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## Form **990-PF**

## Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

For calendar year 2013.

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

OMB No 1545-0052

	Or Ca	ilelluar year 2013, or lax y	year beginnin	9	, 2013	, and ending		<u> </u>		
		TANA RIGHT HAND F	FOUNDATIO	N			A	Employer identification nu 46-1052244	mber	
		S. 3RD AVE EMAN, MT 59715					В	Telephone number (see the (406) 586-35		
_					Initial return of a form	mor public about	С	If exemption application is	pending, check her	e ►∏
G	i Cn	''' -	nıtıal return İınal return	}	Amended return	ner public charity	D	1 Foreign organizations, che	ck here	►□
		Δ	Address chang		Name change			2 Foreign organizations mee	ting the 85% test, c	ا_ا heck:
Н	ı C	Check type of organization Section 4947(a)(1) nor			(c)(3) exempt private f	oundation orivate foundation		here and attach computation	on	► [
ī	F	air market value of all assets at	<u> </u>		ounting method: X C		Ε	If private foundation status under section 507(b)(1)(A)		►□
•	6	from Part II, column (c), line 16)		П	Other (specify)		F	If the foundation is in a 60	)-month termination	
ī	ې ⊲ <del>Dazu</del>	536, 45 Analysis of Rever	58. (	(Par₹1,	column (d) must be or		<u> </u>	under section 507(b)(1)(B)	), check here.	
	rend	Expenses (The tota columns (b), (c), and sarily equal the amour (see instructions).)	al of amounts (d) may not n	neces-	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disburser for chari purposes basis or	itable (cash
-		Contributions, gifts, grant	ts, etc, received (a	tt sch)	13,683.					
		2 Ck lif the foundn 3 Interest on savings	n is <b>not</b> req to att S							=======================================
		cash investments		,	27.		<u>7.</u>	27.		
	REVENUE	4 Dividends and interest fi 5a Gross rents		ł	3,899.	3,89	19.	3,899.		=
		b Net rental income or (loss)								
		6 a Net gain/(loss) from sale b Gross sales price for all	or assets not on ii	ine IU						
		assets on line 6a 7 Capital gain net income (i 8 Net short-term capi		2)						
<b>.</b>		9 Income modification	-							
<b>1</b> 107		10 a Gross sales tess returns and allowances								
#		b Less Cost of goods sold.	<del></del>							
7		c Gross profit/(loss) (att s		·						
ロロ		11 Other income (attack	ch schedule).	l	]					
<b>)</b> —		12 Total. Add lines 1 to			17,609.	_3,92	6.	3,926.		
֭֭֡֝֝֝֝֟֝֟֝		Compensation of officers, Other employee salaries		s, etc	0.	<del></del>	$\dashv$			
2		15 Pension plans, emp		ts						
	A D M	16a Legal fees (attach schede b Accounting fees (attach s		t 1	1,550.	1,55	0.			
•	I N	c Other prof fees (attach s		ļ						
O P E R	S	17 Interest . 18 Taxes (attach schedule)(see instr	s) See St	.m 2	30.		0.	·	<del></del>	
R A	R	19 Depreciation (attach sch) and depletion								
i N G	1 1	20 Occupancy		ŀ	· · · · · · · · · · · · · · · · · · ·			DECEIVE		
		<ul><li>21 Travel, conferences</li><li>22 Printing and publica</li></ul>		gs	1,451.	1,45	1	NEULIVE		
A N D		23 Other expenses (at		»			18	SEP 1 5 2014	ĕ	<del></del>
	E N S E	24 Total operating and	d administrati	ive			╫	1 321 2 231	<u> </u>	
	S S	24 Total operating and expenses. Add lines 25 Contributions, gifts, grant	s 13 through 2	23   XV	3,031. 19,200.	3,03	1	OCDENLI	iT	200
		26 Total expenses and Add lines 24 and 25				<u>/ · </u>	_			200.
_		Add lines 24 and 25  27 Subtract line 26 from			22,231.	3,03	1.	0.	19,	200.
		a Excess of revenue and disbursements	over expense	es	-4,622.					
		b Net Investment income (if		0-).	4,022.	89	5.			
R/	Δ F	C Adjusted net income (if no properties of Paperwork Reduction A			ructions		EE A	3,926.	Form <b>990-PF</b>	(2013)
		apainoin naudonon/	,,,,,,,,,,,,,						I CHAIN SOUTH F	(CM10)

For	n <b>990</b>	PF (2013) MONTANA RIGHT HAND FOUNDATION		46-10	
II Pā	atill	Balance Sheets  Attached schedules and amounts in the description column should be for end of-year amounts only (See instructions)	Beginning of year		of year
		<del></del>	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		202.041	77 451	77 451
	2	Savings and temporary cash investments  Accounts receivable	393,041.	77,451.	77,451.
	1 3	~	194 hry a 1	<u> </u>	
	١.	Less: allowance for doubtful accounts			
	4				5,18
	1 _	Less: allowance for doubtful accounts ▶	ļ		<del> </del>
	5	Grants receivable			<del> </del>
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
Ą		Less: allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use			
Ē	9	Prepaid expenses and deferred charges .		<del></del>	<u> </u>
A S S E T S	10:	a Investments — U.S. and state government obligations (attach schedule)			
	1.	b Investments — corporate stock (attach schedule)	100 552	434 301	450.007
			100,553.	434,301.	459,007.
		c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis .			
		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			<del></del>	
	16	`			
	ļ		493,594.	511,752.	536,458.
ī	17	Accounts payable and accrued expenses			
Å B	18	, ,			
Ŗ	19	Deferred revenue.			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
ļ	21	Mortgages and other notes payable (attach schedule)			
i	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	. ~
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	]		
N F E U T N	24	Unrestricted			
E U	25	Temporarily restricted.			
D	26	Permanently restricted			
ASSETS.		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĔΩ	27	Capital stock, trust principal, or current funds			
T A	28	Paid-in or capital surplus, or land, building, and equipment fund	<del></del>		
	29	Retained earnings, accumulated income, endowment, or other funds	402 E04	E11 752	* **
O E R S	30	Total net assets or fund balances (see instructions)	493,594.	511,752.	,
n s	31	Total liabilities and net assets/fund balances	493,594.	511,752.	
Dar	allal z	(see instructions)  Analysis of Changes in Net Assets or Fund Balance	493,594.	511,752.	
					<del></del>
	end-c	net assets or fund balances at beginning of year — Part II, colur of-year figure reported on prior year's return)	nn (a), line 30 (must agr	ree with	493,594.
2	Enter	amount from Part I, line 27a .		. 2	-4,622.
		ncreases not included in line 2 (itemize) See Statement	3	3	22,780.
		ines 1, 2, and 3		4	511,752.
		ses not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	– Part II, column (b), lin	e 30 <b>6</b>	511,752.

Page 2

	Losses for Tax on Investmen				
(a) List and descrit 2-story brick warehou	pe the kind(s) of property sold (e.g., ruse, or common stock, 200 shares Mil	real estate, _C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A					
b				<del> </del>	
d				<del> </del>	[
				<del> </del>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
c					
d	<del> </del>	<u> </u>			
Complete only for assets show	I wing gain in column (h) and owned by	v the foundation on 12/31/69		(D. Oarra (Oal)	(h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(1)	(I) Gains (Coli gain minus column (k ian -0-) or Losses (fr	), but not less
a					
<u>b</u>					
<u> </u>					
d e	<del>                                     </del>				
	I If gain, also	enter in Part I, line 7		<del></del>	<del></del>
2 Capital gain net income or (ne	if (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)	İ		
ın Part I, line 8	ne 8, column (c) (see instructions) If		3		
	er Section 4940(e) for Reduce to foundations subject to the section 4			·	
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable an	mplete this part.	· 	Yes	X No
1 Enter the appropriate amount	in each column for each year; see th		any entries	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets (colu	<b>(d)</b> Distribution umn (b) divided t	ratio by column (c))
2012	6,000.	497	,469.		0.012061
2011					
2010					
2009	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
2000	<u></u>	<del> </del>	<del></del>	<del> </del>	<del></del>
2 Total of line 1, column (d)			2		0.012061
3 Average distribution ratio for the	ne 5-year base period – divide the to	tal on line 2 by 5, or by the			
number of years the foundation	n has been in existence if less than 5	years	3		0.012061
4 Enter the net value of nonchar	itable-use assets for 2013 from Part	X, line 5	4		521,536.
5 Multiply line 4 by line 3			5		6,290.
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		9.
7 Add lines 5 and 6			7		6,299.
8 Enter qualifying distributions fr	•		8		19,200.
If line 8 is equal to or greater to Part VI instructions	han line 7, check the box in Part VI,	line 1b, and complete that pa	art using a 1%	tax rate. See the	<b>e</b>

		.0522			age ·
P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see i	nstruc	tions)		
1	a Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)	-			
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1			9.
	check here. ► X and enter 1% of Part I, line 27b .				
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		24 %	2.44	Α).
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only Other's enter -0-)	2			0.
3	Add lines 1 and 2	3			9.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			9.
6	Credits/Payments:				
	a 2013 estimated tax pmts and 2012 overpayment credited to 2013				
	<b>b</b> Exempt foreign organizations — tax withheld at source 6 b				
	c Tax paid with application for extension of time to file (Form 8868) 6 c				
	d Backup withholding erroneously withheld 6d				
7		7			0.
8	Enter any <b>penalty</b> 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			9.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	End the amount of this to to be, croated to be a feeting to the control of the co	11			
<i>}</i> @	Statements Regarding Activities				
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		. 1a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			1 1	
	(see the instructions for definition)?		1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published				
	or distributed by the foundation in connection with the activities.				
	c Did the foundation file Form 1120-POL for this year?		1 c		<u>X</u>
(	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation . ►\$ 0. (2) On foundation managers. ►\$	,	0.		
,	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
	foundation managers. ►\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities.				
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
J	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	/A
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 either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict				
	with the state law remain in the governing instrument?		6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	N/A				
Ł	o if the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			اكس	
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49	942(j)(5	5)		
	for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete it	Part XII	√ 9		<u>X</u>
10					
	and addresses		10		<u>X</u>
AA		ļ	Form <b>990</b>	-PF (20	113)

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Pa	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	х
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address	13	Х
14	Website address  ► N/A  The books are in care of ► LARRY JOHNSON  Telephone no. ► (406)	586	-3511
	Located at ► 517 S 3RD AVE BOZEMAN MT ZIP + 4 ► 59715	_300.	_227 = _
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	Ŋ/Ā	
	and enter the amount of tax-exempt interest received or accrued during the year		N/A
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes No
	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	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
1 a	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? Yes X No		
	(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? . Yes X No		
	(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)?  Yes X No		
	(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)		
	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N/A
	Organizations relying on a current notice regarding disaster assistance check here		
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 2013?	1 c	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?		
	If 'Yes,' list the years ▶ 20 _ , 20 _ , 20 , 20		
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		
	all years listed, answer 'No' and attach statement — see instructions.)	2 b	N/A
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20 , 20 , 20		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		
	If 'Yes,' did it have excess business holdings in 2013 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 2013)	3 b	N/A
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4 b	X
BAA	For	m 990-	PF (2013)

Form 990-PF (2013) MONTANA RIGHT HAN	D FOUNDATION	1900 W B B	46-1	052244 Page
Part VIAB   Statements Regarding Activi		n 4/20 May Be Red	<b>quirea</b> (continuea)	
<ol> <li>5 a During the year did the foundation pay or inc</li> <li>(1) Carry on propaganda, or otherwise attem</li> </ol>	•	on (section 4945(e))?	Yes	K No
(2) Influence the outcome of any specific pul on, directly or indirectly, any voter registr	olic election (see sectionation drive?	n 4955), or to carry	☐ Yes [2	X No
(3) Provide a grant to an individual for travel	K No			
(4) Provide a grant to an organization other in section 509(a)(1), (2), or (3), or section	K No			
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientifi on of cruelty to children	c, literary, or or animals?	Yes	( No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or ii (see instructions)?	the transactions fail to n a current notice regar	qualify under the exceptions disaster assistance	otions e	5b N/A
Organizations relying on a current notice rega	ardıng dısaster assıstan	ce check here	▶ [	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response of 'Yes,' attach the statement required by Reg	isibility for the grant?		N/A Yes	No
6 a Did the foundation, during the year, receive a on a personal benefit contract?		• •	ns . Yes [	⟨ No
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene		6b X
If 'Yes' to 6b, file Form 8870.				
7 a At any time during the tax year, was the foun b If 'Yes,' did the foundation receive any proces	• • •			N/A 7b
Part Information About Officers, D				
and Contractors	,,	, • • • • • • • • • • • • • • • • • • •	<b>3</b> , <b>. 3,</b>	,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see ins	tructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LARRY A. JOHNSON	President	0.	0.	0.
517 S. 3RD AVE	0		:	
BOZEMAN, MT 59715 NANCY M. JOHNSON	Secretary/Tr	0.	0.	0.
517 S. 3RD AVE	0	· ·	,	· ·
BOZEMAN, MT 59715				
ABIGAIL Z. JOHNSON	Director	0.	0.	0.
517 S. 3RD AVE	0			
BOZEMAN, MT 59715			· · · · · · · · · · · · · · · · · · ·	<u> </u>
MATTHEW F. JOHNSON	Director	0.	0.	0.
1201 SW HIGGINS APK K MISSOULA, MT 59803	0			
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 – see instructio	ns), If none, enter 'NONE	<u> </u>
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allowances
None				
				<u></u>
				1
Total number of other employees paid over \$50,000				0
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Form 990-PF (2013) MONTANA RIGHT HAND FOUNDATION	46-10	
Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	idation Managers, Highly Paid i	-mpioyees,
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		
		<del>                                     </del>
		1
		<del> </del>
otal number of others receiving over \$50,000 for professional services	<u> </u>	<u> </u>
CantilX-A. Summary of Direct Charitable Activities		
set the foundation's four largest direct charitable activities during the tay year. Include relevant statistic	eat information such as the number of	
st the foundation's four largest direct charitable activities during the tax year. Include relevant statistic ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	at mornation such as the number of	Expenses
1 N/A		
<u> </u>		
2		
3		
3		,
4		
<b></b>		
*		
attilX:Bi Summary of Program-Related Investments (see instru	ctions)	<del></del>
	·	·
escribe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
` ~		1
<u>N/A</u>		ı
2		
~~		
all other program-related investments. See instructions.		
3		
otal. Add lines 1 through 3	· · ·	0
AA		Form 990-PF (2013)

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Form 990-PF (2013) MONTANA RIGHT HAND FOUNDATION 46-1052244

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held a Average monthly fair market value of securities	for use) directly in carrying	out charitable, etc, purposes:	1 a	245,420.
<b>b</b> Average of monthly cash balances			1 b	284,058.
c Fair market value of all other assets (see instr	ructions)		1 c	
d Total (add lines 1a, b, and c)	,		1 d	529,478.
e Reduction claimed for blockage or other factor	's reported on lines 1a and	1c		<u> </u>
(attach detailed explanation)		1 1		
2 Acquisition indebtedness applicable to line 1 a	essets	<u> </u>	2	0.
3 Subtract line 2 from line 1d			3	529,478.
			<del>-</del>  -	323,410.
4 Cash deemed held for charitable activities En (for greater amount, see instructions)	•		4	7,942.
5 Net value of noncharitable-use assets. Subtra	ct line 4 from line 3 Enter	here and on Part V, line 4	. 5	521,536.
6 Minimum investment return. Enter 5% of line			6	26,077.
Part XI Distributable Amount (see instri				dations
and certain foreign organizations		do not complete this part.)		····
1 Minimum investment return from Part X, line 6			. 1	26,077.
2 a Tax on investment income for 2013 from Part		<del></del>		
<b>b</b> Income tax for 2013. (This does not include the	e tax from Part VI)	2 b		
c Add lines 2a and 2b			2 c	9.
3 Distributable amount before adjustments. Subt	ract line 2c from line 1	•	3	26,068.
4 Recoveries of amounts treated as qualifying di	stributions		4	
<b>5</b> Add lines 3 and 4	•		5_	26,068.
6 Deduction from distributable amount (see instr	uctions)		6	
7 Distributable amount as adjusted Subtract line	e 6 from line 5 Enter here	and on Part XIII, line 1	7	26,068.
Part XII Qualifying Distributions (see ins	etructions)			
Calcan qualifying Distributions (See Ins				
Amounts paid (including administrative expens	es) to accomplish charitable	e. etc. purposes:		
a Expenses, contributions, gifts, etc - total from	Part I, column (d), line 26		. 1a	19,200.
<b>b</b> Program-related investments — total from Part	IX-B		1 b	
2 Amounts paid to acquire assets used (or held to	or use) directly in carrying	out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projection	cts that satisfy the:			
a Suitability test (prior IRS approval required) .	·		3 a	
b Cash distribution test (attach the required sche	dule).		3 b	
4 Qualifying distributions. Add lines 1a through	3b Enter here and on Part	V, line 8, and Part XIII, line 4	4	19,200.
5 Foundations that qualify under section 4940(e) for Enter 1% of Part I, line 27b (see instructions)	the reduced rate of tax on net	t investment income.	5	9.
6 Adjusted qualifying distributions. Subtract line	5 from line 4 .		6	19,191.
Note. The amount on line 6 will be used in Part V	column (b) in subsequent v	ears when calculating whether the fo	undation	
qualifies for the section 4940(e) reduction	n of tax in those years	cars when calculating whether the to	u luatioi i	

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Form 990-PF (2013)

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
1 Distributable amount for 2013 from Part XI, line 7				26,068.
2 Undistributed income, if any, as of the end of 2013				20,000.
a Enter amount for 2012 only			18,873.	1
<b>b</b> Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008 <b>b</b> From 2009	4			ĺ
5 0010	-	-		
15 may 2011	,			
e From 2012			•	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part			· · · · · · · · · · · · · · · · · · ·	
XII, line 4: ► \$ 19,200.				
a Applied to 2012, but not more than line 2a.			18,873.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)	,	0.		
c Treated as distributions out of corpus	_			
(Election required – see instructions).	0.			007
<ul> <li>d Applied to 2013 distributable amount</li> <li>e Remaining amount distributed out of corpus .</li> </ul>				327.
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the	<u> </u>		<del></del>	· · · · · · · · · · · · · · · · · · ·
same amount must be shown in column (a).)	Act of the second			<b>)</b>
	in the second			
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b	,	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency			1	
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed .		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions.		0.		
e Undistributed income for 2012. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be	,			_
distributed in 2014.				25,741.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed		ĺ		
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.	1		
· '	<del>-</del>			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2009	1	[		
b Excess from 2010				1
c Excess from 2011	ł	}	1	
d Excess from 2012. e Excess from 2013				
E LACESS HOTH ZOTS .		<u></u>		

Form 990-PF (2013) MONTANA RIGHT HA	ND FOUNDATION	ON		46-105224	4 Page 1
PantXIV Private Operating Founda					N/A
1 a If the foundation has received a ruling or det is effective for 2013, enter the date of the	ruling	•			·
<b>b</b> Check box to indicate whether the foundate		erating foundation of		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for	Tax year (a) 2013	<b>(b)</b> 2012	(c) 2011	<b>(d)</b> 2010	(e) Total
each year listed	,				
<b>b</b> 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities		<u></u>			
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:	<del></del>				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties) .  (2) Support from general public and 5 or					
more exempt organizations as provided in section 4942(j)(3)(B)(iii).  (3) Largest amount of support from					
an exempt organization .					
(4) Gross investment income					
Supplementary Information assets at any time during the			toundation had	\$5,000 or more	ın
1 Information Regarding Foundation Mana					
a List any managers of the foundation who have close of any tax year (but only if they have	e contributed more the	han 2% of the total co	ontributions received b	y the foundation befo	re the
See Statement 4	s contributed more	(Hall \$5,000). (OCC	30011011 307 (4)(2).)		
<b>b</b> List any managers of the foundation who own	10% or more of the	stock of a corporation	n (or an equally large	portion of the owners	hip of
a partnership or other entity) of which the None	foundation has a 1	0% or greater intere	est.		
2 Information Regarding Contribution, Gran	t Gift Loon Scho	Jarchin etc Proces	me'		
Check here X if the foundation only marequests for funds. If the foundation make complete items 2a, b, c, and d.	kes contributions to	preselected charitable	e organizations and d	oes not accept unsolic nizations under other	cited r conditions,
a The name, address, and telephone number of	e-mail of the person	n to whom application	s should be addresse	d.	
	·	•	~		
<b>b</b> The form in which applications should be s	submitted and infor	mation and material	s they should includ	e.	
Ania submara de di su					
c Any submission deadlines.					
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charitab	ole fields, kinds of in	stitutions, or other f	actors.
BAA	TE		<del></del>	Ea	rm <b>990-PF</b> (2013)
wi va	15.0	EA0310L 07/10/13		ru	330°FF (2013)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  See Statement 5	substantial contributor	recipient	contribution	
Total			▶ 3a	19,200.
<b>b</b> Approved for future payment				
Total			▶ 3b	

Liner gros	s amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
1 Prog	ram service revenue	(a) Business code	<b>(b)</b> Amount	Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
a		<del></del>		<del>  </del>		<u> </u>
b		<del></del>		<del>                                     </del>		
с С		<del> </del>		╂	<del></del>	
e		<del></del>		$\vdash$	<del></del>	
f	<del></del>					
g Fees	and contracts from government agencies			1		
2 Mem	bership dues and assessments					
3 Interes	st on savings and temporary cash investments					27.
4 Divid	ends and interest from securities					3,899.
5 Netr	ental income or (loss) from real estate:	(14)	<b>通</b> 为作为6年以及	<b>编</b> 线,	<b>建筑建筑建设</b>	<b>个本体的</b>
a Debt-	-financed property				<del></del>	
	lebt-financed property					
	ntal income or (loss) from personal property	Ĺ				
	r investment income					
	r (loss) from sales of assets other than inventory			<b> </b>		
	ncome or (loss) from special events		······································			
	s profit or (loss) from sales of inventory		The same of the sa	- A 2 3d	والمراجعة والمحادث والمحادث المحادث	On Control of Control
	r revenue:		A CONTRACT NOW	7 F 146	THE PARTY OF THE P	A STATE OF THE STA
å	<del></del>	+	<del></del>	<del>  </del>		<del></del>
Ь	<del></del>	<del></del>				
g		<del> </del>				
u		<del> </del>		<u> </u>		
· ·	otal. Add columns (b), (d), and (e)	8 m 1 m 1 m 1 m		1886		3,926.
	. Add line 12, columns (b), (d), and (e)	18 - 3-48 to 16 4		APACK 1	13	3,926.
	sheet in line 13 instructions to verify calculate	ions )				3, 320.
	-B. Relationship of Activities to the	<del></del>	ishment of Exemp	t Purpo	ses	
Line No.	Explain below how each activity for which is accomplishment of the foundation's exemp	ncome is repo t purposes (of	orted in column (e) of P ther than by providing fi	art XVI-A	contributed importantl such purposes) (See in	y to the estructions.)
3	ALL INCOME DERIVED FROM INVI	ESTMENTS.				
	ALL INCOME DERIVED FROM INVI					
4	FIELD TRECTION DERIVED TROUT IN VI					
	ALL INCOME DERIVED FROM INVI					

_ 3	ALL INCOME DERIVED FROM INVESTMENTS.
	ALL INCOME DERIVED FROM INVESTMENTS.
	ALL INCOME DERIVED FROM INVESTMENTS.
	ALL INCOME DERIVED I ROW INVESTMENTS.
	<del></del>

# Form 990-PF (2013) MONTANA RIGHT HAND FOUNDATION 46-1052244 Part XXVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 E	Did the organization directly described in section 501(c) relating to political organiza	y or indirectly e of the Code (o ations?	ingage in any of ther than section	the following v n 501(c)(3) org	vith any c anizations	other organizati s) or in section	on 527,	Tes No
a l	Fransfers from the reporting	g foundation to	a noncharitable	exempt organ	zation of	:		
(	(1) Cash							. 1a(1) X
(	2) Other assets			•	•		•	1 a (2) X
<b>b</b> (	Other transactions:							
(	7) Sales of assets to a no	ncharitable exe	mpt organizatio	n				1 b (1) X
(	2) Purchases of assets from	m a noncharita	ible exempt orga	anization				1 b (2) X
(	<ol><li>Rental of facilities, equi</li></ol>	pment, or othe	r assets					1 b (3) X
(	4) Reimbursement arrange	ements				•		1 b (4) X
(	5) Loans or loan guarante	es						. 1 b (5) X
(	6) Performance of service:	s or membersh	ip or fundraising	solicitations		•		1 b (6) X
c S	Sharing of facilities, equipm	nent, mailing lis	ts, other assets	, or paid emplo	yees			1 c X
d If th a (a) Line	f the answer to any of the he goods, other assets, or se my transaction or sharing a e no. <b>(b)</b> Amount involved	rrangement, sl	complete the fol the reporting four now in column (if foncharitable exen	d) the value of	the good	s, other assets,	or services recei	r market value of in ved.  nd sharing arrangements
N/A	C III. (D) AIIIOUIII IIIVOIVCU	(c) Harrie o	THOTICIIAI RADIC CACII	ipt organization	<del>  (u</del> ,	y bescription of tra	narcia, dunadenona, di	id stiding arrangements
N/A		<del></del>			<del></del>			······································
	<del></del>	<del> </del>			<del> </del>	<del></del>		
	<del></del>	<del></del>	<del></del>		<del></del>	<del></del>		<del></del>
		<del> </del>	··· <u></u>		<del>                                     </del>		_ <del></del>	<del> </del>
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		<u> </u>			- <b> </b>	·	_ <del></del>	<del></del>
		ļ	<del></del>		<b></b>			
							····	<del> </del>
		1						
		<u> </u>		-	1			
d	the foundation directly or in escribed in section 501(c) 'Yes,' complete the follow	of the Code (ot	with, or related t her than section	o, one or more ( 501(c)(3)) or (	ax-exemp n section	t organizations 527?		Yes XNo
	(a) Name of organizati	on	<b>(b)</b> Type	of organization	1 ,	(c	) Description of re	elationship
N/A								
				<del></del>				
Sign	Under penalties of perjury, I declar correct, and complete Declaration			ing accompanying s d on all information	•		the best of my knowled edge	May the IRS discuss this return with the
Here	Janena /	John		4/11/14		resident	<del></del>	preparer shown below (see instructions)?
	Signature of officer or trustee	()		Date			<del></del>	X Yes No
	Print/Type preparer's nar	116-	Preparer's	ignature		Date	Check	PTIN
Paid	JAKE NEIL		A. A	~		Wolm	self-employed	P00837434
Prepa	rer Firm's name N	eil and C	ompany, CP	As PC			Firm's EIN • 61-	1701345
Use O		184 N 15t	h Ste 1					
	···, _		Г 59715				Phone no (40	6) 587-9239
ВАА	<del></del>				<del></del>			Form <b>990-PF</b> (2013)

# 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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization		Employer identification number
MONTANA RIGHT HAND FOUNDATION		46-1052244
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 priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
	·	
<b>Note.</b> Only a section 501(c)(/), (8), or (10) orga	anization can check boxes for both the General Rule and a S	special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	990-PF that received, during the year, \$5,000 or more (in mone	y or property) from any one
contributor. (complete r arts r and ii.)		
Constal But a		
Special Rules		
For a section 501(c)(3) organization filing For 509(a)(1) and 170(b)(1)(A)(v) and received	orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of	regulations under sections the greater of (1) \$5,000 or
(2) 2% of the amount on (i) Form 990, Part	VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I ai	nd II.
For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-EZ that received from any one contribut	or, during the year,
total contributions of more than \$1,000 for u	use <i>exclusively</i> for religious, charitable, scientific, literary, or late. Complete Parts I. II. and III.	educational purposes, or
•	n filing Form 990 or 990-EZ that received from any one contribut	or during the year
contributions for use exclusively for religious, cl	haritable, etc. purposes, but these contributions did not total to m	nore than \$1,000.
	abutions that were received during the year for an exclusively relies the General Rule applies to this organization because it receives	
religious, charitable, etc, contributions of \$5	• • • • • • • • • • • • • • • • • • • •	<b>►</b> \$
On the second second section is the second s	# 0 - 101 - W # 0101	
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Sct 2, of its Form 990, or check the box on line H of its Form 9	990-EZ or on its Form 990-PF
Part I, line 2, to certify that it does not meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 99	90-PF)
BAA For Paperwork Reduction Act Notice, see	the Instructions for Form 990, 990EZ, Schedule B (F	orm 990, 990-EZ, or 990-PF) (2013)
or 990-PF.		

MONTAI	NA RIGHT HAND FOUNDATION	ſ	.052244
[Parti	Contributors (see instructions) Use duplicate copies of Part I if additional space	e is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LARRY AND NANCY JOHNSON	-	Person X Payroll
	517 S. 3RD AVE	\$13,683.	]
	BOZEMAN, MT 59715	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
	Name, autress, and Zir + 4	contributions	Type of contribution
		\$	Person
		-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
RAA	TEF A07021 12/27/13	Schedula P (Form 000	noncash contributions )

Page

1 of

1 of Part 1

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

1 to

of Part II

Name of organization

Employer identification number

<u>MONTAN.</u>	A RIGHT HAND FOUNDATION	46-1052	244
Parill	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ .	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<b></b>		
		\$	
(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.	145	(6)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Ī			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule I	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2013)		Page 1 to 1 of Part III
Name of organ	nization A RIGHT HAND FOUNDATION		Employer Identification number $46-1052244$
Part'III	Exclusively religious, charitable, e	\$1,000 for the year. Complete al of <i>exclusively</i> religious, charitable (Enter this information once Sec	ns to section 501(c)(7), (8) or (10) e columns (a) through (e) and the following line entry.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
~			
	Transferration name address	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, addres	s, and zir + 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
	Transferee's name, addres	(e) Transfer of gift s, and 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
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
Ì			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868. OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

request an e Associated	required to file Form 990-T), or an additional (rextension of time to file any of the forms listed in Pa With Certain Personal Benefit Contracts, which illing of this form, visit www.irs.gov/efile and clic	art I or Part II v must be sen	with the exception of Form 8870, Information to the IRS in paper format (see instruct	on Return for Transfer	S
Part L	Automatic 3-Month Extension of Tim	ie. Only su	bmit original (no copies needed)	).	
A corporation	on required to file Form 990-T and requesting ar	n automatic 6	5-month extension — check this box and	complete Part I on	y . ▶ 🗍
All other co	orporations (including 1120-C filers), partnership returns.	s, REMICs, a			
			Enter filer's ident	ifying number, see i	
Type or print	Name of exempt organization or other filer, see instructions	<b>.</b>		Employer identification	number (EIN) or
File his the	MONTANA RIGHT HAND FOUNDATION			46-1052244 Social security number	(SSN)
File by the due date for	517 S. 3RD AVE				,
filing your return See	City, town or post office, state, and ZIP code For a foreign a	ddress, see instru	actions.		
instructions	BOZEMAN, MT 59715				
Enter the R	eturn code for the return that this application is	for (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
Form 4720 (ı	individual)	03	Form 4720 (other than individual)		09
Form 990-P	F	04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069	<del> </del>	11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephor If the or If this is check the exte	nsion is for. est an automatic 3-month (6 months for a corporatio	ur digit Group check this be n required to t	e United States, check this box Exemption Number (GEN)  and attach a list with the natifice Form 990-T) extension of time	f this is for the whole ames and EINs of all	• .
The example of the total transfer of transfer of transfe	8/15 , 20 14 , to file the exempt organization is for the organization's return for calendar year 20 13 or tax year beginning , 20 tax year entered in line 1 is for less than 12 morange in accounting period	_, and endin	ıg, 20	nal return	
	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions	4720, or 606	9, enter the tentative tax, less any	3a\$	9.
tax pa	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme	ent allowed as	s a credit	3ь\$	0.
	ce due, Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See			3 c   S	٩

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form <b>886</b>	8 (Rev 1-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mor	nth Extension	n, complete only Part II and check the	his box	► X
Note. Only	y complete Part II if you have already been grante	ed an automa	atic 3-month extension on a previous	sly filed Form 8868	
● If you a	are filing for an Automatic 3-Month Extension, co	mplete only	Part I (on page 1)		_
Pari II	Additional (Not Automatic) 3-Month I	Extension	of Time. Only file the origina	I (no copies need	led).
	<del></del>		Enter filer's id	dentifying number, see	instructions
	Name of exempt organization or other filer, see instructions			Employer identification nur	mber (EIN) or
Type or					
print	MONTANA RIGHT HAND FOUNDATION			46-1052244	
<b>~</b>	Number, street, and room or suite number. If a P O box, see in	structions		Social security number (SS	N)
File by the extended	Neil and Company, CPAs PC				
due date for filing your return See	1184 N 15th Ste 1				
instructions	City, town or post office, state, and ZIP code. For a foreign addr	ress, see instructi	ions.		
	Bozeman, MT 59715				_
Enter the	Return code for the return that this application is	for (file a sep	parate application for each return).		04
Applicatio	on .	Return	Application		Return
ls For		Code	Is For		Code
	or Form 990-EZ	01			
Form 990-	<del></del>	02	Form 1041-A	<del></del>	08
	(ındıvıdual)	03	Form 4720 (other than individual)		09
Form 990-		04	Form 5227	<del>_</del>	10
	T (section 401(a) or 408(a) trust)	05	Form 6069	<del> </del>	11
Form 990-	T (trust other than above)	06	Form 8870		12
If the company whole group	bks are in care of LARRY JOHNSON  Done No (406) 586-3511  Dorganization does not have an office or place of bits for a Group Return, enter the organization's four place of the graph, check this box  If it is for part of the graph check the solution is for.	ır dıgıt Group		If t	. ► [] this is for the Is of all
			<del></del>	······································	··
4 I requ	uest an additional 3-month extension of time until	11/15_	, 20_14.	-	
5 For c	alendar year $2013$ , or other tax year beginning	ng 		, 20	)
6 If the	tax year entered in line 5 is for less than 12 mor	iths, check re	eason: Initial return	Final return	
	Change in accounting period				
7 State	in detail why you need the extension	<u>payer_re</u>	spectfully requests add	<u>litional_time</u>	<u>to</u>
<u>ga</u> t	<u>ther information necessary to fi</u>	<u>ile a co</u> n	<u>mplete and accurate tax</u>	<u>return.</u>	
				<del></del>	<del></del>
8 a If this	application is for Forms 990-BL, 990-PF, 990-T, efundable credits. See instructions.	4720, or 606	9, enter the tentative tax, less any	8a \$	0
	<u> </u>	5050 - 1			9.
tax p	s application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme ously with Form 8868	nt allowed as	any refundable credits and estimates a credit and any amount paid	8b\$	0.
c Balar	nce due. Subtract line 8b from line 8a. Include you'S (Electronic Federal Tax Payment System) See	ur payment w	with this form, if required, by using	8 c \$	
			t be completed for Part II on		9.
Under penaltie	s of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form		•		
Signature >	Title ►	Preside		Date >	/D-: 1.001.0
BAA		FIFZ0502L	12/31/13	Form 8868	Rev 1-2014)

2012	Fodoual Chalamanta	Da 1
2013	Federal Statements	Page 1
Client 200750	MONTANA RIGHT HAND FOUNDATION	46-1052244
9/11/14 Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		08 59AM
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income  \$ 1,550. \$ 1,550. \$ 1,550. \$ 0.	(d) Charitable Purposes \$ 0.
Statement 2 Form 990-PF, Part I, Line 18 Taxes		
ANNUAL LICENSING	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 30.       \$ 30.         Total       \$ 30.       \$ 0.	(d) Charitable Purposes  0.
Statement 3 Form 990-PF, Part III, Line 3 Other Increases		
CAPITAL GAIN - SEE STMT #6		22,780. 22,780.
Statement 4 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or Mor LARRY A. JOHNSON NANCY M. JOHNSON	e Contributors	
Statement 5 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year		
Name and Address	Found- Donee ation Purpose of Relationship Status Grant	Amount
CAMPUS CRUSADE FROM CHRIST P.O. BOX 628222 ORLANDO, FL 32832	NONE CHARITY CHARITABLE	\$ 2,000.

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2013	Federal Sta	tements			Page 2
Client 200750 M	IONTANA RIGHT HA	ND FOUNDAT	ΓΙΟΝ		46-1052244
9/11/14	1		<del></del>	<del></del>	08 <sup>-</sup> 59AM
Statement 5 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee Relationship	Found- ation Status	Purpose Grant		Amount
GREATER GALLATIN UNITED WAY 945 TECHNOLOGY BLVD. #101F BOZEMAN, MT 59715	NONE	CHARITY	CHARITABLE	\$	2,000.
GALLATIN VALLEY YOUNG LIFE PO BOX 547 BOZEMAN, MT 59771	NONE	CHARITY	CHARITABLE		200.
MISSOULA YMCA 3000 SOUTH RUSSELL STREET MISSOULA, MT 59801	NONE	CHARITY	CHARITABLE		4,000.
THRIVE PO BOX 6637 BOZEMAN, MT 59771	NONE	CHARITY	CHARITABLE		5,000.
AMERICAN COMPUTER MUSEUM 2023 STADIUM DRIVE BOZEMAN, MT 59715	NONE	CHARITY	CHARITABLE		2,000.
BOZEMAN ART MUSEUM 10573 KELLY CANYON RD BOZEMAN, MT 59715	NONE	CHARITY	CHARITABLE		3,000.
EAGLE MOUNT 6901 GOLDENSTEIN LANE BOZEMAN, MT 59715	NONE	CHARITY	CHARITABLE		250.
BRIDGER CARE 300 NORTH WILSON AVE BOZEMAN, MT 59715	NONE	CHARITY	CHARITABLE		250.
INTERMOUNTAIN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84124	NONE	CHARITY	CHARITABLE		250.
FAMILY PROMISE 429 E. STORY ST. BOZEMAN, MT 59715	NONE	CHARITY	CHARITABLE		250.
	•			Total \$	19,200.

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2013 Page 1 **General Information** MONTANA RIGHT HAND FOUNDATION **Client 200750** 46-1052244 9/11/14 08.59AM Forms needed for this return Federal: 990-PF, Sch B, 8868, 8868 p2 **Tax Rates** Private Foundation Marginal Effective 1.0 % 1.0 % Federal Carryovers to 2014 None **Undistributed Income Carryovers to 2014** 2013 Undistributed Income 25,741.

2013 Federa	Federal Worksheets	ts				-	Page 2
200750	MONTANA RIGHT HAND FOUNDATION	IDATION				46	46-1052244
9/11/14 Average Monthly Fair Market Value of Securities Form 990-PF, Part X, Line 1a							08-59AM
Security January February March April May	y June	July	Auqust	September	October	November	December
INVESTMENT ACCOUNT 417,462 209,552 Averages 417,462 0 204,792 209,552	205, 352 205, 352	216,244 216,244	0	303,770 303,770	473,690	455, 166 455, 166	459, 007 459, 007
Totals 2,945,035 Number of Months  Average Monthly Fair Market Value 245,420	NII						

2013	Federal Worksheets		Page 3
Client 200750	MONTANA RIGHT HAND FOUNDATION	46	46-1052244
9/11/14			08 59AM
Average Monthly Cash Balances Form 990-PF, Part X, Line 1b	Balances ne 1b		
Cash Bal. January	February March April May June July August Se	September October November	December
INVESTMENT ACCOUNT 106,832 Averages 106,832	519,092 519,096 316,472 316,275 317,310 317,313 526,662 519,092 519,096 316,472 316,275 317,310 317,313 526,662	223,740 73,816 94,637 223,740 73,816 94,637	77,451
Totals 3,408,696	Number of Months 12		
Average Monthly Cash Balances	Jances 284,058		
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