
d If th	ne ansv	ver to any of the above is	"Yes," complete the fo	ollowing sche	dule. Columi	n (b) shou	ld alw	ays show the fair m	arket value of the go	ods, other asse	ts,	
or s	services	s given by the reporting fo	oundation. If the found	dation receive	ed less than	fair market	t value	e in any transaction	or sharing arrangem	ent, show in		
col	umn (d) the value of the goods,	other assets, or service	ces received.								
(a) Line n	0	(b) Amount involved	(c) Name of r	noncharitable	exempt org	anızatıon		(d) Description	of transfers, transactions	s, and sharing arra	ngemen	its
				N/ <u>A</u>								
								_				
								<u> </u>				
								 				
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	-											
	-							<u> </u>				
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		idation directly or indirec	•	•		exempt or	rganız	ations described			17] No
		501(c) of the Code (other		(3)) or in sect	ion 52/7					Yes	لما	NO
<u> </u>	res, co	mplete the following sch (a) Name of org			(b) Type of	f organizat	ion		c) Description of rela	tionshin		
		N/A	jamzanon		(b) 13pc o	i oi guilleut	1011		e) Bosonphon of rola	шопотър		
		N/A					+		_			
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			· · · · · · · · · · · · · · · · · · ·	~ 								
		penalties of perjury, declare								May the IRS di	course th	110
Sign	and be	lief, it is true, correct, and co	hplete Declaration of prep	parer (other that	n taxpayer) is b	ased on all	informa I	ation of which preparer	has any knowledge	return with the shown below (s	prepare	r
Here	D '	X /			12	22/	13	1 Yuu	ડા? ધ	X Yes		No
	Sign	ature of officer or trustee			Date	1 1		Title				
		Print/Type preparer's na	ime	Preparer's s	ignature 🗘		'	Date	Check if F	TIN		
					11 Mx				self- employed			
Paid		CINDY A. U	TTERBACK	CINDY	A. UT	rerba	c	02/20/13		P001020	080	
Prepa		Firm's name ► AND							Firm's EIN ▶ 81			
Use (Only					-						

123622 12-02-11

Phone no.

Firm's address ▶ P.O. BOX 1040

HELENA, MT 59624

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

Employer identification number

<u>L</u>	EE AND DONNA METCALF CHARITABLE TRUST	27-6298924
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c General Rule X For an organization	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (2), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (2), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (9), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. On filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in might be parts I and II).	
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
total contribution	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edicincly to children or animals. Complete Parts I, II, and III	
contributions for If this box is chec purpose. Do not ((c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribuse exclusively for religious, charitable, etc., purposes, but these contributions did not to ked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because in the organization of \$5,000 or more during the year	tal to more than \$1,000 ely religious, charitable, etc.,
-	that is not covered by the General Rule and/or the Special Rules does not file Schedule I n Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

Name of organization

Employer identification number

LEE AND DONNA METCALF CHARITABLE TRUST

27-6298924

Part _. I	Contributors (see instructions) Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 1241 HELENA, MT 59624	\$\$ 725,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	P.O. BOX 1241 HELENA, MT 59624	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

LEE AND DONNA METCALF CHARITABLE TRUST

27-6298924

art _. ll	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	RESIDENCE IN WASHINGTON, DC - 453 1ST STREET SE (LEGAL DESCRIPTION: SQUARE 0694, LOT 0021 IN DC)	\$ <u>725,000</u> .	01/28/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	0, 990-EZ, or 990-PF) (2

Name of org	ganization	Employer identification number					
LEE AT	ND DONNA METCALF CHARIT	יאונים אונאי	27-6298924				
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501 he following line entry. For organizat c., contributions of \$1,000 or less f	(c)(7), (8), or (10) organizations that total more than \$1,000 for the itons completing Part III, enter or the year. (Enter this information once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of g	ift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	-						

FORM 990-PF	OTHER EXPENSES			STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
PROPERTY MAINTENANCE EXPENSES BALANCE OF LEGAL FEES FOR	14,849.	0.		0.	0.	
APPLICATION	1,300.	0.		0. 1,3	00.	
TO FORM 990-PF, PG 1, LN 23	16,149.	0.		0. 1,3	00.	
DESCRIPTION AMOUNTS SET ASIDE FOR FUTURE DISTRIBUTION					AMOUNT 48 000	
DESCRIPTION AMOUNTS SET ASIDE FOR FUTURE DISTRIBUTION					AMOUNT 48,000.	
TOTAL TO FORM 990-PF, PART II	II, LINE 5		:	48,0	00.	
FORM 990-PF OTHER LIABILITIES				STATEMENT	3	
DESCRIPTION		воз	Y AMOUNT	EOY AMOUNT	1	
SET ASIDES FOR FUTURE DISTRIE		0.	48,0	00		
SEL WRIDER LOW LOLOKE DIRLE	POLICINO		0.	40,0	00.	

FORM 990-PF EXPLANATION OF CASH SET-ASIDE PART XII, LINE 3B PART XII, LINE 3B

STATEMENT 4

DURING THE YEAR THE FOUNDATION MADE TWO SET-ASIDE GRANTS MEETING THE CASH DISTRIBUTION TEST PURSUANT TO THE TERMS OF IRC 4942(G)(2)(B)(II) AND TREASURY REGULATION 53.4942(A)-3(B)(1). THE TRUSTEE OF THE FOUNDATION HAS SET ASIDE \$30,000 FOR THE UNIVERSITY OF MONTANA JOURNALISM SCHOOL FOR ACADEMIC SCHOLARSHIPS AND \$18,000 FOR MONTANA FISH, WILDLIFE AND PARKS TO COVER ANNUAL MAINTENANCE COSTS FOR THE MADISON BUFFALO JUMP HISTORIC SITE.

THE SPECIFIC PROJECTS FOR WHICH THESE FUNDS HAVE BEEN SET ASIDE ARE MULTI-YEAR PROJECTS THAT WILL NOT BE COMPLETED PRIOR TO THE END OF THE TAX YEAR. ADDITIONALLY, CERTAIN APPROVALS ARE PENDING WITH RESPECT TO THE PROJECTS FOR WHICH FUNDS HAVE BEEN SET ASIDE. AS A RESULT OF THESE FACTORS, THE PROJECTS AND RELATED DISTRIBUTIONS CANNOT BE COMPLETED WITHIN THE CURRENT PERIOD. AMOUNTS SET ASIDE DURING 2011 WILL BE DISTRIBUTED TO THE RECIPIENTS NO LATER THAN JUNE 30, 2016. ACTUAL CASH PAYMENTS FOR CHARITABLE PURPOSES WERE \$2,150 DURING 2010 AND \$1,300 DURING 2011.