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DLN: 93491133029796

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

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

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Open to Public Inspection

For	cale	ndar year 2015, or tax y	, and ending 1	and ending 12-31-2015							
	e of four	ndation LAWITER FOUNDATION			A Employer id	entification numbe	er				
ш	FARD-C	LAWITER TOUNDATION			81-0394026						
Num	ber and	street (or P O box number if mail is i	not delivered to street address) Room/suite	B Telephone nu	mber (see instruction	s)				
PO	BOX 160	05			(406) 727-0888	3					
		state or province, country, and ZIP o 5, MT 59403	r foreign postal code		C If exemption	application is pendin	g, check here 🕨 🦵				
GCI	neck al	I that apply Initial return	Initial return of a f	ormer public charity			_				
•	reek ar	Final return Address chang	A mended return	ormer public ename,	2. Foreign o	D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation					
H Ch	eck ty	pe of organization VSection 1947(a)(1) nonexempt charitat	ole trust 「Other taxabl	e private foundation	E If private for under section	undation status was t n 507(b)(1)(A), chec	terminated				
		et value of all assets at end	JAccounting method Other (specify)	Cash Accrual	F II the lound	ation is in a 60-mont					
		rom Part II, col. (c), \$ 8,418,735	(Part I, column (d) must	be on cash basis.)	under sectio	n 507(b)(1)(B), chec	ck nere				
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in co instructions))	b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)				
	1	Contributions, gifts, grants, e	tc , received (attach								
		schedule)									
	2	Check 🟲 🔽 If the foundation	is not required to attach								
	3	Interest on savings and temp	•	12	107.526	<u> </u>	_				
	4	Dividends and interest from s		187,536	187,536		_				
	5a b	Gross rents									
ф	6a	Net gain or (loss) from sale o		506,009							
Revenue	ь	Gross sales price for all asse									
Rei	7	2,307,094 Capital gain net income (from	Part IV line 2)		506,009						
	8	Net short-term capital gain .			,						
	9	Income modifications									
	10a	Gross sales less returns and allowances									
	ь	Less Cost of goods sold									
	c	Gross profit or (loss) (attach	schedule)								
	11	Other income (attach schedu	le)	68	68						
	12	Total.Add lines 1 through 11		693,625	693,625						
	13	Compensation of officers, dire	ectors, trustees, etc	1,500	300		450				
	14	O ther employee salaries and	wages								
Ŷ	15	Pension plans, employee ben	efits								
SH.	16a	Legal fees (attach schedule).									
Expenses	Ь	Accounting fees (attach sche	dule)	13,400	2,680		4,020				
	C	Other professional fees (atta	ch schedule)	44,199	44,199		0				
30	17	Interest									
2	18	Taxes (attach schedule) (see	instructions)	12,541	1,054		0				
	19	Depreciation (attach schedul	e) and depletion								
Administrative	20	Occupancy									
and #	21	Travel, conferences, and mee	-								
	22	Printing and publications									
E E	23	Other expenses (attach sche		650	0		0				
Operating	24	Total operating and administ Add lines 13 through 23	-	72,290	48,233		4,470				
Ö	25	Contributions, gifts, grants pa			•		421,916				
	26	Total expenses and disbursen									
		25	Tand	494,206	48,233		426,386				
	27	Subtract line 26 from line 12									
	a .	Excess of revenue over exper		199,419	CAE 303						
	b c	Net investment income (If ne Adjusted net income(If negat			645,392						
	١ ٠	jaseca net meonic(n negat	,								

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	(b) Book Value	of year
	1	Cash—non-interest-bearing	(a) book value	(b) book value	(c) Fair Market Value
	2	Savings and temporary cash investments	376,231	304,71	2 304,712
	3	Accounts receivable	0,10,201	331,711	-
	3	Less allowance for doubtful accounts			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts			
	_				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		<u> </u>	<u> </u>
ΑS	10a	Investments—U S and state government obligations (attach schedule)	808,778		,
	b	Investments—corporate stock (attach schedule)		ļ -	5,648,216
	С	Investments—corporate bonds (attach schedule)	1,630,456	1,607,87	1,569,950
	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	O ther assets (describe 🟲)	4,597	3,79	3,795
	16	Total assets(to be completed by all filers—see the			
		instructions Also, see page 1, item I)	7,031,079	7,254,943	8,418,735
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ę.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a B	21	Mortgages and other notes payable (attach schedule)			
コ	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0)	0
		Foundations that follow SFAS 117, check here			
φ		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here			
7		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0)	
Ř	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0		0
Assets	29	Retained earnings, accumulated income, endowment, or other funds	7,031,079	7,254,94	3
Net	30	Total net assets or fund balances(see instructions)	7,031,079	<u> </u>	
Z	31	Total liabilities and net assets/fund balances(see instructions)	7,031,079	<u> </u>	
Do			7,031,075	7,231,31	
	rt III		(a) line 20 (
1		Total net assets or fund balances at beginning of year—Part II, column		-	7 024 070
•		with end-of-year figure reported on prior year's return)			7,031,079
2		Enter amount from Part I, line 27a		_ —	199,419
3		Other increases not included in line 2 (itemize)			24,445
4		Add lines 1, 2, and 3			7,254,943
5		Decreases not included in line 2 (itemize)		5	7.254.042
6		Total net assets or fund balances at end of year (line 4 minus line 5)—	art II, column (b), l	ine 30 . 6 	7,254,943

the Part VI instructions

Part IV Capital Gains and Losses for Tax on Investment Income

		the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		P—Purchase (b) D—Donation		Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data	Table		(2) 2 Demacion			
b							
С					1		
d							
e					1		
(e) Gross sales price	Depreciation allowe (f) (or allowable)		t or other basis expense of sale			n or (loss) (f) minus (g)
a	See Additional Data		(3)	•		. , , , , ,	()
ь							
С							
d							
e							
Со	mplete only for assets s	showing gain in column (h) and owne	d by the foundation	n on 12/31/69		Gains (Col	(h) gain minus
(i)	FMV as of 12/31/69	A djusted basis (j) as of 12/31/69		r col (j), if any	(1)		ot less than -0-) or (from col (h))
a	See Additional Data	Table					
b							
С							
d							
e							
3		al gaın or (loss) as defined ın sectio Part I, line 8, column (c) (see instru 			.	3	
Part '	V Qualification (Jnder Section 4940(e) for R	educed Tax on	Net Investme	nt I	ncome	
	nonal use by domestic pon 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ection 4940(a) tax	on net investment	inco	me)	
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do	•	· ·	erıod	?	「Yes ▼ No
1 Ent	ter the appropriate amo	unt ın each column for each year, se	ee instructions befo	ore making any en	ries		
	(a) period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchai	ritable-use assets		(d) Distributio (col (b) divided	n ratio
	2014	393,433		8,749,281			0 044967
	2013	377,393		8,064,362			0 046798
	2012	376,523		7,597,559			0 049558
	2011	359,750		7,642,970			0 047069
	2010 Total of line 1, column	350,611		7,302,282	_		0 048014
2 3	Average distribution	ratio for the 5-year base period—div			3		0 236406
4		the foundation has been in existence f noncharitable-use assets for 2015		_	4		9,106,500
5		3	•	·	5		430,564
6		stment income (1% of Part I, line 2°			6		6,454
7					7		437,018
8		ibutions from Part XII, line 4		<u> </u>	8		426,386

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49		, UI 4346—SE	e pag	E 10 01	the ins	LIUCLIO	115)		
1a	Exempt operating foundations described in section 4940(d)(2), check here $ ightharpoonup$ and enter "N/A" on line 1	· [)						
	Date of ruling or determination letter			ļ						
	(attach copy of letter if necessary-see instructions)			ĺ						
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			J	1			1 2	2,908	
	here Fand enter 1% of Part I, line 27b			• •						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organiza Part I, line 12, col (b)	tions e	enter 4% of							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	dation	s only Othe	rs	2		0			
3	Add lines 1 and 2			•	3			1.	2,908	
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable foun enter -0-)	ndation	s only Othe	ers	4				0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter - 0			5			1.	2,908	
6	C redits/P ay ments		•							
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1:	1,520						
b	Exempt foreign organizations—tax withheld at source	6b								
C	Tax paid with application for extension of time to file (Form 8868)	6с								
d	Backup withholding erroneously withheld	6d								
7	Total credits and payments Add lines 6a through 6d				7			1:	1,520	
8	Enter any penalty for underpayment of estimated tax Check here $\ \ \ \ \ \ \ \ \ \ \ \ \ $	220 is	attached		8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				1,388	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	paid	F	10					
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	<u> </u>	11					
Par	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislatio	n or d	ıd			Yes	No	
	it participate or intervene in any political campaign?						1a		No	
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see Ir	struct	ions				
	for definition)?					•	1b		No	
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any n	nateria	ıls					
	published or distributed by the foundation in connection with the activities.									
	Did the foundation file Form 1120-POL for this year?	• •			• •	•	1c		No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos		- ,							
_	(1) On the foundation \$\bigs\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0						
е	Enter the reimbursement (if any) paid by the foundation during the year for political formulation managers.	tical e	xpenditure t	ax IIII	Josea					
2	on foundation managers * \$0 Has the foundation engaged in any activities that have not previously been rep	ortod i	to the IDS2				2		No	
2	If "Yes," attach a detailed description of the activities.	orteu	to the IK3.						NO	
3	Has the foundation made any changes, not previously reported to the IRS, in it	.c. aovo	rning instru	mont	articlo	c				
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confe	_	_	-		3	3		No	
4a	Did the foundation have unrelated business gross income of \$1,000 or more do						4a		No	
ь	If "Yes," has it filed a tax return on Form 990-T for this year?						4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction dur						-		No	
_	If "Yes," attach the statement required by General Instruction T.		-,							
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45) sa	tisfied eithe	r						
	By language in the governing instrument, or	,								
	By state legislation that effectively amends the governing instrument so that	at no n	nandatory dı	rectio	ns					
	that conflict with the state law remain in the governing instrument?						6	Yes		
7	Did the foundation have at least \$5,000 in assets at any time during the year?	If "Yes	s," complete i	Part II	, col. (c	:),				
	and Part XV.						. 7	Yes		
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)							
	MT									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99									
	General (or designate) of each state as required by General Instruction G? If "						8b	Yes		
9	Is the foundation claiming status as a private operating foundation within the n		_							
	or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (se	ee inst	ructions for	Part >	(IV)?					
4.5	If "Yes," complete Part XIV						9	\longmapsto	No	
10	Did any persons become substantial contributors during the tax year? If "Yes,"			_			4.		NI -	
	and addresses.						10	1 1	No	

Pai	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		No
12	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	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►ANDERSON ZURMUEHLEN CO PC Telephone no ►(406))727	-0888	
	Located at \$\bigsize 21 10TH ST SO GREAT FALLS MT ZIP+4 \$\bigsize 59401			
15			▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	• •	- ,	
			T	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مما	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1
	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? Yes V 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?			
	(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) Yes V No			
ь	If any answer is "Yes" to 1a(1)–(6), did any 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	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 2015?	1c		No
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 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years 🕨 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any 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?			
b	If "Yes," did it have excess business holdings in 2015 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 2015.)	3b	 	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	٠.		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1 '	No

Fel	Lt ATT-B	Statements Rega	arding Activities to	or wr	iich Form 4/20	мау	Be Required (Cont	inuea)	
5a	During the	year did the foundation	n pay or incur any amo	unt to						
	(1) Carry	on propaganda, or othe	rwise attempt to influe	nce leg	ıslatıon (sectıon 49	45(e)) [?]	√ No		
	(2) Influer	nce the outcome of any	specific public electio	n (see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	voter registration drive	≥?			\ Yes \	√ No		
	(3) Provid	e a grant to an individu	ial for travel, study, or (others	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provid	e a grant to an organiza	ation other than a char	table,	etc , organızatıon de	scrib	ped			
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charita	ble, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelt	y to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No		
b	If any ans	werıs "Yes" to 5a(1)–((5), dıd any of the trans	actions	fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice rega	rding o	disaster assistance	(see	instructions)?	[5b	
	O rganızatı	ions relying on a curren	nt notice regarding disa	steras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the found	ation c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for	the gr	ant?		T Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations sec	tion 53.	4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, d	ırectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	•						benefit contract?	. [6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a pa	rty to a	a prohibited tax shel	lter t	ransaction? Yes	√ No		
b	If yes, dıd	the foundation receive	any proceeds or have	any ne	t income attributable	e to t	the transaction?	. [7b	
_		Information Abou	t Officers, Directo	rs, T	rustees, Founda	atio	n Managers, Highly	Paid	Empl	oyees,
		and Contractors			•					
1	List all offi	cers, directors, trustee	s, foundation manager	s and t	heir compensation (see i		I		
			Title, and averag		Compensation(If		(d) Contributions to	F	vnense	account,
	(a) Nam	ne and address	hours per week (b) devoted to position		not paid, enter -0-)	е	mployee benefit plans			owances
			(b) devoted to position	"	-0-)	and	deferred compensation			
See	Additional E	Data Table								
]							
			1							
2	Compensat	ion of five highest-paid	d employees (other tha	n thos	e included on line 1-	-see	instructions). If none, e	nter "N	ONE."	
		(a)	Title, and av	erade			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	account,
	more	e than \$50,000	(b) devoted to po	osition			(d) compensation	(e) ⁰	ther an	lowances
NON	IE									
			 							
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

and Contractors (continued) 3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NON	NF".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		• 0
Part IX-A Summary of Direct Charitable Activities		•
·	aught statutural information such as the number	or of
ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
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	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
· -		
3		I
3		

Form 990-PF (2015) Part X Minimum Investment Return

ГŒ	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	8,821,856
b	Average of monthly cash balances	1b	419,528
С	Fair market value of all other assets (see instructions)	1c	3,794
d	Total (add lines 1a, b, and c)	1d	9,245,178
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	9,245,178
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	138,678
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,106,500
6	Minimum investment return. Enter 5% of line 5	6	455,325
Par	t XI Distributable Amount		·
	(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► ☐ and do not complete this part.)	tain r	oreign organizations
1	Minimum investment return from Part X, line 6	1	455,325
2a	Tax on investment income for 2015 from Part VI, line 5 2a 12,908		·
ь	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	12,908
3	Distributable amount before adjustments Subtract line 2c from line 1	3	442,417
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	442,417
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	442,417
			· · · · · · · · · · · · · · · · · · ·
2ar	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	426,386
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts 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	426,386
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	426,386
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Income (see instr	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				442,417
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			421,916	
Ь	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
c	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e		0		
	Qualifying distributions for 2015 from Part				
•	XII, line 4 🕨 \$ 426,386				
a	Applied to 2014, but not more than line 2a			421,916	
	Applied to undistributed income of prior years		0	,	
	(Election required—see instructions)		•		
С	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount		_		4,470
е	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2015		0		0
	(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 line 5		0		
	Prior years' undistributed income Subtract				
_	line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		0		
_	tax has been previously assessed		, v		
d	Subtract line 6c from line 6b Taxable amount —see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	instructions			O .	
t	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				437,947
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)		0		
8	Excess distributions carryover from 2010 not		0		
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.		0		
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

F	Part XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question	9)	
1a	If the foundation has received a ruling or deter foundation, and the ruling is effective for 2015			-		
b	Check box to indicate whether the organization	n is a private operat	ing foundation des	scribed in section	√ 4942(j)(3) or	「 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Q ualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c						
	(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					
Pa	rt XV Supplementary Information (e organizatior	n had \$5,000 o	r more in
<u></u>	assets at any time during the Information Regarding Foundation Managers:	year—see inst	ructions.)			
	List any managers of the foundation who have obefore the close of any tax year (but only if the	contributed more th y have contributed	an 2% of the total more than \$5,000	l contributions rec)) (See section 50	eıved by the found)7(d)(2))	ation
b	List any managers of the foundation who own 1 ownership of a partnership or other entity) of w				large portion of the	e
2	Information Regarding Contribution, Grant, Gif	ft, Loan, Scholarshi	p, etc., Programs:			
	Check here if the foundation only makes c unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and	n makes gifts, grant				ns under
a	The name, address, and telephone number or e		ne person to whom	applications shou	ıld be addressed	
	LIPPARD-CLAWITER FOUNDATION PAMEL 21 10TH ST S GREAT FALLS, MT 59403 (406) 727-0888	Α				
b	The form in which applications should be subm APPLICATION FOR REQUEST OF FUNDS LO					
c	Any submission deadlines SEPTEMBER 30		·			
d	Any restrictions or limitations on awards, such factors	n as by geographica	ıl areas, charıtable	e fields, kınds of ın	stitutions, or othe	

ORGANIZATIONS LOCATED IN CHOUTEAU COUNTY, MONTANA

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 421,916 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Production	ina Astivitia	. <u></u>			Page 12
Enter gross amounts unless otherwise indicated	I	usiness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b)	(c) Exclusion code	(d) A mount	Related or exempt function income (See
a	Busiliess code	Amount	L XCIUSION COde	Amount	instructions)
b					
d					
e f					
 g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments			14	12	
4 Dividends and interest from securities5 Net rental income or (loss) from real estate			14	187,536	
a Debt-financed property					
6 Net rental income or (loss) from personal property.					
7 Other investment income			15	68	
8 Gain or (loss) from sales of assets other than inventory			18	506,009	
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b c					
d e					
12 Subtotal Add columns (b), (d), and (e). 13 Total.Add line 12, columns (b), (d), and (e).		0		693,625	
(See worksheet in line 13 instructions to verify of Part XVI-B Relationship of Activities to	calculations)				073,023
Line No. Explain below how each activity for whith the accomplishment of the foundation's instructions)	ich income is re	ported ın column ((e) of Part XVI-A c	ontributed importa	

Part	: XVI	I Information Re Noncharitable					nsactio	ons and I	Relationships	With			
		organization directly or i	ndırectly e	engage i	n any of t	the following v						Yes	No
		tions?			_(0)(0)	,, ga <u>, c</u>	o oo	01.01.027,	rotating to politic				
_		s from the reporting four	ndation to	a nonch	arıtable (exempt organ	ızatıon o	f					
		h									1a(1)		No
		erassets									1a(2)		No
` '		ansactions											
		es of assets to a noncha	ritable exe	empt ord	anızatıcı	n					1b(1)		No
		chases of assets from a									1b(2)		No
		tal of facilities, equipme									1b(3)		No
		nbursement arrangemer									1b(4)		No
		ns or loan guarantees.									1b(5)		No
		rmance of services or m									1b(6)		No
		of facilities, equipment,	•		=						\vdash		No
	_	or lacinities, equipment, swer to any of the above	_	•			•					<u>_</u>	NO
of t	the go any tra	ods, other assets, or se ansaction or sharing arr	rvices giv angement	en by th , show ir	e reporti n column	ng foundation	If the foot of the g	oundation r oods, other	eceived less thai	n fair mark ces receive	et value ed		nts
		•				<u> </u>			·	·		_	
							+						
							+						
							+						
des	scribe	undation directly or indi d in section 501(c) of th complete the following (a) Name of organizatio	ne Code (d schedule		in sectioi		or in sec			•••• ption of relati		s 🔽	No
Sign Here	the Info	der penalties of perjury, be best of my knowledge a prmation of which prepai	and belief,	ıt ıs true	e, correct		te Decla			an taxpaye	r) is bas he IRS di	sed on	all
Here	•	Signature of officer or t	rustee			Date	—)	Title		with t	he prepai		
	<u> </u>	Print/Type preparer's PAMELA GUSCHAUSKY	name	Prepar	er's Sıgn	ature	Date 201	16-05-12	Check if self- employed ▶	PTIN	001857		
Paid Prep Use		Firm's name ANDERSON ZURMUE	HLEN & C	O PC			1		Firm's EIN > 81-0385940				
Only		21 10TH STREET SO 59401		Phone no (406)727-0888									

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
ST SECURITY SALES DAD #7577		2015-01-01	2015-12-31
LT SECURITY SALES DAD #7577		2001-01-01	2015-12-31
ST SECURITY SALES DAD #0848		2015-01-01	2015-12-31
LT SECURITY SALES DAD #0848		2001-01-01	2015-12-31
ST SECURITY SALES DAD #7943		2015-01-01	2015-12-31
LT SECURITY SALES DAD #7943		2001-01-01	2015-12-31
CAPITAL GAINS DIVIDENDS	Р		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Deprectation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
90,593		86,108	4,485
1,689,510		1,320,520	368,990
38,220		41,067	-2,847
206,648		133,174	73,474
27,732		32,454	-4,722
248,622		187,762	60,860
5,769			5,769

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets showing	omplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))
			4,485
			368,990
			-2,847
			73,474
			-4,722
			60,860
			5,769

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
FRANCIS ENGELLANT	BOARD MEMBER	0	0	0
PO BOX 1605 GREAT FALLS,MT 59403	1 00			
ALLIN CHEETHAM	PRESIDENT	300	0	0
PO BOX 1605 GREAT FALLS,MT 59403	1 00			
PAMELA GUSCHAUSKY	SEC/TREASURER	0	0	0
PO BOX 1605 GREAT FALLS,MT 59403	1 00			
STAN KLIMAS	VICE PRESIDENT	300	0	0
PO BOX 1605 GREAT FALLS,MT 59403	1 00			
ROBERT QUINN	BOARD MEMBER	300	0	0
PO BOX 1605 GREAT FALLS,MT 59403	1 00			
DON ENGELLANT	BOARD MEMBER	300	0	0
PO BOX 1605 GREAT FALLS,MT 59403	1 00			
DAREN SCHUSTER	BOARD MEMBER	300	0	0
PO BOX 1605 GREAT FALLS,MT 59403	1 00			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BIG SANDY ACTIVITIES INC PO BOX 369 BIG SANDY,MT 59520	NONE	NONE	PRO GRAMS	4,427
BIG SANDY CULTURAL FUND 533 THIRD AVENUE BIG SANDY,MT 59520	NONE	NONE	PROGRAMS	5,000
BIG SANDY MEDICAL CENTER PO BOX 530 BIG SANDY,MT 59520	NONE	NONE	PRO GRAMS	15,000
BIG SANDY SENIOR CITIZENS CENTER PO BOX 263 BIG SANDY,MT 59520	NONE	NONE	PROGRAMS	7,500
BIG SANDY VOLUNTEER AMBULANCE PO BOX 476 BIG SANDY,MT 59520	NONE	NONE	PROGRAMS	8,165
BIG SANDY VOLUNTEER FIRE DEPARTMENT PO BOX 476 BIG SANDY,MT 59520	NONE	NONE	PRO GRAMS	18,000
CARTER VOLUNTEER FIRE DEPARTMENT PO BOX 279 CARTER, MT 59420	NONE	NONE	PROGRAMS	1,440
CHOUTEAU COUNTY 4-H COUNCIL PO BOX 112 LOMA,MT 59460	NONE	NONE	PROGRAMS	7,500
CHOUTEAU COUNTY FAIR BOARD PO BOX 459 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	10,000
CHOUTEAU COUNTY FAIR IMPROVEMENT FOUND PO BOX 459 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	5,000
CHOUTEAU COUNTY LIBRARY FOUNDATION PO BOX 639 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	31,500
CHOUTEAU COUNTY SEARCH & RESCUE PO BOX 459 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	5,000
ELIM RURAL VOLUNTEER FIRE CO PO BOX 241 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	3,000
FLORENCE DEDMAN ANIMAL SHELTER & FOUND PO BOX 1282 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	11,000
FLORENCE DEDMAN FOUNDATION 2400 HIGH STREET FORT BENTON,MT 59442	NONE	NONE	CHARITABLE	4,000
Total			3a	421,916

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FORT BENTON COMMUNITY IMPROVEMENT ASSOC PO BOX 313 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	66,577
FORT BENTON GATORS INC PO BOX 531 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	2,000
FORT BENTON JUNIOR BOWLERS PO BOX 1071 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	2,000
FORT BENTON MEMORIAL AMBULANCE PO BOX 653 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	10,000
FRIENDS OF THE TETON RIVER PO BOX 1044 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	4,000
GERALDINE ACTION ASSOCIATION PO BOX 45 GERALDINE, MT 59446	NONE	NONE	PROGRAMS	5,000
GERALDINE COMMUNITY AMBULANCE PO BOX 123 GERALDINE, MT 59446	NONE	NONE	PROGRAMS	15,000
GERALDINE HISTORICAL COMMITTEE PO BOX 354 GERALDINE,MT 59446	NONE	NONE	PROGRAMS	23,827
GERALDINE SENIOR CITIZENS PO BOX 256 GERALDINE,MT 59446	NONE	NONE	PROGRAMS	2,880
GERALDINE SWIMMING POOL ASSOCIATION PO BOX 312 GERALDINE, MT 59446	NONE	NONE	PROGRAMS	25,000
GERALDINE YOUTH CENTER PO BOX 73 GERALDINE,MT 59446	NONE	NONE	PROGRAMS	5,000
GFWC FORT BENTON'S WOMAN'S CLUB INC PO BOX 192 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	8,000
HIGHWOOD COMMERCIAL CLUB 999 CHESTNUT AVENUE HIGHWOOD,MT 59450	NONE	NONE	PROGRAMS	10,000
HIGHWOOD RURAL FIRE DEPARTMENT PO BOX 53 HIGHWOOD, MT 59450	NONE	NONE	PROGRAMS	10,000
HIGHWOOD SENIOR CITIZENS CENTER 1095 MCGUIRE AVENUE HIGHWOOD,MT 59450	NONE	NONE	PROGRAMS	7,200
Total			▶ 3a	421,916

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
KNEES COMMUNITY CLUB 14095 BRADY ROAD BRADY,MT 59416	NONE	NONE	PROGRAMS	2,250
KNEES VOLUNTEER FIRE COMPANY 2482 26TH ROAD NE BRADY,MT 59416	NONE	NONE	PROGRAMS	2,000
MISSOURI RIVER MEDICAL CENTER PO BOX 249 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	4,700
NORTH CENTRAL MT COMPASSIONATE FRIENDS PO BOX 968 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	2,500
RIVER & PLAINS SOCIETY PO BOX 262 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	22,000
SHONKIN COMMUNITY CLUB PO BOX 203 SHONKIN,MT 59450	NONE	NONE	PROGRAMS	12,500
SIGNAL POINT GOLF CLUB PO BOX 1134 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	7,500
SUNRISE BLUFF ESTATES 711 21ST STREET FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	15,000
THE GOLDEN AGE CENTER PO BOX 1092 FORT BENTON, MT 59442	NONE	NONE	PROGRAMS	4,000
TOWN OF BIG SANDY PO BOX 381 BIG SANDY,MT 59520	NONE	NONE	PROGRAMS	16,450
Total			▶ 3a	421,916

TY 2015 Accounting Fees Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	13,400	2,680		4,020

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TY 2015 Investments Corporate Bonds Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	1,607,877	1,569,950

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TY 2015 Investments Corporate Stock Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	4,447,273	5,648,216

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TY 2015 Investments Government Obligations Schedule

Name: LIPPARD-CLAWITER FOUNDATION

0

EIN: 81-0394026

US Government Securities - End of

Year Book Value: 879,766

US Government Securities - End of

Year Fair Market Value: 880,542

State & Local Government Securities - End of Year Book

Value:

State & Local Government

Securities - End of Year Fair

Market Value: 0

TY 2015 Other Assets Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BLACK ROCK ROYALTY INTEREST	1	1	1
ACCRUED DIVIDENDS	4,582	3,794	3,794
OIL ROYALTIES RECEIVABLE	14	0	0

TY 2015 Other Expenses Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEALS & TRAVEL	329	0		0
BANK CHARGES	55	0		0
OFFICE SUPPLIES	209	0		0
MISCELLANEOUS EXPENSE	57	0		0

TY 2015 Other Income Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OIL ROYALTIES	68	68	68



TY 2015 Other Increases Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Description	Amount
NONDIVIDEND DISTRIBUTIONS	24,445

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TY 2015 Other Professional Fees Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISOR FEES	44,199	44,199		0

TY 2015 Taxes Schedule

Name: LIPPARD-CLAWITER FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	11,487	0		0
FOREIGN TAX PAID	1,050	1,050		0
ROYALTY TAXES	4	4		0