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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

8

10%

SCANNED

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. For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number Dan & Jeanne Scott Family Foundation Number and street (or PO box number if mail is not delivered to street address) Room/suite 32-0094100 401 North 31st Street 700 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code MT 59101 406-255-5386 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust U Other taxable private foundation J Accounting method X Cash Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ 1,364,516 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per ıncome income purposes equal the amounts in column (a) (see instructions)) books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 859,460 1 40 2 Check ▶ ☐ if the foundation is **not** required to attach Sch B · "T(;) 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 6,873 6,873 5a Gross rents Net rental income or (loss) b 6a Net gain or (loss) from sale of assets not on line 10 -5,681 Gross sales price for all assets on line 6a 48,060 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 860,652 6187 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) 1,435 2,870 1,435 Other professional fees (attach schedule) 33,808 33,808 17 Taxes (attach schedule) (see instructions) 18 819 219 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 25,707 25,707 24 Total operating and administrative expenses. Add lines 13 through 23 63,204 1,654 60,950 25 Contributions, gifts, grants paid 265,430 265,430 26 Total expenses and disbursements. Add lines 24 and 25 328,634 1,654 326,380 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 532,018 **Net investment income** (if negative, enter -0-) 5,219

For Paperwork Reduction Act Notice, see instructions. HTA

Adjusted net income (if negative, enter -0-)

Da	rt II	Attached schedules and amounts in the description column	Beginning of year	End o	f year
ĽĚ		Balance Sheets 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 .	202,216	2,575	2,575
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	_	Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use		w.+-	
SS	9	Prepaid expenses and deferred charges			-
⋖	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	426,412	1,173,573	1,361,941
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
	40	Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
}	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis		<u>·</u>	
	15	Less accumulated depreciation (attach schedule) Other assets (describe ▶)		-	
	16	Other assets (describe Total assets (to be completed by all filers—see the			****
	10	Instructions Also, see page 1, item I)	628,628	1,176,148	1 204 510
	17	Accounts payable and accrued expenses	020,020	1,170,140	1,364,516
	18	Grants payable			
Liabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons	***		
ap	21	Mortgages and other notes payable (attach schedule)		 -	
-	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here	-		
ances		and complete lines 24 through 26 and lines 30 and 31.			
au	24	Unrestricted			· ·
	25	Temporarily restricted .			
P	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
4		and complete lines 27 through 31.		ŀ	
000	27	Capital stock, trust principal, or current funds	628,628	1,17 <u>6,</u> 148	
Net Assets or Fund Ba	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
155	29	Retained earnings, accumulated income, endowment, or other funds			
7	30	Total net assets or fund balances (see instructions)	628,628	1,176,148	
ž	31	Total liabilities and net assets/fund balances (see			
		Instructions)	628,628	1,176,148	
	rt III	Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a),	line 20 (milet aman)		
1		of year figure reported on prior year's return)	iline 30 (must agree)	1 1	620 620
2		amount from Part I, line 27a	•	1 2	628,628
3		amount from Part i, line 27a · increases not included in line 2 (itemize) ► Reconciling adjustm	ont.	3	532,018
		nes 1, 2, and 3	IOI IL	4	15,502
5		eases not included in line 2 (itemize)		5	1,176,148
6		net assets or fund balances at end of year (line 4 minus line 5)—Part	II. column (b) line 30		1,176,148
	••••		(0), 1110 00		Form 990-PF (2016)

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Part VI instructions

Part I	V Capital Gains and	Losses for Tax on Investm	<u>ient Incor</u>	ne_				
•	(a) I ist and describe the	kind(s) of property sold (e g , real estate, e, or common stock, 200 shs MLC Co)			(b) How acquired P—Purchase D—Donation		ate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a	Eaton Vance Parametric - 1,	117 Units			P	Variou	ıs	2/4/2016
<u>b</u>					v			
<u>c</u>				_				
<u>d</u> e	Capital Gains Distributions							
	Capital Gaills Distributions	(f) Depreciation allowed	(a) C	Cost or	other basis		(h) Gair	n or (loss)
	(e) Gross sales price	(or allowable)			ise of sale			minus (g)
а	40,033				53,741			-13,708
<u>b</u> _								
<u>c</u>						<u> </u>		
<u>d</u> _								8,027
е	Complete only for assets sho	wing gain in column (h) and owned	by the found	dation	on 12/31/69		//) O (O-I	
		(j) Adjusted basis			s of col (i)		col (k), but not	(h) gain minus less than -0-) or
	(i) F M V as of 12/31/69	as of 12/31/69	ov	er col	(j), if any		Losses (fr	om col (h))
<u>a</u>		<u> </u>				ļ		-13,708
<u>b</u>								
<u>c</u> d								
<u>u</u> e							<u>_</u>	8,027
	O 1-1	∫ If gain,	also enter ıı	n Par	t I, line 7			
2	Capital gain net income or (net capital loss) \ If (loss)	, enter -0- ır	n Par	t I, line 7 ∫	2		-5,681
3		or (loss) as defined in sections 1						
	•	ine 8, column (c) (see instruction	ns) If (loss)	, ente	er -0- in }			0
Part	Part I, line 8	er Section 4940(e) for Redu	iced Tax (on N	et Investment	lncor	ne	0
		ite foundations subject to the se						
	•	·		-,			···· - ,	
IT Sect	tion 4940(d)(2) applies, leave	this part blank						
		ection 4942 tax on the distributation				e perio	d۶	☐ Yes X No
1		ualify under section 4940(e) Do nt in each column for each year				20.204	ontrios	
<u></u>	(a)		See the ma	su ucu		ig ally	Citties	(d)
Cali	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net	value o	(c) f noncharitable-use a:	ssets		ribution ratio divided by col (c))
	2015	28	7,457	-	69	9,685	195. (27.	0 410838
	2014	17	7,453			3,372		0 235545
	2013		6,866			4,132		0 302074
	2012		7,138			5,558		0 134670
	2011		5,215			8,038		0 084911
2	Total of line 1, column (d)						2	1 168038
3		r the 5-year base period—divide	the total or	n line	2 by 5, or by the	ľ	_	
		tion has been in existence if les					3	0 233608
4	Enter the net value of nonch	naritable-use assets for 2016 fro	m Part X, III	ne 5		-	4	851,995
_	Multiply line 4 by line 2						5	100 033
5	Multiply line 4 by line 3					ŀ		199,033
6	Enter 1% of net investment	income (1% of Part I, line 27b)				1	6	52
-								
7	Add lines 5 and 6 .					L	7	199,085
_						1		
8	Enter qualifying distributions		Iort VII line i	1h	ad complete that	_ ا	8 19/ toy	326,380
	in interous equal to or greate	er than line 7, check the box in F	ait vi, iiiie	ıu, ar	io compiete triat	pail US	⊪ıyaı 76 taX	rate. See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
С	here ► X and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 2		0		
3	Add lines 1 and 2		52		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		52		
6	Credits/Payments				
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 21				
b	Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 250				
C	,				
d 7	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d 7		271		
7	Enter any penalty for underpayment of estimated tax. Check here		211	-	
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		0		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		219		
11	Enter the amount of line 10 to be Credited to 2017 estimated tax 219 Refunded 11		0		
Part \	/II-A Statements Regarding Activities				
1a	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		Х	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		İ		
	Instructions for the definition)?	1b		<u> </u>	
	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	4.		-	
С.	Did the foundation file Form 1120-POL for this year?	1c	أسحنا	Х	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	}			
_	(1) On the foundation ►\$ (2) On foundation managers ►\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-			
е	on foundation managers > \$				
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				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Χ	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>	
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or By the boundary of the transfer of the government and the government as that he manufacture that				
	• 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	Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	$\hat{\mathbf{x}}$		
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
0a	MT				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				
-	or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If				
	"Yes," complete Part XIV	9		_X_	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10	<u> </u>		
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Form 990-PF (2016) Statements Regarding Activities (continued) Part VII-A At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the Yes No 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 12 person had advisory privileges? If "Yes," attach statement (see instructions). 12 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 13 Website address ► Not Applicable The books are in care of ► Scott Family Services, Inc 14 406-255-5024 Telephone no. ▶ Located at ► 401 North 31st, Suite 700 Billings MT 59101 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here 15 and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority Yes No over a bank, securities, or other financial account in a foreign country? 16 Х See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes." enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies, Yes No 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 Yes X No disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X No Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available for X No the benefit or use of a disqualified person)? . Yes (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 X No termination of government service, if terminating within 90 days) Yes 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 N/A Organizations relying on a current notice regarding disaster assistance check here ▶□ 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 2016? 1c Ιx 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)) At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and Yes X No 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years 20____, 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 N/A 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 , 20 , 20 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes If "Yes," did it have excess business holdings in 2016 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 2016) 3b N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2016? 4b

Part VII-B Statements Regarding Activities		4720 I	May Be Re	quire	d (contin	ued)	
5a During the year did the foundation pay or incur any							
	-				Yes	X No	,
	(2) Influence the outcome of any specific public election (see section 4955), or to carry or directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						
(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
(5) Provide for any purpose other than religious, ch purposes, or for the prevention of cruelty to chil		terary,	or educatior	nal	☐ Yes	X No	
b If any answer is "Yes" to 5a(1)–(5), did any of the tr	ransactions fail to qu	alify ur	nder the exc	eptions	describe	d in	
Regulations section 53 4945 or in a current notice i			•	uctions	s)?		5b N/A
Organizations relying on a current notice regarding c If the answer is "Yes" to question 5a(4), does the for because it maintained expenditure responsibility for	oundation claim exer				·	► U	
If "Yes," attach the statement required by Regulation							
6a Did the foundation, during the year, receive any fun on a personal benefit contract?	ids, directly or indire	ctly, to	pay premiur	ns	Yes	⊠ No	
b Did the foundation, during the year, pay premiums,	directly or indirectly	onap	ersonal ben	efit cor		[[]	6b X
If "Yes" to 6b, file Form 8870.		, ,-					
7a At any time during the tax year, was the foundation a pa	-				Yes	X No	
b If "Yes," did the foundation receive any proceeds or						. : -	7b N/A
Part VIII Information About Officers, Directors	ors, Trustees, Fo	undat	ion ivianaç	jers, i	nigniy Pa	ala Em	ipioyees,
List all officers, directors, trustees, foundation r	nanagers and their	compe	ensation (se	ee inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(If	ompensation not paid, nter -0-)	empl	Contributions oyee benefit ferred compe	plans	(e) Expense account, other allowances
See Attached Statement	00		0				
	00		0				
	00					1	
	00		0				
	00		o				
2 Compensation of five highest-paid employees (compensation of five highest-paid employees)	other than those in	cluded	on line 1—	see in	structions). If no	ne, enter
(a) Name and address of each employee paid more than \$50,000	(b) Title, and a hours per w devoted to po	/eek	(c) Compen	sation	(d) Contribution (d) Contribution (d)	benefit leferred	(e) Expense account, other allowances
NONE							
			 -			 }	
						I	
				·			
		<u> </u>					
Total number of other employees paid over \$50,000			L		L		
							orm 990-PF (2016)

Part VIII	Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid Er	mployees,
3 Five hi	ghest-paid independent contractors for professional services (see	instructions). If none, enter "NOI	NE."
<u>"</u>	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
			j
			
Total number	of others receiving over \$50,000 for professional services		
			
Part IX-A	Summary of Direct Charitable Activities		
	ion's four largest direct chantable activities during the tax year. Include relevant statistical in and other beneficiaries served, conferences convened, research papers produced, etc	formation such as the number of	Expenses
1 Not Appli	cable		
			ļ
2			
2			İ
3			
4			
Part IX-B	Summary of Program-Related Investments (see instruction	tions)	
	o largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 None			
2 None			
All -45	Constitution to Constitution		ļ
•	m-related investments. See instructions		
3			
Total. Add line	s 1 through 3	. •	0
		5	orm 990-PF (2016)

Part	Minimum Investment Return (All domestic foundations must complete this part Foreign	n tounda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities .	1a	823,668
b	Average of monthly cash balances .	1b	41,302
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	864,970
е	Reduction claimed for blockage or other factors reported on lines 1a and	2 3	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	864,970
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	12,975
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	851,995
6	Minimum investment return. Enter 5% of line 5	6	42,600
Part 2	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6 .	1	42,600
2a	Tax on investment income for 2016 from Part VI, line 5 2a 52	-	
b	Income tax for 2016 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	52
3	Distributable amount before adjustments Subtract line 2c from line 1	3	42,548
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	42,548
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,		
	line 1	7	42,548
Part	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	326,380
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	326,380
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	52
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	326,328
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheti qualifies for the section 4940(e) reduction of tax in those years	her the fol	ındatıon

Part	XIII Undistributed Income	(see instructions)	<u> </u>			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from	Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7	. [42,548
2	Undistributed income, if any, as of the	end of 2016	>			
а	Enter amount for 2015 only	-			0	
b	· · · —	20, 20			_ 	<u> </u>
3	Excess distributions carryover, if a					
а	From 2011 .	26,970			1	
þ	From 2012 .	67,539			1	,
С	From 2013	198,106				1
d	From 2014	140,998				
e	From 2015	253,603			:	
f	Total of lines 3a through e	ļ-	687,216			
4	Qualifying distributions for 2016 from	om Part XII,			1	1
	line 4 ▶ \$326,380					
а	Applied to 2015, but not more than					
b	Applied to undistributed income of				i	,
	(Election required—see instruction	•				
С	Treated as distributions out of corp	us (Election				
	required—see instructions)	· · · -				
ď	Applied to 2016 distributable amou					42,548
e	Remaining amount distributed out	· -	283,832			
5	Excess distributions carryover app					
	(If an amount appears in column (c	•	ľ			
	amount must be shown in column		1			
6	Enter the net total of each colum	in as	1			
	indicated below:	-	074 049			
a	Corpus Add lines 3f, 4c, and 4e S		971,048			
b	Prior years' undistributed income.	Subtract		O		
	line 4b from line 2b	ا بمدر واسعوال				
С	Enter the amount of prior years' un income for which a notice of deficie					
	been issued, or on which the section	- 1				
	tax has been previously assessed)11 4542(a)				
ч	Subtract line 6c from line 6b Taxat) h				
u	amount—see instructions	ole				
	Undistributed income for 2015 Sul	htract line				
-	4a from line 2a Taxable amount—					
	instructions .		ì		o	
f	Undistributed income for 2016 Sul	htract lines				· · · · · · · · · · · · · · · · · · ·
•	4d and 5 from line 1 This amount		}			
	distributed in 2017		}			0
7	Amounts treated as distributions of	ut of corpus				
•	to satisfy requirements imposed by	, i	}			
	170(b)(1)(F) or 4942(g)(3) (Election	i				
	required—see instructions)					
8	Excess distributions carryover from	n 2011 not				
	applied on line 5 or line 7 (see inst		26,970			,
9	Excess distributions carryover to					
	Subtract lines 7 and 8 from line 6a	i	944,078			
10	Analysis of line 9	Ī				
а	Excess from 2012	67,539				
b	Excess from 2013	198,106				
C	Excess from 2014	140,998				
d	Excess from 2015 .	253,603				
е	Excess from 2016 .	283,832				
		-				Form 990-PF (2016)

Dan & Jeanne Scott Family Foundation

Form 990-PF (2016)

32-0094100

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	T
	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Name and address (home or business) a Paid dunng the year See Attached Schedule	or substantial contributor	recipient	·	265,430
Total b Approved for future payment		'	▶ 3a	265,430
Total			D 26	

_	er gross amounts unless otherwise indicated		isiness income	Excluded by sect	ion 512, 513, or 514	
	Program contino reivanue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue ⁻ a			 		
	b					
	c				 	
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments		-			
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	6,873	
5	Net rental income or (loss) from real estate	では 日本の 大学 というに	ME CHIEF THE	15 FF 1 . A 12 1 4 ET	N. 12 Y. 18	1580.1678.2783.21F
	a Debt-financed property		 	· · · · · · · · · · · · · · · · · · ·		1 17
	b Not debt-financed property			 		
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory		,, , , , , , , , , , , , , , , , , , ,	18	-5,681	
9	Net income or (loss) from special events			, <u> </u>	0,001	
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
••	b					-
	c					
	d					
	e		_ 			
12	Subtotal Add columns (b), (d), and (e)	3 23 m 254 y	0	1,7 1	1,192	(
						
	Total. Add line 12, columns (b), (d), and (e) .	-			13	1,192
13	Total. Add line 12, columns (b), (d), and (e) . worksheet in line 13 instructions to verify calculations	s)			13	1,192
13 (See			ent of Exempt	Purposes	13	1,192
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations **EXVI-B** Relationship of Activities to the Activities to th	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
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13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
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13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
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13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	
13 (See Pal Lin	worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activities to the Activities to the Activity for which income	ccomplishm	olumn (e) of Part X	(VI-A contributed	importantly to the	

Form 99	0-PF (2	2016) Dan & Je	anne Scott Family F	oundation	<u> </u>					32-009	94100	Рa	ge 13
Part	XVII		Regarding Tran	sfers To	and Trans	action	s and Re	lationship	os With	Nonchar	itable		
		Exempt Org											
1			irectly or indirectly e							ribed)	Yes	No
		• •	e Code (other than s	section 50	11(c)(3) organ	izations;) or in sect	ion 527, reia	ating to			1	
	-	ical organizations			-4-61	4)		
а		•	orting foundation to	a noncna	iritable exem	ot organi	ization of				4 - (4)		
	(1) (1a(1)		<u>X</u>
_	• •	Other assets	•		•					•	1a(2)		Χ
b		er transactions	a noncharitable exe	mpt organ	nization						15/1		Ţ
	• •		ets from a noncharita			ND.					1b(1) 1b(2)		<u>X</u>
			equipment, or other		-			ě		•	1b(3)		$\hat{\mathbf{x}}$
	• •	Reimbursement ar	• •	233013	•			•			1b(4)		$\hat{\mathbf{x}}$
		oans or loan gua	•	•					•		1b(5)	-	$\frac{\hat{x}}{x}$
		_	rvices or membersh	up or fund	lraising solicit	ations			•		1b(6)		$\frac{\hat{x}}{x}$
С			quipment, mailing lis				vees .	•		·	1c		X
d			he above is "Yes," cor					nould always	show the	fair market			
-			er assets, or services								et		
	value	e in any transaction	or sharing arrangeme	ent, show i	in column (d) t	he value	of the goo	ds, other ass	ets, or ser	vices receiv	ed.		
(a) Line	no	(b) Amount involved	(c) Name of non	charitable ex	kempt organizatio	n	(d) Des	cription of transf	fers, transac	tions, and sha	ring arrai	gemen	ts
							<u> </u>						
													
													
										<u> </u>			
			<u> </u>										
			<u> </u>										
													
	}												
													
			4)										
2a			tly or indirectly affilia 01(c) of the Code (o						nizations		Yes !	א ב	,
b			following schedule	tilei tilaii	3001101100110	,,(3,, 6,	iii Section	021			163 [ZJ 191	,
	11 16	(a) Name of organi		1	(b) Type of org	anization			(c) Descri	ption of relation	nehin		
		(a) Name or organi	1241011	 	(b) Type of org	2111241011			(O) Descrip	Paori of Telador	13111Þ		
				 									
				 									
				 									
				 									
	Unde	r penalties of perjury, I deci	lare that I have examined this r	eturn, including	accompanying sche	edules and st	tatements, and	o the best of my ki	nowledge and	belief, it is true,			
Sign	corre	ct, and complete Declaration	on of preparer (other than taxpa	ayer) is based	on all information of	which prepar	rer has any knov	vledge		May the IR	S discuss t	his retur	,]
Here			10		11/10/17) /	~	۵		with the pre	parer show	vn below	. 1
	Sig	nature of officer or trus	itee		Date	Title				- (see instruc	tions)? [)	Yes	No
		Print/Type preparer's	s name	Preser	er's signature			Date	100	eck if	PTIN		
Paid		Timothy J Leuth	old	1 1	ノルイこ			10/31/20			P00738	917	
Prepa			Scott Family Service	es, Inc	, , , , , , , , , , , , , , , , , , , 			<u> </u>	Firm's EIN				
Use O	nly		PO Box 7113. Billin		9103				Phone no		55-5368	3	

Firm's name Scott Family Services, Inc

Firm's address PO Box 7113, Billings, MT 59103

Firm's EIN Phone no

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. **Employer identification number** Name of the organization

Dan & Jeanne Scott Family Fo	oundation	32-0094100
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 found	dation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
• -	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions tributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or hat received from any one contributor, during the year, total contributions of le amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Com	990-EZ), Part II, line the greater of (1)
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive a year, total contributions of more than \$1,000 exclusively for religious, charit purposes, or for the prevention of cruelty to children or animals. Complete	table, scientific,
contributor, during the contributions totaled in during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive a year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received nonexclusively religious, charitable, reduring the year.	no such lat were received arts unless the
Caution: An organization that	isn't covered by the General Rule and/or the Special Rules doesn't file Scho	edule B (Form 990

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 **Employer identification number** Name of organization Dan & Jeanne Scott Family Foundation 32-0094100 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Dan S Scott Estate ___1 Person PO Box 2007 **Payroli** Sheridan WY 82801 \$ 859,460 Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (b) (a) (c) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroli** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Foreign State or Province

Foreign Country

(Complete Part II for

noncash contributions)

Person Payroll Noncash Name of organization
Dan & Jeanne Scott Family Foundation

Employer identification number 32-0094100

Part II	Noncash Property (See instructions). Use duplicate c	opies of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	·
(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
		\$	

	rganization nne Scott Family Foundation			32-0094100					
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,								
	contributions of \$1,000 or less for the year		on once See ins	structions) > \$					
(a) No.	Use duplicate copies of Part III if additiona	space is needed							
from Part I	(b) Purpose of gift	(c) Use	of gift —————	(d) Description of how gift is held					
,		(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee					
	For Prov Country								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transfe	er of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Transferee's name, address, and a	ZIP + 4	Relation	snip of transferor to transferee					
(a) No.	For Prov Country								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and a	ZIP + 4	Relation	ship of transferor to transferee					
(a) No.	For. Prov Country								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee						
	Transisto o Traine, address, and r		, cianon						
				••••••••••••					
	For Prov Country			·					

Dan & Jeanne Scott Family Foundation Form 990PF Part I Contributions, Gifts and Grants Received

Name & Address:	Date	 ect Public Support
Dan S. Scott Estate First Interstate Bank, Personal Representative PO Box 2007	11/22/2016	\$ 859,460
Sheridan, Wyoming 82801	Total	\$ 859,460

Part I, Line 16b (990-PF) - Accounting Fees

	2,870	1,435	C	1,435
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 Scott Family Services, Inc	2,870	1,435		1,435

Part I, Line 16c (990-PF) - Other Professional Fees

	33,808	0	0	33,808
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Consulting - DeBosky Group	33,808			33,808

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

		819	219	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Foreign Tax Withholding	219	219		
2	Tax on investment income	600			
3	Income tax	0			

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

		25,707	0	0	25,707
		Revenue and			Disbursements
ì		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Board Meeting Expenses	7,564	0		7,564
2	Office Expense	43	0		43
3	Sponsorships	1,600	Ö		1,600
4	Software Licensing / Training - Foundant	16,500	0		16,500

Part II, Line 10b (990-PF) - Investments - Corporate Stock

i			426,412	1,173,573	564,532	1,361,941
		Num. Shares/	_	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year
-	Oppenheimer Small & Mid Cap Value Fund		32,182	46,537	51,494	80,740
7	Oppenheimer Value Class A		121,833	148,686	158,489	203,144
3	Oppenheimer International Growth Class A		49,966	49,966	82,146	79,437
4	4 Eaton Vance Tax MDG EMG		80,021	26,654	62,829	22,847
2	Oppenheimer Capital Apprec A		109,632	170,769	140,726	190,439
9	Russell Mid Cap Growth		32,778	42,807	68,848	84,437
7	Oppenheimer Main Street		0	40,000	0	52,743
∞	8 JP Morgan US Government		0	648,154		648,154

Dan & Jeanne Scott Family Foundation

Part VII-A, Line 10 (990-PF) - Substantial Contributors

	Eoroga County		
	Zin Code	į	82801
	State	2	≽
	Cife		Sheridan
	s Street		PO Box 2007
Check "X	f Business		
	Name		Dan S Scott Estate

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Dan & Jeanne Scott Family Foundation

Expense									
Benefits	\ 								
Compensation		0	0	0	0	0	0	0	0
Avg Hrs Per Week									
酮	Director	President	Director	Director	Director	Director	Director	Director	Director
Foreign Country									
Zip Code	92869	59105	82836	82836	82836	82717	82838	82801	59718
State			Ì		1	ŀ	ì	ì	MT_
Cıty	!	<u> </u> 							Вохетал
Street	873 N Red Robin	1830 Wentworth	PO Box 538	42 Smith Creek Rd	62 Highway 343	PO Box 3933 (C	44 Smith Creek Road	1163 Big Goose	41 Thatch Wood Lane
Check "X" If Business									
Name	Risa Scott	Randy Scott	Ron Scott	Rae Ann Morss	Riki Davidson	Colt Johnson	Cassie Morss	Geoff Scott	Shann Scott
	Check "X" Avg Hrs Check "X" Street City State Zip Code Foreign Country Title Per Week Compensation Benefits Account	Check "X" Avg Hrs City State Zip Code Foreign Country Title Per Week Compensation Benefits Account Account Director Orange CA 92869 Director Director Director CA 92869	Check "X" Street City State Zip Code Foreign Country Title Per Week Compensation Benefits Account 873 N Red Robin Orange CA 92869 Director Director 0 Account 1830 Wentworth Billings MT 59105 MT 59105 President 0 President	Check "X" Street City State Zp Code Foreign County Title Per Week Compensation Benefits Expense 4 Mare 873 N Red Robin Orange CA 92869 Foreign County Director Director Director Director Benefits Account 4 Mare 1830 Wentworth Billings MT 59105 Billings MY 82836 Director D	Name (1 Business) Street Cuty State Zp Code Foreign County Title Per Week Compensation Benefits Expense 4 873 N Red Robin Orange CA 92869 President President O O President Account 4 PO Box 538 Dayton WY 82836 Director Director O O O Driss 42 Smith Creek Rd Parkman WY 82836 Director Director O O O	Name Check YZ IS 3 Neel Robin Street Orange City State Zp Code Fonegin Country Fonegin Country Title Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Compensation Per Week Pe	Name G Deck YT (Business) Street Cuty State (St.) State (St.) Cate (St.) Foreign Country (St.) Title (St.) And hits (St.) And	Name Chick X I Business Street Cut Size of control Code Foreign Country Title Title Title The Week Compensation Per Week Compensation Director Account Title Title The Week Compensation Account Title Title The Week Compensation Account Title The Week Compensation Ac	Name OTHER PATE (TABLE) Street (Name) Chy State (State) Account (State) Forestor (State) Forestor (State) Forestor (State) Forestor (State) Forestor (State) Forestor (State) Account (State) Forestor (State) Forestor (State) Account (State) Forestor (State) Account (State) Forestor (State) Account (State) Forestor (State) Account (State) Forestor (State) Forestor (State) Account (State) Forestor (State)

Dan & Jeanne Scott Family Foundation Part XV - Supplementary Information Grants and Contributions Paid during the Year or Approved for Future Payment Form 990PF

Year Ended December 31, 2016

Recipient	Relationship	Foundation <u>Status</u>	Purpose of Grant	Ŀ	<u>Amount</u>
Ramsey Keller Memorial					
4382 Laredo Pl.					
Billings, MT 59103		501(c)(3)	Annual Campaign	\$	2,000
Thrive					
PO Box 6337					
Bozeman, Montana 59771		501(c)(3)	Operating support	\$	2,550
Wyoming FFA Foundation					
PO Box 71					
Cheyenne, Wyoming 82003		501(c)(3)	Gillette FFA Scholarship	\$	4,500
Planned Parenthood					
1116 Grand Ave. STE 201		FO4 (-1/2)			
Billings, MT 59102		501(c)(3)	Operating Support	\$	1,500
Arts without Boundaries					
PO Box 20392					
Billings, MT 59104		501(c)(3)	Operating Support	\$	1,500
Friendship House of Christian Services					
3123 8th Ave South					
Billings, MT 59101		501(c)(3)	Operating Support	\$	3,000
COMPASS Center for Families					
PO Box 6022					
Sheridan, WY 82801		501(c)(3)	Operating Support	\$	2,500
Sheridan Area Search & Rescue					
PO Box 993					
Sheridan, WY 82801		501(c)(3)	Operating Support	\$	3,000
Sheridan Dog and Cat Shelter					
84 East Ridge Road					
Sheridan, Wyoming 82801		501(c)(3)	Operating Support / Neuter Fund	\$	4,650
Wyoming Cares					
PO Box 2575					
Casper, Wyoming 82602		501(c)(3)	Operating Support	\$	1,050
One Montana					
2066 Stadium Dr.					
Bozeman, MT 59715		501(c)(3)	Operating Support	\$	1,000
Hope for Paws					
8950 West Olympic Blvd.					
Los Angeles, CA 90211		501(c)(3)	Operating Support	\$	50
Culver Educational Foundation					
1300 Academy Rd #153					
Culver, IN 46511		501(c)(3)	Operating support	\$	10,650
Antelope Butte Foundation					
PO Box 6624		F0-/ 11-1			
Sheridan, Wyoming 82801		501(c)(3)	Operating support	\$	2,250

Recipient Tongue River Community Center	<u>Relationship</u>	Foundation <u>Status</u>	Purpose of Grant		<u>Amount</u>
PO Box 792 Ranchester, Wyoming 82839		501(c)(3)	Operating support	\$	17,500
Challenged Sailors 1331 Main St #3101 Ramona, CA 92065		501(c)(3)	Operating Support	\$	1,000
Billings American Legion PO Box 22535					
Billings, MT 59104		501(c)(3)	Operating Support	\$	
Long Beach Sailing PO Box 3116 Long Beach, CA 90803		· 501(c)(3)	Operating Support	\$	500
Senior Citizens Council 211 Smith St Sheridan, WY 82801		501(c)(3)	Operating Support	\$	1,300
Rocky Mountain College 1511 Poly Drive Billings, MT 59102		501(c)(3)	Operating Support/ Annual Fund/ Mens Basketball	\$	4,115
Camp Bethel PO Box 70 Dayton, WY 82836		501(c)(3)	Operating Support	\$	12,605
Haven PO Box 752					
Bozeman, MT 59771		501(c)(3)	Operating Support	\$	25
Joey's Foundation 109 South Main St Sheridan, WY 82801		501(c)(3)	Operating support	\$	750
Special Olympics Montana 710 1st Ave N Great Falls, MT 59041		501(c)(3)	Operating support	\$	10,750
Sheridan Senior Center 211 Smith Street					
Sheridan, WY 82801		501(c)(3)	Operating Support / Daybreak Program / Meal Coupons	\$	51,750
Green House Living for Sheridan 2311 Shirley Cove Sheridan, WY 82801		501(c)(3)	Operating Support	\$	600
Wyo Theatre PO Box 7254 Sheridan, WY 82801		501(c)(3)	Operating Support	\$	400
Algalita Marine Research and Education		(0)(0)		*	400
148N Marina Dr Long Beach, CA 90803		501(c)(3)	Operating Support	\$	100
Ocean Defenders Alliance 19744 Beach Blvd #446 Hunnington Beach, CA 92648		501(c)(3)	Operating Support	\$	50
Montana State University Alumni 1501 S 11th Ave Bozeman, MT 59717		501(c)(3)	Operating Support	\$	4,800

• Recipient Montana State University Foundation	Relationship	Foundation <u>Status</u>		Purpose of Grant	Ā	<u>Amount</u>	
PO Box 172750 Bozeman, Montana 59717-2750		501(c)(3)	Operating Support		\$	100	
Apostles Lutheran Church 3140 Broadwater Ave							
Billings, MT 59102		501(c)(3)	Operating Support		\$	18,420	
Sheridan Memorial Hospital Foundation 1401 W 5th St.							
Sheridan, WY 82801		501(c)(3)	Operating Support		\$	1,200	
Wales Primary PTO 4650 Woodchuck Rd							
Aurora, NY 14012		501(c)(3)	Operating Support		\$	11,630	
Sheridan County YMCA 417 N Jefferson St							
Sheridan, WY 82801		501(c)(3)	Operating Support		\$	28,605	
Center for Vital Community 3059 Coffeen Ave							
PO Box 1500 Sheridan, WY 82801		501 (c)(3)	Operating Support		\$	11,060	
		(-//-/	o por a sur Backbarr		•	11,000	
SERES GLOBAL 3865 Lakeshore Ave							
Oakland, CA 94610		501 (c)(3)	Operating Support	•	\$	2,084	
American Cancer Society 1903 Central Ave							
Billings, MT 59102		501 (c)(3)	Operating Support		\$	25	
Skyview High School							
1775 High Sierra Blvd Billings, MT 59106		501 (c)(3)	Operating Support		\$	50	
Billings YMCA							
402 N 32nd St. Billings, MT 59101		501 (c)(3)	Operating Support		\$	4,800	
Safe Passage							
81 Bridge St STE 104 Yarmouth, ME 04096		501 (c)(3)	Operating Support		\$	1,042	
Avivara							
7202 33 Avenue NW		/ //					
Seattle, WA 98117		501 (c)(3)	Operating Support		\$	1,792	
Project Schoolhouse PO Box 609							
Austin, TX 78767		501 (c)(3)	Operating Support		\$	1,042	
Wyoming FFA Foundation 100 Camel Dr							
Gillette, WY 82717		501 (c)(3)	Operating Support		\$	3,220	
Sheridan College Foundation PO Box 6328							
Sheridan, WY 82801		501 (c)(3)	Operating Support		\$	1,300	
Yellowstone Wildlife Sanctuary PO Box 675							
Red Lodge, Montana 59068		501 (c)(3)	Operating Support		\$	305	

		Foundation			
Recipient	Relationship	<u>Status</u>	Purpose of Grant	<u>A</u> 1	mount
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Red Lodge Area Community Foundation					
122 Hauser Ave					
Red Lodge, MT 59068		501 (c)(3)	Operating Support	\$	210
CASA					
1095 Sugarview Dr.					
Sheridan, WY 82801		501 (c)(3)	Operating Support	\$	7,000
Tongue River Child's Place					
PO Box 232					
Ranchester, WY 82839		501 (c)(3)	Operating Support	\$	10,000
The Food Group					
51 Coffeen Ave. #101					
Sheridan, WY 82801		501 (c)(3)	Operating Support	\$	5,000
CASA of Yellowstone County					
PO Box 688					
Billings, MT 59103		501 (c)(3)	Restricted to training for CASA Volunteers	\$	10,000
			Total Contributions / Grants Paid	\$ 2	65,430