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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.
ear beginning 12/01/15 and ending 11/30/16

Open to Public Inspection

	ame of for	dar year 2015 of tax year beginning 12/01/15, audition	and ending 11/3	0/16	A Emplo	yer identification number	
Ť	2000	mont Foundation			97	-0600024	
		mont Foundation distrect (or P O box number if mail is not delivered to street address)		ome for other		-0699934 none number (see instructions)	
		Box 12011	**	oom/suite		6-586-5253	
		, state or province country, and ZIP or foreign postal code			1		
	oze	man MT 59719			C If exen	nption application is pending, o	heck here
G	Check a	all that apply Initial return Initial return	n of a former public ch	arity	D 1 Fo	reign organizations, check her	▶ 🗍
		Final return Amended	return		2 For	reign organizations meeting th	 e
		Address change Name cha	nge		1	% test, check here and attach	F-3
Н	Check t	type of organization X Section 501(c)(3) exempt private	foundation		E If onva	ite foundation status was term	nated under
			e private foundation		1	n 507(b)(1)(A), check here	>
1 F		ket value of all assets at J Accounting method	X Cash Acc	ruai	F If the fo	oundation is in a 60-month ten	mination
e	nd of ye	ear (from Part II, col. (c), Other (specify)			,	section 507(b)(1)(B), check he	- 1 i
==1	ne 16) l		e on cash basis)		İ		
₹P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(5.3.3. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		(-) A divised - 04	(d) Disbursements for chantable
₹.		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	purposes
5 ~	1	Contributions, gifts, grants, etc., received (attach schedule)	1,362,500	 			(cash basis only)
=	2	Check ► If the foundation is not required to attach Sch B	1,362,300	<u></u>			
=.	3	Interest on savings and temporary cash investments	25		25		
()		Dividends and interest from securities	8,100		8,100		
	5a	Gross rents		 	-0,100		
Ž,	b	Net rental income or (loss)		 		- , 	
Revenue Rever	6a	Net gain or (loss) from sale of assets not on line 10	44,734				
ुर्	b	Gross sales price for all assets on line 6a 119,857					
æ	7	Capital gain net income (from Part IV, line 2)			44,734		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) Stmt 1	7,995		7,995		
	12	Total. Add lines 1 through 11	1,423,354		60,854	0	<u> </u>
S	13	Compensation of officers, directors, trustees, etc	0	<u> </u>			
cpenses	14	Other employee salaries and wages					
)eu	15	Pension plans, employee benefits			SIVE		L
	16a	Legal fees (attach schedule)	<u> </u>	REC	752.00	781	
ē	b	Accounting fees (attach schedule) Stmt 2	2,296		2,296	7 (S)	
Ę	C	Other professional fees (attach schedule) Stmt 3	236	BI JUI-	∠ ∪ 236		
itro	17	Interest	1 220	OCal	OF,082	7	
Ę.	18	Taxes (attach schedule) (see instructions) Stmt 4	1,082		J#; 082		
Ξ	19	Depreciation (attach schedule) and depletion Occupancy					
Ad	20	, -	297		297		
Operating and Administrative E	22	Travel, conferences, and meetings Printing and publications	291	 	291		
ā	23	Other expenses (att sch) Stmt 5	9,614	 	9,614		
ü	24	Total operating and administrative expenses.	9,014		3,014		
rat	-	Add lines 13 through 23	13,525	}	13,525	0	o
be	25	Contributions, gifts, grants paid	33,200		,	<u>~</u>	33,200
0	26	Total expenses and disbursements. Add lines 24 and 25	46,725		13,525	0	33,200
	27	Subtract line 26 from line 12				 .	
	a	Excess of revenue over expenses and disbursements	1,376,629				
	b	Net investment income (if negative, enter -0-)			47,329		
	c	Adjusted net income (if negative, enter -0-)				0	

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
-		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1	Cash – non-interest-bearing	1,300	27,172	27,172
-	2	Savings and temporary cash investments			
	3	Accounts receivable ▶		1	
-		Less allowance for doubtful accounts ▶			
- {	4	Pledges receivable ▶	}		
- {		Less allowance for doubtful accounts ▶			
-	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	}		
		disqualified persons (attach schedule) (see			
-		instructions)			
- {	7	Other notes and loans receivable (att. schedule)			
- {		Less allowance for doubtful accounts ▶ 0			
\$	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments – U S and state government obligations (attach schedule)			
-	b	Investments – corporate stock (attach schedule) See Stmt 6	304,965	498,693	724,265
ľ	С	Investments - corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
-		Less accumulated depreciation (attach sch.)	ļ		
- }	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
ļ	14	Land, buildings, and equipment basis ▶ 1,157,029			
		Less accumulated depreciation (attach sch.) > Stmt 7		1,157,029	1,157,029
	15	Other assets (describe >)		
	16	Total assets (to be completed by all filers – see the	´		
		instructions Also, see page 1, item l)	306,265	1,682,894	1,908,466
7	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
7	22)		
į	23	Total liabilities (add lines 17 through 22)	0	0	
\exists		Foundations that follow SFAS 117, check here	71		
S		and complete lines 24 through 26 and lines 30 and 31.	-	İ	
Sec	24	Unrestricted	(į	
ā	25	Temporarily restricted			
Net Assets or Fund Balan		Permanently restricted			
밀		Foundations that do not follow SFAS 117, check here			•
괴		and complete lines 27 through 31.	7		
히	27	Capital stock, trust principal, or current funds	306,265	306,265	
ets		Paid-in or capital surplus, or land, bldg, and equipment fund	300,200	300,200	
SS		Retained earnings, accumulated income, endowment, or other funds	 	1,376,629	
الِدِ		Total net assets or fund balances (see instructions)	306,265	1,682,894	
욄		Total liabilities and net assets/fund balances (see	300,203	1,002,034	
1	•	instructions)	306,265	1,682,894	
_	Part II		300,203	1,002,034	
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with		
•		f-year figure reported on prior year's return)	agree will	1	306,265
2		amount from Part I, line 27a		2	1,376,629
		increases not included in line 2 (itemize)		$\frac{2}{3}$	1,310,029
		nes 1, 2, and 3		4	1,682,894
		ases not included in line 2 (itemize) ▶		5	2,002,004
		ases not included in line 2 (itemize) 1et assets or fund balances at end of year (line 4 minus line 5) – Part II, column (I	s) line 30	6	1,682,894
<u>~</u>	Jolai	ict assets or runu barances at enu or year (line 4 minus line 5) - Part II, Column (l	u), iine su		1,002,094

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income				
	cnbe the kind(s) of property sold (e.g., real estate, rarehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr)
1a Stifel			P	Var	ious	Various
b Stifel			P	Var	ious	Various
c Stifel			P	Var	ious	Various
d Stifel 12/2015			P	Var	ious	Various
e Stifel 12/2015			P	Var	ious	Various
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,,,,	Cost or other basis us expense of sale			n or (loss) f) minus (g)
a 10,373		 	8,262			2,111
ь 60,120			35,781	 		24,339
c 18						18
d 3,986			4,179			-193
e 45,360			26,901			18,459
	gain in column (h) and owned by the four	ndation on 12/3		†	(I) Care (Cal	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(+	Excess of col (i) over col (j), if any		col (k), but not	(h) gain minus less than -0-) or rom col (h))
а				 		2,111
b				1		24,339
С				1		18
d				 		-193
e			 	† 		18,459
2 Capital gain net income or (net ca	If gain, also enter in If (loss), enter -0- in		}	2		44,734
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)			-		
	column (c) (see instructions) If (loss), en	er -0- in	ጎ	} {		
Part I, line 8	coldimit (c) (acc instructions) in (ioss), cir	C -0- III		3		1,936
	nder Section 4940(e) for Reduc	ed Tay on I	Vet Investment Inco			
	s part blank on 4942 tax on the distributable amount of fy under section 4940(e). Do not complete		e base period?			Yes X No
1 Enter the appropriate amount in e	ach column for each year, see the instruc	tions before ma	aking any entries			
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) let value of nonchantable-use asse	ts		(d) tnbution ratio divided by col (c))
2014		,700	544,	993	(00: (0)	0.048991
2013		,349	521,			0.048602
2012		,200	440,			0.050347
2011		,400	374,			0.049153
2010		,000	370,			0.048640
2010	-	,000		000		0.040040
2 Total of line 1, column (d)	. voor book and advade the total on the	06.5	L -	-	2	0.245733
	5-year base period – divide the total on line as been in existence if less than 5 years	ezby5,orbyt	ne	-	3	0.049147
4 Enter the net value of noncharitab	ole-use assets for 2015 from Part X, line 5			_	4	660,441
5 Multiply line 4 by line 3					5	32,459
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			_	6	473
7 Add lines 5 and 6					7	32,932
8 Enter qualifying distributions from				Ì	1	
If line 8 is equal to or greater than					8	33,200

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2015?

foundation had excess business holdings in 2015)

Form 990-PF (2015)

X

3b

4a

N/A

Form	990-PF (2015) Pe	ennmont Foundation	87-0	699934			Pag	ge 6
Pa	rt VII-B Stat	ements Regarding Activities for Which Form	1 4720 May Be R	equired (contin	ued)			
5à	During the year did t	ne foundation pay or incur any amount to				- 1	1	
	(1) Carry on propag	anda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No		- 1	
	(2) Influence the ou	come of any specific public election (see section 4955), or	to carry on,			ł	1	
	directly or indire	ctly, any voter registration drive?		Y	es X No es X No	- 1		
	(3) Provide a grant	o an individual for travel, study, or other similar purposes?		Y	es X No	- 1	ł	
	(4) Provide a grant	o an organization other than a charitable, etc., organization	described in		}	Ì	l	
	section 4945(d)(4)(A)? (see instructions)		Y	es 🗓 No	1	}	
	(5) Provide for any	ourpose other than religious, charitable, scientific, literary, o	r educational			1	1	
	purposes, or for	the prevention of cruelty to children or animals?		Y	es 🗓 No	-	}	
b	If any answer is "Yes	" to 5a(1)–(5), did any of the transactions fail to qualify und	er the exceptions desc	cribed in	. }	1	}	
	Regulations section	53 4945 or in a current notice regarding disaster assistance	(see instructions)?		N/A	5b		
	Organizations relying	on a current notice regarding disaster assistance check he	ere		▶ [_] {	ŀ	1	
С	If the answer is "Yes	to question 5a(4), does the foundation claim exemption fro	om the tax			1	1	
	because it maintaine	d expenditure responsibility for the grant?		N/A 🗌 Y	es 🗌 No	- 1	İ	
	If "Yes," attach the s	atement required by Regulations section 53 4945–5(d)			ľ	1	1	
6a	Did the foundation, o	uring the year, receive any funds, directly or indirectly, to pa	ay premiums				ļ	
	on a personal benefi	t contract?		Y	es 🗓 No	- 1	1	
b	Did the foundation, o	uring the year, pay premiums, directly or indirectly, on a pe	rsonal benefit contract	?	-	6b		X
	If "Yes" to 6b, file Fo	m 8870			_	-		
7a	At any time during th	e tax year, was the foundation a party to a prohibited tax sh	nelter transaction?	□ Y	es 🗓 No	ì	1	
_ <u>b</u> _	If "Yes," did the foun	dation receive any proceeds or have any net income attribu	table to the transaction	12	N/A	7b		
Pa	ırt VIII inforn	nation About Officers, Directors, Trustees, F	oundation Mana	gers, Highly F	aid Employed	≥ S,		
		ontractors						
1 1	ist all officers, direc	tors, trustees, foundation managers and their comper	sation (see instructi	ons).				
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	/ox Evr	ense acc	ount
		(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	plans and deferred		r allowand	
			devoted to position	enter -u-,	compensation	<u> </u>		
Ro	bert C Myers	Stevensville	Director			[
23	0 Paso Dr	MT 59870	0.00	0	0	<u> </u>		0
Ch	rıstopher M Myer	s Bozeman	President	ļ		1		
40	8 N Bozeman	MT 59715	0.00	0	0	L		0
Мо	lly Myers	Missoula	Director]				
_ P.	O. Box 7122	MT 59807	0.00	0	0			0
				1		i		
						L		
2		ve highest-paid employees (other than those included	on line 1 – see instr	uctions). If none,	enter			
	"NONE."			,				
			(b) Title, and average		(d) Contributions to employee benefit	(a) Ev	oense acc	ount
	(a) Name and a	ddress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowand	
			ue voted to position	ļ	compensation	 -		
NO	NE							
			_ +	L				
				1				
						 		
						j		
		· 				 -		
				}				
				 		├		
				}		}		
Total	number of ethers	leuron neut avez 650 CCC		1	L	<u> </u>		0
TOTAL	namber of other emp	loyees paid over \$50,000					0-PF	
					F	യ് ചെ	/U-F F	(2015)

Form 990 PF (2	015) Pennmont Foundation	87-0699934	Page
Part VIII	Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly Paid En	nployees,
3 Five high	est-paid independent contractors for professional services (see in	nstructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			\
			
			
		}	
Total number of	f others receiving over \$50,000 for professional services		>
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities during the tax year. Include relevant statistical information of the peneficianes served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
			}
			
2			1
3			
4			
7			
			<u> </u>
Part IX-B	Summary of Program-Related Investments (see in		,
1 N/A	irgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
			<u> </u>
2			
All other program-re	elated investments. See instructions		
3			
			1
otal. Add lines	1 through 3		
	1 through 0		i

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	dations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes]]	T04 505
а	Average monthly fair market value of securities	1a	591,705
þ	Average of monthly cash balances	1b	78,793
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	670,498
е	Reduction claimed for blockage or other factors reported on lines 1a and) }	
	1c (attach detailed explanation) 1e 0	1 1	•
2	Acquisition indebtedness applicable to line 1 assets	2	0.00
3	Subtract line 2 from line 1d	3	670,498
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see	} }	40.055
	instructions)	4	10,057
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	660,441
	Minimum investment return. Enter 5% of line 5	6	33,022
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ounda	tions
	and certain foreign organizations check here ▶ and do not complete this part.)		22 000
1	Minimum investment return from Part X, line 6	1 +	33,022
2a	Tax on investment income for 2015 from Part VI, line 5	. l	
b	Income tax for 2015 (This does not include the tax from Part VI)	- 1	472
C	Add lines 2a and 2b	2c	473 32,549
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,549
4	Recoveries of amounts treated as qualifying distributions	4	30 F40
5	Add lines 3 and 4	5	32,549
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,] _ i	22 E40
	line 1	7	32,549
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	33,200
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	li	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	33,200
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	473
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,727
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	 1	
	qualifies for the section 4940(e) reduction of tax in those years		

370

73

651

10

b

d

Analysis of line 9 Excess from 2011

Excess from 2012 Excess from 2013

Excess from 2014

Excess from 2015

Part XV Supplementary Information (co	ntinued)			
Part XV Supplementary Information (co 3 'Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
·	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business)	or substantial contributor	 		
a Paid during the year See Statement 10				
				33,200
				,
			1	
		Ì	} }	
		}	}	
			}	
			} }	
			1	
			}	
			1	
			}	
			{	
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			{	
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			}	
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	}		1	
			}	
			}	
			}	
			}	
			}	
		1	{	
			}	
			}	
Total	'		▶ 3a	33,200
b Approved for future payment				
N/A			1	
		}		
		}		
			}	
		{	- }	
		1		
		{	1	
		1	}	
Total	L			

Enter gross am	ounts unless otherwise indicated	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(e)
4		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program se		 				
		-		- -		
		_		11-		
•		_				
	nd contracts from government agencies					
2 Membershi	p dues and assessments					··
3 Interest on	savings and temporary cash investments			14	25	
4 Dividends a	and interest from securities			14	8,100	
	ncome or (loss) from real estate					
	nanced property					
	ot-financed property					
	ncome or (loss) from personal property	 				
7 Other inves		}		10		
	ss) from sales of assets other than inventory	 		18	44,734	
	or (loss) from special events tor (loss) from sales of inventory	 		-++-		
1 Other rever		 				
	r Income	 		14	1	
	al Income			16	7,994	
				- -		
		1				
e		-				
e	dd columns (b), (d), and (e)			0	60,854	0
e 2 Subtotal Ad				0	60,854	0 60,854
e	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)					
e2 Subtotal Ad 3 Total. Add I See worksheet Part XVI-B	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the		t of Exempt P	urposes	13	
e	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ne is reported in colum	t of Exempt F	Purposes	13	
e2 Subtotal Add I 3 Total. Add I See worksheet Part XVI-B Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the	ne is reported in colum	t of Exempt F	Purposes	13	
e2 Subtotal Ad 3 Total. Add I See worksheet Part XVI-B Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ne is reported in colum	t of Exempt F	Purposes	13	
e2 Subtotal Add I 3 Total. Add I See worksheet Part XVI-B Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ne is reported in colum	t of Exempt F	Purposes	13	
e2 Subtotal Add I 3 Total. Add I See worksheet Part XVI-B Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ne is reported in colum	t of Exempt F	Purposes	13	
e2 Subtotal Add I 3 Total. Add I See worksheet Part XVI-B Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ne is reported in colum	t of Exempt F	Purposes	13	
e2 Subtotal Add I 3 Total. Add I See worksheet Part XVI-B Line No.	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Explain below how each activity for which incom	ne is reported in colum	t of Exempt F	Purposes	13	
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Form **990-PF** (2015)

Part	XVII	Information Rega Exempt Organiza	-	insfers To and	d Transaction	ns and Relations	ships With	Noncharitable		
1 D	ıd the ora	anization directly or indir		in any of the follow	wing with any oth	er organization descri	bed		Yes	No
		501(c) of the Code (other		=		_				
ог	ganızatıo	ns?								-
		rom the reporting founda	ition to a non	icharitable exempt	organization of				ļ	
•) Cash							1a(X
•	?) Other							1 <u>a(</u>)	<u>2) </u>	X
b O	ther trans	sactions							İ	
		of assets to a noncharital	•	_				1b(X
(2	?) Purcha	ises of assets from a nor	ncharitable e	xempt organization	י			1b(X
		of facilities, equipment, of	or other asse	ets				1 <u>b(</u>		X
		ursement arrangements						1 <u>b(</u>		X
		or loan guarantees						1b(X
(6) Perforr	mance of services or me	mbership or	fundraising solicita	itions			1b(<u>3) </u>	X
c Si	haring of	facilities, equipment, ma	iling lists, oth	er assets, or paid	employees			<u> 1c</u>		X
d If	the answ	er to any of the above is	"Yes," comp	lete the following s	schedule Column	ı (b) should always st	now the fair m	narket		
		e goods, other assets, or	-							
		y transaction or sharing a								
	Line no	(b) Amount involved	(c) Nam	ne of nonchantable exem	pt organization	(d) Description	on of transfers, tra	ansactions, and sharing arranger	nents	
N/A		 				<u> </u>				
		 								
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		 				<u> </u>				
		<u> </u>	L			<u> </u>				
		dation directly or indirectl						r—	=	=1
		n section 501(c) of the C		nan section 501(c)	(3)) or in section	527?			Yes 🛚	No.
b if	"Yes," co	mplete the following sch	edule	,		,				
		(a) Name of organization		(b) Type of	organization		(c) Descrip	tion of relationship		
N/	<u> </u>	 		 						
						ļ		 		
				<u> </u>						
										
				<u> </u>		<u> </u>				
ļ		enalties of perjury, I declare that and complete Declaration of pr						knowledge and belief, it is true,		
				. , ,		,	3 .	May the IRS discuss the		
Sign								with the preparer shown (see instructions)?	Ves	¬ No
Here		A a -	·		. 7	11111		<u> </u>		
	_	11/10/11				14-17	<u>Pres</u>	ident		
	Sign	nature of officer or trustee			Date	<u> </u>	Title			
	Print/T	ype preparer's name			Preparer's signatu	re		Date	Check	ı d
Paid	1					1)	1		self-en	nployed
Prepare	Kami	McGinley			Luni	A. May	June -	07/13/1		
Use Onl	Firm's			ey CPA, I				PTIN P002 4	9109	<u> </u>
- July	Firm's		_	ıson - Su:	ite 2		\	Firm's EtN		
	į.	Bozem	an MT	59718			l	Phono as 406-5	86-5	253

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

Pennmont Fou	ndation	87-0699934
Organization type (check	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Ru	ile and a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, co r property) from any one contributor. Complete Parts I and II. See ins ntributions.	
Special Rules		
regulations under s 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the actions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form that received from any one contributor, during the year, total contributor amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	m 990 or 990-EZ), Part II, line utions of the greater of (1)
contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ne year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals.	us, charitable, scientific,
contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ne year, contributions exclusively for religious, charitable, etc., purpos more than \$1,000. If this box is checked, enter here the total contrib	ses, but no such
	n exclusively religious, charitable, etc., purpose. Do not complete and es to this organization because it received nonexclusively religious, co ore during the year.	•
990-EZ, or 990-PF), but it n	at is not covered by the General Rule and/or the Special Rules does ust answer "No" on Part IV, line 2, of its Form 990, or check the box o certify that it does not meet the filing requirements of Schedule B (I	on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Pennmont Foundation

Employer identification number 87-0699934

Part I	Contributors (see instructions) Use duplicate copies of	Part I if additional space is need	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Robert P Myers Revocable Lvng Trust dtd 2007 408 N Bozeman Bozeman MT 59718		Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ivanie, ddaredd, and En	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Page 3

Name of organization
Pennmont Foundation

Employer identification number 87-0699934

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Gooch Hill Property at death		
		\$ 1,152,500	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ı	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

87-0699934	Federal S	Federal Statements		
	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income	Part I, Line 11 - Other	Income	•
Description	ition	Revenue per Books	Net Investment Income	Adjusted Net Income
Other Income Rental Income Total		\$ 7,994	\$ 7,994	v. v.
	Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	art I, Line 16b - Accour	iting Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	2,		0	0
150 150	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Line 16c - Other Profe	essional Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Legal Fees Total	\$ 236	\$ 236	o o	O O O O O O O O O O
	Statement 4 - Form 990-	Form 990-PF, Part I, Line 18 - Taxes	xes	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
laxe	\$ 928	\$ 32	w.	w.
Property Taxes Total	\$ 1,082	\$ 1,082	\$	0
				4-

87-0699934	Federal Statements
<u>Statement 9 - Form</u>	990-PF, Part XV, Line 2b - Application Format and Required Contents
	Description
Letter stating natu of exemption letter	re and amount requesting. Include copy received from IRS.
<u>F</u>	orm 990-PF, Part XV, Line 2c - Submission Deadlines
	Description
September 30th	
Form 9	90-PF, Part XV, Line 2d - Award Restrictions or Limitations
	Description
None	

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Federal Statements

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

	Amount	2.900		3,000		2,000		2,000	1	2,000		2,900	,	2,400		2,000	•	1,000	•	1,000	•	2,000	•	8,000	•	2,000	33,200
}	Purpose	For firther medical care in Rozeman		To assist battered women and prevent		Support programs		Assist funding for crisis situations		Support growth of programs		Support educational programs		Support program needs	1214	Support programs		Support programs		Support Programs	Ln	Support programs		Support Scholarship Programs		Support programs	11
Address	Relationship Status	931 Highland Blvd	P.O. Box 752	Public	111 S. Grand	Public	421 E. Peach	Public	P.O. Box 341	Public	P.O. Box 1803	Public	P.O. Box 8944	Public	175 N 27th Street St 1	Public	500 N Higgins - Ste 100	Public	146 Third Ave West	Public	2198 Picture Mountain	Public	P.O. Box 170515	Public	P.O. Box 6281	Public	
	Rela	O C N		None		None		None		None		None		None		None		None		None		None		None		None	
Name	Address	Bozeman Deaconess Hospital	Haven	Bozeman MT 59771	Thrive	Bozeman MT 59715	Help Center	Bozeman MT 59715	Bozeman Children's Musuem	Bozeman MT 59715	Bozeman School Foundation	Bozeman MT 59771	Montana Meth Project	Missoula MT 59807	Make a Wish Foundation of MT	Billings MT 59101	Open Aid Alliance	_ Missoula MT 59802	The Nurturing Center	Kalispell MT 59901	Montana High School Rodeo Assn	Arlee MT 59821	Gallatin College - MSU	Bozeman MT 59717	Bozeman Prison Ministries	Bozeman MT 59771	Total