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Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements OMB No 1545-0052

Open to Public Inspection

| Fo | r cal | endar year 2012 or tax year beginning | , ar | nd ending | | | | |
|------------------------------|----------|---|---------------------------|-----------------|------|---------------------------------|------------------------------|--------|
| Na | me of | foundation | | | A | Employer identification nu | mber | |
| <u>T</u> h | e Lo | uVin Foundation | | | | 26-2844 | 097 | |
| Nu | mber | and street (or P O box number if mail is not delivered to street add | ress) | Room/suite | В | Telephone number (see inst | ructions) | |
| <u>9</u> 1 |) Co | burn Road | | | | 406-248-0 | 5822 | |
| Çı | y or to | own, state, and ZIP code | | | C | If exemption application is pe | nding, check here | ▶ □ |
| Bil | ıngs | | MT | 59101-6422 | _ | | | |
| G | Che | ck all that apply. 🔲 Initial return 🔲 Initia | al return of a former pu | ublic charity | D | 1. Foreign organizations, che | ck here | ▶ 🔲 |
| | | ☐ Final return ☐ Ame | ended return | | 1 | 2. Foreign organizations mee | eting the 85% test, | |
| | | Address change Nan | ne change | | | check here and attach con | nputation | ▶ □ |
| Н | Che | ck type of organization. X Section 501(c)(3) exe | mpt private foundation | 1 | ĺΕ | If private foundation status w | as terminated | |
| | Se | ction 4947(a)(1) nonexempt charitable trust | Other taxable private for | oundation | ŀ | under section 507(b)(1)(A), c | | ▶ □ |
| ī | | market value of all assets at end J Accounting i | method X Cash | Accrual | F | If the foundation is in a 60-mi | onth termination | |
| | | ear (from Part II, col. (c), | | | | under section 507(b)(1)(B), c | heck here | ▶ □ |
| | | 16) ▶ \$ 13,115 (Part I, column (| d) must be on cash bas | is) | | _ | | |
| Fa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal | (a) Revenue and | (b) Net investm | nent | (c) Adjusted net | (d) Disbursem for chantab | |
| | | the amounts in column (a) (see instructions)) | expenses per books | income | | ıncome | purposes | |
| | 4 | | 90.040 | | | | (cash basis o | illy) |
| | 1 2 | Contributions, gifts, grants, etc., received (attach schedule) Check rift the foundation is not required to attach Sch. B. | 80,049 | | | | | |
| | 3 | Interest on savings and temporary cash investments | | - | | | | |
| | 4 | Dividends and interest from securities | | · | | | | |
| | 5 | a Gross rents | | | _ | | | |
| G) | | b Net rental income or (loss) | | | | | | |
| Ž | 6 | a Net gain or (loss) from sale of assets not on line 10 | | | | | | |
| Revenue | | b Gross sales price for all assets on line 6a | | | | | | |
| æ | 7 | Capital gain net income (from Part IV, line 2) | | | | <u> </u> | | |
| | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications | | | | | | |
| | | a Gross sales less returns and allowances | | | | - | | |
| | | b Less Cost of goods sold | | | | | | - |
| | 11 | Other income (attach schedule) | | | | | f | |
| | 12 | Total. Add lines 1 through 11 | 80,049 | | | 0 0 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 00,040 | | | - | | |
| penses | 14 | Other employee salaries and wages | | - | | | | |
| en | 15 | Pension plans, employee benefits | | | ~ | 50-SHI | | |
| Exp | 16 | a Legal fees (attach schedule) | | | jί | <u> </u> | | |
| ē | | b Accounting fees (attach schedule) | | | | | | |
| 臺 | | C Other professional fees (attach schedule) | | | 1 | 長 111 | | |
| ita | 17 | Interest | | | | | | |
| ij | 18 19 | Taxes (attach schedule) (see instructions) | | | , S | | | |
| Ξ | 20 | Depreciation (attach schedule) and depletion Occupancy | | | ا بر | ¥ 0 | | |
| A | 21 | Travel, conferences, and meetings | | | Z | 1 = 0 | | |
| nd | 22 | Printing and publications | | | | | | |
| a | 23 | Other expenses (attach schedule) | 15 | | | 700∀ | | |
| ţį | 24 | Total operating and administrative expenses. | | | | | | |
| ī | | Add lines 13 through 23 | 15 | | | 0 0 | | 0 |
| Operating and Administrative | 25 | Contributions, gifts, grants paid | 94,100 | | | | 9 | 94,100 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 94,115 | | | 0 0 | | 94,100 |
| | 27 | Subtract line 26 from line 12. | | | | | | |
| | | a Excess of revenue over expenses and disbursements | -14,066 | | | | | |
| | | b Net investment income (if negative, enter -0-). | | | | 0 | | |
| | | C Adjusted net Income (if negative, enter -0-) | | | | 0 | l | |
| | - | erwork Reduction Act Notice, see Instructions. | | | | . 1 . | Form 990-PF | (2012) |
| HTA | | | | | | 151 | • | |
| | | | | | | | | |

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | f year |
|------------------------------------|--------------|--|-------------------|----------------|-----------------------|
| | | 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 | 27,181 | 13,115 | 13,115 |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| ssets or Fund Balances Liabilities | | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | T | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | ł | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less allowance for doubtful accounts | | | |
| Ś | 8 | Inventories for sale or use | | | |
| šě | 9 | Prepaid expenses and deferred charges | | | |
| Si | _ | a Investments—U S and state government obligations (attach schedule) | | | |
| 4 | | b investments—corporate stock (attach schedule) | | | |
| | | c Investments—corporate bonds (attach schedule) | | | |
| | 11 | · · · · · · · · · · · · · · · · · · · | | | |
| | | Investments—land, buildings, and equipment basis | | | |
| | 40 | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment. basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers—see the | | ĺ | |
| | | instructions Also, see page 1, item I) | 27,181 | 13,115 | 13,115 |
| | 17 | Accounts payable and accrued expenses | | | |
| S | 18 | Grants payable | _ <u></u> | | |
| tie | 19 | Deferred revenue | | | |
| Ħ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iak | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe ▶) | | | , |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| | | Foundations that follow SFAS 117, check here | | | |
| es | | and complete lines 24 through 26 and lines 30 and 31. | | ļ | |
| Š | 24 | , | 1 | | |
| <u>a</u> | 24 25 | Unrestricted | | | |
| | | Temporarily restricted | | | |
| þ | 26 | Permanently restricted | | | |
| ੂਙ | | Foundations that do not follow SFAS 117, check here • X | | | |
| Ĕ | ^~ | and complete lines 27 through 31. | | | |
| S | 27 | Capital stock, trust principal, or current funds | | | |
| et | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| (5 | 29 | Retained earnings, accumulated income, endowment, or other funds | 27,181 | 13,115 | |
| t / | 30 | Total net assets or fund balances (see instructions) | 27,181 | 13,115 | |
| Ž | 31 | Total liabilities and net assets/fund balances (see | | | |
| | | instructions) | 27,181 | 13,115 | |
| | <u>t III</u> | | | | |
| 1 | | net assets or fund balances at beginning of year—Part II, column (a), line | | 1 1 | |
| _ | | of-year figure reported on prior year's return) | | | 27,181 |
| 2 | | r amount from Part I, line 27a | | | -14,066 |
| 3 | | r increases not included in line 2 (itemize) | | | |
| 4 | | lines 1, 2, and 3 | | <u>4</u> | 13,115 |
| 5 | Decr | eases not included in line 2 (itemize) | | | |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5)—Part II, co | lumn (b), line 30 | 6 | 13,115 |

| Pa | (a) List and describe the | e kind(s) of property sold (e.g., real estate, se, or common stock, 200 shs MLC Co.) | ment Inc | (b) How acquired P—Purchase D—Donation | | Date acquired no , day, yr) | (d) Date sold (mo , day, yr) |
|------------|---|--|---------------|--|--|---------------------------------|---|
| 1a | | | | | | | |
| b | | | | | | | |
| С | | | | | | | |
| <u>d</u> | | | | | <u> </u> | | |
| е | | | | | <u> </u> | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | | or (loss)) minus (g) |
| <u>a</u> | | | | | | | |
| <u>b</u> | | | | · | - | | |
| C | | | | | | | |
| <u>d</u> | | | | <u>–</u> | <u> </u> | | |
| е | Complete only for exacts above | ing gain in polymer (b) and average by | . the founds | tion on 12/21/60 | | | |
| | Complete only for assets snow | ring gain in column (h) and owned by | | | 1 | | (h) gain minus |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | | less than -0-) or om col (h)) |
| а | | 45 57 120 1760 | | | | | (11) |
| b | | | | | | <u> </u> | |
| c | | | | <u>-</u> | | | |
| d | | | | | ſ | | |
| - <u>u</u> | | | | · | | | |
| | Capital gain net income or (i | net capital loss) { If gain, also | | | | | |
| 2 | Not short torm capital gain a | If (loss), en or (loss) as defined in sections 12 | | · · | 2 | | 0 |
| 3 | | ine 8, column (c) (see instructions | | | | | |
| | ın Part I, line 8 | | | | 3 | | 0 |
| Pa | art V Qualification Und | ler Section 4940(e) for Red | uced Tax | on Net Investm | ent Ir | ncome | |
| Wa | | e section 4942 tax on the distribut t qualify under section 4940(e) | | | e base | e period? | Yes X No |
| 1 | | unt in each column for each year | , see the ir | nstructions before n | nakıng | any entries | · |
| | (a) Base peпod years | (b) | | (c) | | Duete | (d) nbution ratio |
| С | alendar year (or tax year beginning in | Adjusted qualifying distributions | Net valu | ue of nonchantable-use a | ssets | | ivided by col (c)) |
| | 2011 | 60,7 | 00 | 4: | 5,805 | | 1.325183 |
| | 2010 | 67,0 | 00 | 7: | 2,993 | | 0 917896 |
| | 2009 | 197,0 | 00 | | 0,411 | | 0 936263 |
| | 2008 | 25,0 | 00 | | 6,704 | | 3 729117 |
| | 2007 | | | | | | 0 000000 |
| | Total of line 1, column (d) | | | | . [| 2 | 6 908459 |
| 3 | | r the 5-year base period—divide t ndation has been in existence if I | | | . | _3 | 1.727115 |
| 4 | Enter the net value of nonch | naritable-use assets for 2012 from | n Part X, lii | ne 5 | . | 4 | 48,440 |
| 5 | Multiply line 4 by line 3 . | | | | . [| 5 | 83,661 |
| 6 | Enter 1% of net investment | income (1% of Part I, line 27b) . | | | . | 6 | 0 |
| 7 | Add lines 5 and 6 | | | | .]. | 7 | 83,661 |
| 8 | Enter qualifying distributions If line 8 is equal to or greate the Part VI instructions | s from Part XII, line 4 ir than line 7, check the box in Pa | | b, and complete th | at part | 8 using a 1% ta | 94,100 ax rate. See |

| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948— | see i | nstructi | ons) | | |
|--------|---|---------------|----------|--------|-----|--|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐ | | | | | |
| | Date of ruling or determination letter. (attach copy of letter if necessary—see instructions) | _ | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | | | |
| | here X and enter 1% of Part I, line 27b | ((| | | } | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% | | | | | |
| _ | of Part I, line 12, col (b). | اہ | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . | $\frac{2}{3}$ | | | 0 | |
| 3 | Add lines 1 and 2 | 3 | | | - 4 | |
| 4 5 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 5 | | | 0 | |
| 6 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | - | | | | |
| | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a | 1 | | | i | |
| | Exempt foreign organizations—tax withheld at source | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | | | | ļ | į |
| _ | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | | | 0 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | 0 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 0 | |
| 11 | Enter the amount of line 10 to be. Credited to 2013 estimated tax ► Refunded ► | 11 | | | 0 | |
| Par | t VII-A Statements Regarding Activities | | | | | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | į | | Yes | No |
| | participate or intervene in any political campaign? | | [| 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | | | | | l |
| | Instructions for the definition)? | | . [| 1b | | _X_ |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | ì | | | |
| | published or distributed by the foundation in connection with the activities | | } | | | الجيدار |
| | Did the foundation file Form 1120-POL for this year? | | - 1 | 1c | | × |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | |
| _ | (1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | } | |
| e | 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 | | × |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | . [| 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | . [| 4b | N/A | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | <u> </u> |
| | If "Yes," attach the statement required by General Instruction T. | | [| | ĺ | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| | By language in the governing instrument, or | | J | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions | | - | | V | |
| 7 | that conflict with the state law remain in the governing instrument? | | | 6 7 | 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 | Pan | ^v. | | | |
| o a | Enter the states to which the foundation reports or with which it is registered (see 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 | | Х |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) | • | | | | |
| | or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," | | | | | |
| | complete Part XIV | | . | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing | | | | | |
| | their names and addresses | <u></u> | | 10 | Х | |

| Form | 990-PF (2012) The LouVin Foundation 26-28- | 14097 | Pá | age 5 |
|---------|---|-------|----------------|--------------|
| 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 instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | 40 | | |
| 40 | advisory privileges? If "Yes," attach statement (see instructions) | 12 | - | <u>_X</u> _ |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| 14 | Website address The health are in case of Departs C McGinnie Telephone no Departs (106) 652.5 | 006 | | |
| 14 | The books are in care of ► Dennis C McGinnis Located at ► 3102 Solar Blvd Billings MT ZIP+4 ► 59102 | 030 | | |
| 15 | Located at ► 3102 Solar Blvd Billings MT ZIP+4 ► 59102 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here | | | . m |
| | and enter the amount of tax-exempt interest received or accrued during the year | • | | |
| 16 | At any time during calendar year 2012, 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 | l | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of | | | |
| | the foreign country | | | |
| Par | t 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) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period | | | |
| | after termination of government service, if terminating within 90 days) | | | |
| b | If any answer is "Yes" to 1a(1)(6), did any of the acts fail to qualify under the exceptions described in Regulations | 46 | N/A | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | IN/A | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | |
| • | that were not corrected before the first day of the tax year beginning in 2012? | 1c | | X |
| 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 2012, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2012? | | | |
| | 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) | | 2112 | |
| | to all years listed, answer "No" and attach statement—see instructions) | 2b | N/A | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | | |
| Ja | enterprise at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation | | | |
| | or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved | | | |
| | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) | | | |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012) | 3b | N/A | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | 13/74 | X |
| ⊶a b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could ieopardize its charitable | a | | |

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

4b

| Рa | rt VI | -B Statements Regarding Activit | ties for Which Fo | <u>rm 4720 May Be</u> | Required (continue | ed) | |
|----------|--------|--|------------------------------------|-----------------------------|--|----------|---------------------------------------|
| 5a | Durir | ig the year did the foundation pay or incur any | amount to | | | | |
| | (1) | Carry on propaganda, or otherwise attempt to | o influence legislation (| section 4945(e))? . | Yes | X No | |
| | (2) | Influence the outcome of any specific public | election (see section 49 | 955); or to carry | <u> </u> | | |
| | • | on, directly or indirectly, any voter registration | n drive? | | · · Yes | X No | |
| | (3) | Provide a grant to an individual for travel, stu | dy, or other similar pur | poses? | Yes | X No | |
| | (4) | Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49- | , | | · · · T | X No | |
| | (5) | Provide for any purpose other than religious, | | | · · · 1es | [V] NO | |
| L | | educational purposes, or for the prevention of | | | · · · Yes | X No | |
| D | - | answer is "Yes" to 5a(1)–(5), did any of the t | - | • | | | 5b N/A |
| | _ | lations section 53.4945 or in a current notice | | | ns)? | ΓĖ | 3D N/A |
| ^ | | nizations relying on a current notice regarding | | | | |) |
| · | | answer is "Yes" to question 5a(4), does the for ecause it maintained expenditure responsibility | | don nom the | Yes | □No | |
| | | es," attach the statement required by Regulat | | 5(d) | 1es | | |
| 62 | | ne foundation, during the year, receive any fu | | • • | | | |
| ou | | iums on a personal benefit contract? | · · · · · · · | , | · · · Tyes | X No | |
| b | • | ne foundation, during the year, pay premiums | directly or indirectly, o | n a personal benefit o | | | 6b X |
| | If "Ye | es" to 6b, file Form 8870 | | - | | | |
| | | y time during the tax year, was the foundation | | | | X No | 7b N/A |
| | art V | es," did the foundation receive any proceeds o Information About Officers, | | | | Poid En | |
| | art v | and Contractors | , Directors, Trusti | ees, Foundation | wanagers, nigniy | Palu Eli | npioyees, |
| 1 | Liet | all officers, directors, trustees, foundat | ion managers and t | heir compensation | (see instructions) | | |
| • | LIST | an omicers, uncctors, trustees, roundar | (b) Title, and average | (c) Compensation | (d) Contributions to | 1 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensate | , ' | Expense account, other allowances |
| Vin | cent 1 | Larsen | President/Director | | and delerred compensati | <u> </u> | |
| | | urn Road Billings, MT 59101 | 1 00 | 0 | | { | |
| | _ | Larsen | Vice Pres /Director | | | | |
| | | ırn Road Billings, MT 59101 | 1 00 | o | | | |
| | | McGinnis | Secr'y/Treas /Direct | | | | |
| | | 20598 Billings, MT 59104 | 1.00 | 0 | | | |
| | | | | | | | |
| | | | | | | | |
| 2 | | pensation of five highest-paid employer r "NONE." | ees (other than thos | e included on line | 1—see instructions). | If none, | |
| | | | (b) Title, and avera | nge | (d) Contributions to | |) Expense account, |
| (a |) Name | and address of each employee paid more than \$50,0 | | (c) Compensation | employee benefit plans and deferred compensation | | other allowances |
| NO | NE | | | | | | |
| | | | | | - | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| - | | | | | | - 1 | |
| Tot | al nur | mber of other employees paid over \$50,00 | 00 | | | ▶ | 0 |

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|---|--------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII | aid Employees, |
| and Contractors (continued) | |
| 3 Five highest-paid independent contractors for professional services (see Instructions). If none, enter "NONE." | |
| (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 | 0 |
| | <u> </u> |
| 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 number of organizations and other beneficianes served, conferences convened, research papers produced, etc | Expenses |
| 1 None | |
| | |
| | |
| 2 | |
| | |
| | <u> </u> |
| 3 | |
| | |
| 4 | |
| * | |
| | |
| Part IX-B Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 None | |
| | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions | |
| 3 | |
| | |
| | |

Total. Add lines 1 through 3

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

| Par | Minimum Investment Return (All domestic foundations must complete this part. Foreign | founda | tions, |
|-------------|---|----------|---------------|
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , | 1 1 | |
| | purposes: | \vdash | • |
| а | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 49,178 |
| C | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 49,178 |
| 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 | |
| 3 | Subtract line 2 from line 1d | 3 | <u>49,178</u> |
| 4 | Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 738 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 48,440 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,422 |
| Par | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating | | |
| | foundations and certain foreign organizations check here and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 2,422 |
| 2a | Tax on investment income for 2012 from Part VI, line 5 | | |
| b | Income tax for 2012. (This does not include the tax from Part VI) | 1) | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 2,422 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | | 5 | 2,422 |
| 6 | Add lines 3 and 4 | 6 | 2,722 |
| 7 | , , | \vdash | |
| • | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | 7 | 2,422 |
| | line 1 | | 2,422 |
| <u>Part</u> | 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 | 94,100 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 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) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 94,100 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | 广十 | |
| - | income Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 94,100 |
| • | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found | | 34, 100 |
| | - Mote. The amount on line o will be used in Fart 4. Column (D), in subsequent years when calculating whether the found | -uui | |

| 1 | Distributable amount for 2012 from Part XI, | | (a) Corpus | (b) Years prior to 2011 | (c) 2011 | (d) 2012 |
|----|--|--------------------------|---------------|----------------------------|--|-------------|
| | line 7 | | | | | 2,422 |
| 2 | Undistributed income, if any, as of the end of | i i | | | | |
| | Enter amount for 2011 only | | | | 0 | |
| | Total for prior years: 20, 20, 2 | | | | | |
| 3 | Excess distributions carryover, if any, to 20 | 12 | | | | |
| а | From 2007 | | | | | |
| b | From 2008 | 24,727 | | | | |
| C | From 2009 | 186,479 | | | | |
| d | From 2010 | 63,350 | | | | |
| е | From 2011 | 58,410 | | | | |
| f | Total of lines 3a through e | <u>L</u> | 332,966 | | | |
| 4 | Qualifying distributions for 2012 from Part | ļ | | | | |
| | XII, line 4 [.] • \$ 94,100 | 1 | ! | | | |
| а | Applied to 2011, but not more than line 2a | | | | | |
| b | Applied to undistributed income of prior year | rs | | | | |
| | (Election required—see instructions) . | | | | | |
| С | Treated as distributions out of corpus (Elect | ion | | | | |
| | required—see instructions) | . <i>.</i> [| | | | |
| d | Applied to 2012 distributable amount | [| | | | 2,422 |
| е | Remaining amount distributed out of corpus | , <u> </u> | 91,678 | | | |
| 5 | Excess distributions carryover applied to 20 | 12 | | | | |
| | (If an amount appears in column (d), the | | | | | |
| | same amount must be shown in column (a, |)) | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e. Subtract li | ne 5 | 424,644 | | | |
| | Prior years' undistributed income Subtract | | | | | |
| | line 4b from line 2b | | | 0 | } | |
| С | Enter the amount of prior years' undistribute | ed | | | | |
| | income for which a notice of deficiency has | 1 | | | 1 | |
| | been issued, or on which the section 4942(| a) | | | | |
| | tax has been previously assessed | ~' | | | | |
| d | Subtract line 6c from line 6b Taxable | · · · }- | | | | |
| | amount—see instructions | | | | | |
| e | Undistributed income for 2011. Subtract line | , · · · · - | | | | |
| _ | 4a from line 2a Taxable amount—see | ^ | | | | |
| | | | | | o | |
| f | Undistributed income for 2012 Subtract | · · · · · - | | | <u>-</u> | |
| • | lines 4d and 5 from line 1. This amount mus | . | | | | |
| | be distributed in 2013 | 1 | | | | 0 |
| 7 | Amounts treated as distributions out of | · · · · | | | | |
| • | corpus to satisfy requirements imposed by | 1 | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (see insti | ructions) | | | | |
| 8 | | Luctions). | · | | | |
| 0 | Excess distributions carryover from 2007 | | | | | |
| ۵ | not applied on line 5 or line 7 (see instruction | · — | | | | |
| 9 | Excess distributions carryover to 2013. | | 404 644 | | | |
| 40 | Subtract lines 7 and 8 from line 6a | · · · · · | 424,644 | | | |
| 10 | Analysis of line 9. | 04.707 | 1 | | | |
| a | Excess from 2008 | 24,727 | | | | |
| b | Excess from 2009 | 186,479 | | | | |
| С | Excess from 2010 | 63,350 | ľ | | | |
| d | Excess from 2011 | 58,410 | | | | |
| е | Excess from 2012 | 91.678 | 1 | | l l | |

| Form | The LouVin Foundation | | | | 26-284 | |
|------|---|-------------------------|-----------------------|-------------------------|--|-------------------|
| Pai | t XIV Private Operating Foundations | (see instructions | and Part VII-A | , question 9) | | N/A |
| 1 a | If the foundation has received a ruling or determina | ation letter that it is | a private operating | | | |
| | foundation, and the ruling is effective for 2012, ent | er the date of the ru | ling | ▶ [| | |
| b | Check box to indicate whether the foundation is a | private operating for | undation described i | in section | 4942(j)(3) o | r 🔲 4942(j)(5) |
| 2 a | Enter the lesser of the adjusted net | Tax year | T | Prior 3 years | | |
| | income from Part I or the minimum investment return from Part X for each | (a) 2012 | (b) 2011 | (c) 2010 | (d) 2009 | (e) Total |
| | year listed | | | | | 0 |
| h | 85% of line 2a | | | <u> </u> | | 0 |
| | Qualifying distributions from Part XII, | | 1 | | | |
| | line 4 for each year listed | | | | | 0 |
| d | Amounts included in line 2c not used directly | | _ | | | |
| | for active conduct of exempt activities | | | | | 0 |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities | | | | | _ |
| 3 | Subtract line 2d from line 2c | | | | | |
| • | Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| а | "Assets" alternative test—enter: | | | | | |
| | (1) Value of all assets | | <u> </u> | <u> </u> | | 0 |
| | (2) Value of assets qualifying | | | 1 | | |
| | under section 4942(j)(3)(B)(i) | | | <u> </u> | | 0 |
| b | "Endowment" alternative test—enter 2/3 of minimum investment return shown in | | | 1 | | |
| | Part X, line 6 for each year listed | | | | | 0 |
| С | "Support" alternative test—enter: | | | | | <u>-</u> <u>-</u> |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, dividends, rents, payments | | ĺ | | 1 | |
| | on securities loans (section | | | 1 | | |
| | 512(a)(5)), or royalties) | | ł | | | 0 |
| | (2) Support from general public | | <u> </u> | | | |
| | and 5 or more exempt organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | 0 |
| | (3) Largest amount of support | | | | | |
| | from an exempt organization | | | | ļ | 0 |
| | (4) Gross investment income | | <u> </u> | <u> </u> | | 0 |
| Pa | t XV Supplementary Information (Co | • | | undation had \$5 | 5,000 or more in | |
| | assets at any time during the ye | | ctions.) | | | |
| 1 | Information Regarding Foundation Manage | | 004 611 - 4-4-1 | . 1 | the feet later | |
| а | List any managers of the foundation who have con before the close of any tax year (but only if they ha | | | - | the foundation | |
| Vin | cent T Larsen Louise F La | | 3 than \$5,000, (CC) | 0 000(1011 007 (4)(2)) | | |
| _ | List any managers of the foundation who own 10% | | k of a corporation (| or an equally large n | ortion of the | |
| _ | ownership of a partnership or other entity) of which | | | | | |
| NO | NE | | | | | |
| 2 | Information Regarding Contribution, Grant, | Gift, Loan, Scho | larship, etc., Pro | grams: | | |
| | Check here ► X if the foundation only makes | contributions to pre | selected charitable | organizations and de | oes not accept | |
| | unsolicited requests for funds If the foundation ma | ikes gifts, grants, et | c (see instructions) | to individuals or org | anızatıons under | |
| | other conditions, complete items 2a, b, c, and d | | | | | |
| а | The name, address, and telephone number or e-m | all of the person to | wnom applications | snould be addressed | I | |
| | | | | | | |
| b | The form in which applications should be submitted | d and information a | nd materials they sh | nould include. | | |
| _ | •• | | , . | - | | |
| | | | | | | |
| С | Any submission deadlines: | | | | | |
| | | | | | | |
| d | Any restrictions or limitations on awards, such as b | ov geographical area | as, charitable fields | kinds of institutions | or other | |
| _ | factors | , g g p ear wilde | | | | |
| | | | | | | |

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During th | | for Future | Payment | |
|---|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the yearAmer.Educational Tr.Library FoundationP.O Box 53062 | | 501 (c) (3) | Education | 3,000 |
| Washington, DC 20009 Americans for Middle East Understanding 475 Riverside Dr. Room 241 | | 501 (c) (3) | Education | 3,100 |
| New York, NY 10115 Central Asia Institute P. O Box 7209 | | 501 (c) (3) | Education | 2,000 |
| Bozeman, MT 59771 Foundation for Middle East Peace 1761 N Street NW | | 501 (c) (3) | Education | 3,000 |
| Washington, DC 20036 Jewish Voice for Peace 1611 Telegraph Avenue, Suite 550 | | 501 (c) (3) | Education | 13,000 |
| Oakland, CA 94612 Middle East Children's Alliance 1101 - 8th Street | | 501 (c) (3) | Welfare & education | 17,000 |
| Berkeley, CA 94710 Montana Rescue Mission P O Box 3232 | | 501 (c) (3) | Humanıtarian aid | 10,000 |
| Billings, MT 59103 Montana State University - Billings 1500 University Drive | | 501 (c) (3) | Education | 10,000 |
| Billings, MT 59101 YellowstoneRiver Parks Association P.O. Box 1201 | | 501 (c) (3) | Education | 5,000 |
| Billings, MT 59103 Angela'a Pizaaz, Inc 420 Grand Avenue | | 501 (c) (3) | Welfare & education | 3,000 |
| Billings, MT 59101 Big Brothers Big Sisters of Yellowstone Co , Inc. 2123 - 2nd Ave North | | 501 (c) (3) | Welfare & education | 25,000 |
| Billings, MT 59101 | <u> </u> | | <u> </u> | 04.400 |
| b Approved for future payment | | | <u>.</u> ► 3a | 94,100 |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 0 |

| Enter gros | s amounts unless otherwise indicated | Unrelated bus | iness income | Excluded by sector | on 512, 513, or 514 | (e) |
|---|---|----------------------|----------------|--|---------------------------------------|--|
| | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| 1 Progra | m service revenue | | | | | (Occ manacacha) |
| a No | ne | | | | | |
| b | | | _ _ | | | |
| С | | | | | | <u> </u> |
| d | | | | | | |
| | | | | _ | | |
| f | | | | | | |
| g Fee | es and contracts from government agencies | | | | | |
| _ | ership dues and assessments | | | | | |
| | t on savings and temporary cash investments | | | | | |
| | nds and interest from securities | | | | | |
| | ital income or (loss) from real estate | | | | | |
| | ot-financed property | | | | | |
| | | | | | | <u> </u> |
| | debt-financed property | | | | | |
| | atal income or (loss) from personal property | | | | · · · · · · · · · · · · · · · · · · · | ļ |
| _ | nvestment income | | | | | |
| | r (loss) from sales of assets other than inventory | | | | | |
| | ome or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| 11 Other r | evenue: a | | | | | |
| | | | | | | |
| c | | | <u> </u> | | | |
| d | | | | | | |
| | | | | | | |
| | | | | | | |
| 12 Subtota | al Add columns (b), (d), and (e) | | 0 | | 0 | |
| | al Add columns (b), (d), and (e) | | | ' | 13 | 0 |
| 13 Total. | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) | | | ' | | |
| 13 Total. / See works | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) | | | | | |
| 13 Total./ See works Part XVI | Add line 12, columns (b), (d), and (e) | omplishment | of Exempt P | urposes | 13 | |
| 13 Total./ See works Part XVI | Add line 12, columns (b), (d), and (e) | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ (See works Part XVI Line No. ▼ | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ (See works Part XVI Line No. ▼ | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |
| 13 Total./ See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations) Relationship of Activities to the Acc Explain below how each activity for which income | complishment | of Exempt P | Purposes VI-A contributed in | 13 | |

Form 990-PF (2012)

| Part XVII | Information Regarding Transfers To ar | d Transactions and Relationships With Noncharitable |
|-----------|---------------------------------------|---|
| | Exempt Organizations | |

| | | on 5 | 01(c) of the Code | | gage in any of the follection 501(c)(3) organi | | | | | Yes | No |
|-------|------------------|----------|----------------------------------|------------------------|---|-------------------------|-----------------------------------|------------------------------|--|-----------|----------|
| а | Transfe | ers f | rom the reporting f | oundation to a | a noncharitable exemp | t organization of | of: | | | | |
| | (1) Ca: | sh | | | | | | | 1a(1) | \sqcup | <u> </u> |
| | (2) Oth | ner a | assets | | | | | | 1a(2) | | <u>X</u> |
| b | Other to | rans | sactions. | | | | | | | | |
| | (1) Sal | les d | of assets to a nonc | haritable exer | npt organization | | | | 1b(1) | | <u> </u> |
| | . , | | | | ble exempt organization | | | | 1b(2) | | _X_ |
| | (3) Re | ntal | of facilities, equipr | ment, or other | assets | | | | 1b(3) | | X |
| | (4) Rei | imb | ursement arrangen | nents | | | | | 1b(4) | | <u> </u> |
| | | | or loan guarantees | | | | | | 1b(5) | | <u>X</u> |
| | (6) Pe | rforr | mance of services | or membershi | p or fundraising solicit | ations | | | 1b(6) | \sqcup | X |
| C | Sharınç | g of | facilities, equipmer | nt, mailing lists | s, other assets, or paid | i employees | | | 1c_ | | Χ_ |
| | value o | of the | e goods, other asse | ets, or service | complete the following is given by the reporting ment, show in column | ng foundation I | f the foundation recei | ved less than fa | ir marke | et ed. | |
| (a) L | ine no | (| b) Amount involved | (c) Name | of noncharitable exempt orga | anization | (d) Description of transfers | transactions, and sh | anng arra | ngeme | nts |
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| | | | 1 1 - 1 - 1 | | | | ttio | | | | |
| | describ | ed i | | f the Code (ot | ted with, or related to, her than section 501(c | | | | Yes 🔀 |] No | |
| | | (a | a) Name of organization | ··· | (b) Type of o | rganization | (c) | Description of relation | onship | | |
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| | Un | nder p | enalties of perjury, I declare t | that I have examined | this return, including accompanying | g schedules and stater | nents, and to the best of my know | vledge and belief, it is tru | e, | | |
| Sig | .n ∞ | гтесt, | and complete. Declaration of | f preparer (other than | taxpayer) is based on all informati | on of which preparer ha | as any knowledge. | May the IRS | discuss th | ııs retur | n |
| | - 1 | _ | | 77 | | k | | with the prep | | | |
| He | re F | <u>£</u> | Janie C.M. | Ganni | 3/22/2013 | ▼ Secretary/ | reasurer | instructions) | · 🔲 Y | es 🔲 | No |
| | | Sign | ature of officer or trustee | 9 | Date | Title | | | | | |
| | | T | Print/Type preparer's na | ame | Preparer's signature | | Date | | PTIN | | |
| Pai | | | | | | | | Check if | | | |
| | pare | | Firm's name | | <u></u> | | | self-employed Firm's EIN ▶ | <u>. </u> | | |
| Us | e Only | y f | | | | | | | | | |
| | | | Firm's address | | | | | Phone no | 004 |) DE | |

Schedule B (Form 990, 990-EZ,

or 990-PF)

Name of the organization

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Employer identification number

OMB No 1545-0047

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

The LouVin Foundation 26-2844097 Organization type (check one). Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (11) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more **▶ \$**_____ during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, 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 organizationEmployer identification numberThe LouVin Foundation26-2844097

| THE LOUVE | n Foundation | | 20-20-4-031 |
|------------|---|---------------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is r | needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Louise F Larsen 910 Coburn Road Billings MT 59101 Foreign State or Province Foreign Country | \$80,049 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province Foreign Country. | \$ | Person Payroli 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 |
| | Foreign State or Province Foreign Country. | \$ | 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 |
| | Foreign State or Province Foreign Country: | \$ | Person Payroll Oncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province Foreign Country. | \$ | 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 |
| | Foreign State or Province: Foreign Country. | \$ | Person Payroll Occash (Complete Part II if there is a noncash contribution) |

Name of organizationEmployer identification numberThe LouVin Foundation26-2844097

| Part II | Noncash Property (see instructions). Use duplicate co | opies of Part II if additional spa | ace is needed. |
|---------------------------|---|--|----------------------|
| (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 |
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| (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 |
| | | \$ | |

| Name of or | • | | | Employer identification number | |
|-----------------|---|-------------------------|---------------------------|---|-----------|
| Part III | Foundation Exclusively religious, charitable | o oto individual cont | ributions to section | 26-2844097 501(c)(7), (8), or (10) organizations | |
| raitiii | total more than \$1,000 for the ye | - | | | |
| | For organizations completing Part | | | | |
| | contributions of \$1,000 or less for | | | | 0 |
| | Use duplicate copies of Part III if a | | | | . <u></u> |
| (a) No. | | T : | | | _ |
| from | (b) Purpose of gift | (| c) Use of gift | (d) Description of how gift is held | |
| Part I | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) ` | Transfer of gift | | _ |
| | | (-/ | yrunision or g ill | | |
| | Transferee's name, addre | ss. and ZIP + 4 | Relation | onship of transferor to transferee | |
| | , | | 1 | | _ |
| | | | | | |
| | | | | | |
| | For. Prov. Co | untry | | | |
| (a) No. from | (h) Durana of oift | | \ llas of miff | (d) Description of how sift is held | |
| Part I | (b) Purpose of gift | , , | c) Use of gift | (d) Description of how gift is held | |
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| | ! | (e) ' | Transfer of gift | | |
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| | Transferee's name, addre | ss, a <u>nd ZIP + 4</u> | Relation | onship of transferor to transferee | |
| ļ | | | | | |
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| | For. Prov. Co | untry | | | |
| (a) No. | Pol. Plov. Col | | <u> </u> | | |
| from | (b) Purpose of gift | (| c) Use of gift | (d) Description of how gift is held | |
| Part I | | | | | _ |
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| | | (e) | Transfer of gift | | |
| | | | | | |
| | Transferee's name, addre | ss, and ZIP + 4 | Relation | onship of transferor to transferee | |
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| | | | | | |
| | | | | | |
| (a) No | For Prov. Co | untry | <u></u> | | |
| (a) No. from | (b) Purpose of gift | (| c) Use of gift | (d) Description of how gift is held | |
| Part I | | ` | | | |
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| | | | Transfer of gift | | _ |
| | | (6) | anorer or gift | | |
| | Transferee's name, addre | ss. and 7IP + 4 | Relatio | onship of transferor to transferee | |
| | | | Notati | enamp of transcript to translation | |
| | | | | | |
| | | | | | |
| | For Prov. | | | | |

Part I, Line 16a (990-PF) - Legal Fees

| | 0 | 0 | 0 | 0 |
|--|--------------|----------------|--------------|-------------------|
| | T | | | Disbursements |
| | Revenue and | | | for Charitable |
| | Expenses per | Net Investment | Adjusted Net | Purposes |
| Description | Books | Income | Income | (Cash Basis Only) |
| 1 Moulton, Bellingham, Longo & Mather, P.C | | | | |

Part I, Line 18 (990-PF) - Taxes

| | | 0 | 0 | C | 0 |
|---|---|--------------------------------------|-----------------------|------------------------|---------------------------------------|
| | Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1 | Real estate tax not included in line 20 | | | | |
| 2 | Tax on investment income | | | | |
| 3 | Income tax | | | | |

Part I, Line 23 (990-PF) - Other Expenses

| | 15 | 0 | 0 | 0 |
|--------------------|-------------|----------------|--------------|----------------|
| | Revenue and | | | Disbursements |
| | Expenses | Net Investment | Adjusted Net | for Charitable |
| Description | per Books | Income | Income | Purposes |
| 1 MT annual report | 15 | | | |

| Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attorney General |
|--|
| Only required to file with the State of Montana if the federal tax on unrelated income is over \$100.00. There is no unrelated |
| income for this foundation |
| |
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| 2 | III, Line 1 (990-PF) - Comp | pensation | rt VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers | tees and Foundati | on Ma | nagers | | | | | | | |
|---|-----------------------------|-------------|--|-------------------|----------|----------------|-----------------|------------------------|----------|--------------|----------|---------|--|
| | | | | | | | | | | 0 | 0 | 1 | |
| 1 | | Check "X" | | | | | | | Avg Hrs | Avg Hrs | | Expense | |
| | Name | of Business | Street | City | State | State Zip Code | Foreign Country | e E | Per Week | Compensation | Benefits | Account | |
| l | Vincent T Larsen | | 910 Cobum Road | Billings | MT 59101 | 9101 | | President/Dir | 1.00 | 0 | 0 | 0 | |
| | | | | | | | | ector | | | | | |
| - | | | | | 1 | | | | | | | | |
| | Lousie F. Larsen | | 910 Cobum Road | Billings | MT S | 59101 | | Vice Pres./Director | <u>6</u> | 0 | 0 | 0 | |
| ~ | | | | | | | | | | | | | |
| | Dennis C McGinnis | | P.O. Box 20598 | Billings | MT S | 59104 | | Secry/Treas./ | <u>8</u> | 0 | 0 | 0 | |
| • | | | | | | | | 3 | | | | | |