EXTENDED TO JULY 16, 2018

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Form **990-PF** Do not enter social security numbers on this form as it may be made public. Department of the Treasury Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2016 or tax year beginning SEP 1, 2016 and ending 2017 AUG 31, Name of foundation A Employer identification number OP & WE EDWARDS FOUNDATION INC 13-6100965 Number and street (or P O box number if mail is not delivered to street address) B Telephone number PO BOX 2445 406-446-1077 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here RED LODGE, MT 59068-2445 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 17,150,093. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable purposes (cash basis only) expenses per books income ıncome 500,000. N/A Contributions, gifts, grants, etc., received 33 Check Inf the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 7,407 7,407 STATEMENT 421,490 STATEMENT 4 Dividends and interest from securities 421,490. 5a Gross rents b Net rental income or (foss) 194,761 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 278,751. 194,761 7 Capital gain net income (from Part IV, line 2) 6 Best £. × 2 8 Net short-term capital gain 9 Income modifications Gross profit of (loss) Total Adddines through 310,474 124,044. STATEMENT 934,132 <386 Compensation of officers, dife 0. 0. Other employee salaties and wages 32,500 65,000. 32,500. 3,742. 7,484. 3,742 poloyee benefits 7,230. 3,615 3,615. 16a Legal Rees STMT b Accounting fees STMT 5 5,977. 2.989. 2,988. 1,112 c Other professional fees STMT 6 2,224. 1,112. 17 Interest STMT 7 18 Taxes 8,882. 0. 19 Depreciation and depletion 307,386. 758. 4,450. 4,449 8,899. 20 Occupancy 21 Travel, conferences, and meetings 12,217 6,109. 6,108. 22 Printing and publications 10,045 5,022 5,023. STMT 8 23 Other expenses 24 Total operating and administrative 435,344 expenses. Add lines 13 through 23 60,296 59,538. 25 Contributions, gifts, grants paid 935,608 <u>,935,608.</u> 26 Total expenses and disbursements. 995,146. 370,952 60,296 Add lines 24 and 25

371,338

823501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

N/A

Form **990-PF** (2016)

27 Subtract line 26 from line 12:

8 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

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

873,836.

623511 11-23-16

Add lines 1, 2, and 3

25,662,875.

25,662,873.

Form **990-PF** (2016)

Decreases not included in line 2 (itemize) ► ROUNDING

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

8,738. 6 7 1,947,735.

2,010,146.

8 Enter qualifying distributions from Part XII, line 4

6 Enter 1% of net investment income (1% of Part I, line 27b)

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 the Part VI instructions.

Form **990-PF** (2016)

Add lines 5 and 6

Form Pa	990-PF (2016) OP & WE EDWARDS FOUNDATION INC	<u>13-</u> 4948	6100 - see ii	965 nstru	ctior	Page 4 1 5)	
_	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)		()			<u>, -</u>	
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	, .,		8.7	38.	
	of Part I, line 27b	· 🤻 ·	,	· >	``à	* (\$* E)	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	,		` ;; «		*	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	7,000			0.	
	Add lines 1 and 2	3			8,7	38.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			8,7	38.	
6	Credits/Payments:	(2.4 %) (2.4 %)		λ,	·	. E. Z	
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 3,882		1 .	*	. 34.		
b	Exempt foreign organizations - tax withheld at source 6b					2	
C	Tax paid with application for extension of time to file (Form 8868) 6c 7,500	-	<u>*</u> *		\$ S.	25	
d	Backup withholding erroneously withheld 6d 6d	_\`~	^ ^	_			
	Total credits and payments. Add lines 6a through 6d	7		1	<u>1,3</u>		
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			1	<u>14.</u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2,5		
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 2,530 . Refunded ▶ rt VII-A Statements Regarding Activities	11	l			0.	
$\overline{}$	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in		``	Yes	No	
	any political campaign?			1a	ì	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	on)?		1b	·	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi					<	
	distributed by the foundation in connection with the activities.			(*	
C	Did the foundation file Form 1120-POL for this year?			1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			≥,	`		
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	<u>•</u>		, ,	\$		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed 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.			* ; ; ; ; ; ;	istorios 4		
3.	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or _		·	<u> -</u>		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X		
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b 5		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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:			% %.		* **	
U	By language in the governing instrument, or			37			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st 	ate law		34			
	remain in the governing instrument?			6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part II.	(V		7	X		
•					ř		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					2000 A	
	NY			\ X	> .	Ê	
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)				`	4.888	
_	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 c	alendar		7.8% 1.0%	×	×,	
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х	۷
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10		X	
			Foi	m 99 0)-PF	(2016))

623531 11-23-16

Ś

3Ь

X Yes

b 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

during the year?

orm 990-PF (2016) OP & WE EDWARDS FOUNDAT:			<u> 13-61009</u>	965 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir]	
any voter registration drive?			s X No	-
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	es 🛣 No 📙	*
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)			es 🗓 No 📑	
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or			*
the prevention of cruelty to children or animals?			es X No	,, j.
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u		in Regulations		. 65 330 7
section 53.4945 or in a current notice regarding disaster assistance (see insti	·		N/A	5b
Organizations relying on a current notice regarding disaster assistance check				* / L
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		N/A L Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.49			[` ` ' >
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on		. .	S
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870.	personal benefit contract?		-	6b X
	h . léan tua manadu nO		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax		T6	N/A	7b
b If "Yes," did the foundation receive any proceeds or have any net income attri Part VIII Information About Officers, Directors, Trus		nagere Highly		70
Paid Employees, and Contractors	itees, i ouridation wit	anagers, mgm	,	
List all officers, directors, trustees, foundation managers and thei	r compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	to position	- Circle o /	- Component	
	-			
SEE STATEMENT 13	_	0.	٥.	0.
				
				1
	_			
	7			
	7			
			}	1
		1		
Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deterred compensation	allowances
AMY A HYFIELD	EXECUTIVE DIF	RECTOR		
O BOX 1828, RED LODGE, MT 590068	40.00	65,000.	1,950.	. 0.
			1	
	<u> </u>			<u> </u>
otal number of other employees paid over \$50,000			>	0

Form 990-PF (2016) OP & WE EDWARDS FOUNDATION INC		100965 Page 7
Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
To the state of the second of		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		·-·
·		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
MESSENGERS FOR HEALTH LOAN MADE -AT A BELOW-MADE		
RATE.	THE THE THE TENT	
		15,000.
2		
All other program-related investments. See instructions.		
3		
Total Add Imag 1 through 2		15,000.
Total. Add lines 1 through 3		Form 990-PF (2016)
		101111 333-1 1 (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, 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	8,406,265.
	Average of monthly cash balances	1b	2,450,685.
C	Fair market value of all other assets	1c	6,024,320.
d	Total (add lines 1a, b, and c)	1d	16,881,270.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	8	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	16,881,270.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	253,219.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	16,628,051.
6	Minimum investment return. Enter 5% of line 5	6	831,403.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certaiı	1
1	Minimum investment return from Part X, line 6	1	831,403.
2a	Tax on investment income for 2016 from Part VI, line 5	,	
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	8,738.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	822,665.
4	Recoveries of amounts treated as qualifying distributions	4	63,159.
5	Add lines 3 and 4	5	885,824.
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	<u>885,824.</u>
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,995,146.
b	Program-related investments - total from Part IX-B	1b	15,000.
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:		
8	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	2,010,146.
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	5	8,738.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,001,408.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualifies	for the section

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				995 934
line 7		1.5%	~ ;	885,824.
2 Undistributed income, if any, as of the end of 2016			0.	
a Enter amount for 2015 only b Total for prior years:	1.23	(4,4% ?}	Ž. W. W	A 4 35-
g rountor prior yours.		0.		· A
3 Excess distributions carryover, if any, to 2016:	343			
a From 2011 2,494,812.				
b From 2012 793,125.				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c From 2013 1,121,706.				, , , , , , , , , , , , , , , , , , ,
d From 2014 2,417,233.				
e From 2015 1,674,456.				
f Total of lines 3a through e	8,501,332.	* * * * * * * * * * * * * * * * * * * *	* ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
4 Qualifying distributions for 2016 from	· · · · · · · · · · · · · · · · ·			
Part XII, line 4: ►\$ 2,010,146.				
a Applied to 2015, but not more than line 2a	# 5** <u></u>	, (* ,	0.	37 × 4
b Applied to undistributed income of prior				
years (Election required - see instructions)	* *	0.	\$ 30	2.4 3 48 4
c Treated as distributions out of corpus	_		×	
(Election required - see instructions)	0.	, , , , , , , , , , , , , , , , , , ,	* * *	005 004
d Applied to 2016 distributable amount	, , , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * *	*	885,824.
e Remaining amount distributed out of corpus	1,124,322.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	3
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.	\$	**	0.
must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:	0 605 654			
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,625,654.	an and and and analysis and an analysis and	**	3 7 8
b Prior years' undistributed income. Subtract				<u> </u>
c.Enter the amount of prior years'	J. A.		, SA.	**
undistributed income for which a notice of				× 3 3
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed	* , , , , , , , , , , , , , , , , , , ,	0.	* ***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Subtract line 6c from line 6b. Taxable	\$ 1 1		\$\$	* * *
amount - see instructions	a service a service a service as a service a	0.	£ × × × × ×	7:
e Undistributed income for 2015. Subtract line	,	, j. j		* * * * *
4a from line 2a. Taxable amount - see instr.	. *		0.	* * * *
f Undistributed income for 2016. Subtract		* * * * * * * * * * * * * * * * * * * *		
lines 4d and 5 from line 1. This amount must				_
be distributed in 2017			2.1	0.
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.	* ()	1 14	, X
8 Excess distributions carryover from 2011				A 31 44 4
not applied on line 5 or line 7	2,494,812.	* * * * * * * * * * * * * * * * * * * *	<u> </u>	· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2017.	- 100 010			
Subtract lines 7 and 8 from line 6a	7,130,842.	** /** /		*
10 Analysis of line 9:	× 25 &			
a Excess from 2012 793, 125.				*
b Excess from 2013 1,121,706.				
c Excess from 2014 2,417,233.				
d Excess from 2015 e Excess from 2016 1,124,322				
e Excess from 2016 1,124,322.		1	<u></u>	Form 990-PF (2016)

		OUNDATION II		13-61	00965 Page 10
Part-XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling o foundation, and the ruling is effective fo					
b Check box to indicate whether the found			In section	4942(j)(3) or 49	142(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Ing tourisdanon documents	Prior 3 years	10 12())(0) 01	1
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					/
each 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				, 1	
used directly for active conduct of				,	
exempt activities				/	
e Qualifying distributions made directly					
for active conduct of exempt activities.				/	
Subtract line 2d from line 2c			<u> </u>	1	
3 Complete 3a, b, or c for the alternative test relied upon:			1	1	
a "Assets" alternative test - enter:					
(1) Value of all assets		<u> </u>	/	<u> </u>	
(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 "Support" alternative test - enter:					
(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				<u> </u>	
(4) Gross investment income		<u> </u>		1 105 000	L _
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t		tructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by the	toundation before the cio	se of any tax
	ποιο τημη φοισσομ. (σου	30011011 007 (4)(2)-)			
JO ANN EDER b List any managers of the foundation wh	a own 10% or more of t	the stock of a corporation	/or an equally large ports	on of the ownership of a n	artnership or
other entity) of which the foundation ha			(or an equally large portion	on or the ownership or a p	at the Ship Of
NONE	-				
2 Information Regarding Contribut	ion, Grant, Gift, Loar	. Scholarship, etc., P	rograms:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	organizations and does r		
a The name, address, and telephone num	`				
, 323, 333, 334 (310)		and person to informable			
b The form in which applications should b	e submitted and inform	ation and materials they s	should include:		
c Any submission deadlines:				117.	
d Any restrictions or limitations on awards	s, such as by geographic	cal areas, charitable fields	kinds of institutions, or o	other factors:	
	., _aa ao oj googiapiii	on all they offer motor fields	, moniumono, or		
823601 11-23-16					Form 990-PF (2016

a Paid during the year

SEE ATTACHED SCHEDULE

Name and address (home or business)

Form **990-PF** (2016)

≥ 3b

Total

Total

b Approved for future payment

NONE

orm 990-PF (2016) OP & WE EDWA				13-6	5100965 Page
Part XVI-A Analysis of Income-Pro					
nter gross amounts unless otherwise indicated.		d business income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					
e	t I				
f					
g Fees and contracts from government agencies		· · · · · · · · · · · · · · · · · · ·	1 1		
Membership dues and assessments			1 1		
Interest on savings and temporary cash	 		 		
			14	7 407	
investments	 	· · · · · · · · · · · · · · · · · · ·		7,407.	<u> </u>
Dividends and interest from securities	 		14	421,490.	<i>y y</i> '
Net rental income or (loss) from real estate:	*	\$ 1 E	1	* *	37
a Debt-financed property			<u> </u>		
b Not debt-financed property					
Net rental income or (loss) from personal				·	
property	l				
Other investment income			15	310,474.	
Gain or (loss) from sales of assets other					
than inventory	1		18	194,761.	
Net income or (loss) from special events			1 - 0	174,7010	-
• • •	 		+ +		
Gross profit or (loss) from sales of inventory	·		 		
Other revenue:					
a INCOME FROM CL&F			 		 -
b RESOURCES L.P.			ļ		
c <u>ID#76-0690190</u>	211110	<1,434,518.	· <u> </u>		
d		<u> </u>			
e					
Subtotal. Add columns (b), (d), and (e)		<1,434,518.	-	934,132.	
Total. Add line 12, columns (b), (d), and (e)					<500,38
ee worksheet in line 13 instructions to verify calculation	ns \				
Part XVI-B Relationship of Activiti		mplishment of F	vemnt E	Pumoses	
					·
ine No. Explain below how each activity for which			A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other	than by providing fur	ids for such purposes).		<u></u>	
	·				
	···				
					
				<u> </u>	
			_		
				<u> </u>	
				· · · · · · · · · · · · · · · · · · · 	

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

1	Did the o	rganization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of	,	Yes	No
					7, relating to political organ				. **	,
a	Transfers	s from the reporting founda	ation to a noncharital	ble exempt org	ganization of:			y 5		; <i>i</i>
	(1) Cash	1						1a(1)		_X_
	(2) Othe	er assets						1a(2)	<u> </u>	_X_
þ	Other trai	nsactions;							, , , ,	.%
	(1) Sales	s of assets to a noncharitat	ble exempt organizat	tion				1b(1)		<u>X</u>
	(2) Purc	chases of assets from a nor	ncharitable exempt o	organization				1b(2)		X X X X X
	• •	tal of facilities, equipment, o						1b(3)	├	<u>X</u>
	• •	nbursement arrangements						1b(4)		X
		ns or loan guarantees						1b(5)	<u> </u>	<u>X</u>
		ormance of services or mei						1b(6)		X
C		of facilities, equipment, mai		•				1c	<u>. </u>	<u> </u>
đ					dule. Column (b) should al				sets,	
					ed less than fair market valu	ie in any transaction	or snaring arrangement, s	now in		
91	_ine no	(b) Amount involved			e exempt organization	/d) December	of bonders bonders and			
4)	Ine no	(b) Amount involved	(c) Name of		exempt organization	(u) Description	of transfers, transactions, and	snaring ar	rangeme	mis
		<u> </u>		N/A						
			<u> </u>							
										
			ļ						-	
										
						-}				
_						- 				
						 				
	- -					 	· · · · · · · · · · · · · · · · · · ·			
						 -				
						 				
						<u> </u>				
==	===									
				·		 				
						 				
0-	le the fou	andation directly or indirect	the officered with one	ralated to one	or more toy exempt organi	izatione described				
28					or more tax-exempt organi	izations described	Г	Yes	v] No
		n 501(c) of the Code (other complete the following sche	• •	(3)) OF III SECT	IUII 327 f		<u>L</u> ,	153		טאו ב
U	11 165, 0	(a) Name of org			(b) Type of organization	T	(c) Description of relations	hin		
		N/A	anzanon .		(b) Type of organization		(4) Boodinphon or rollanding	<u></u>		
		N/A				 				
_						-				
						 				
	Unde	or penalties of perjury, I declare t	that I have examined thi	s return, includin	g accompanying schedules and	statements, and to the	best of my knowledge			
Si	gn and b	pelief, it is true, correct, and com	nplete Declaration of pre	eparer (other than	n taxpayer) is based on all inform	nation of which preparer	retu	y the IRS irn with th	e prepar	er
He	ere	V 10 (4, 1	=		12/12/2018	PRESI		Wn below X Yes		7' I
		inature of officer or trustee			Date	Title	LENT L	ALITES	· L	J No
	i Sig	Print/Type preparer's na		Preparer's si		Date	Check If PTIN			
		DULCY N. N		. Topulor 3 3	· · · · · · · · · · · · · · · · · · ·		self- employed			
P	aid	J	-	DITT OV	N NITEMET A	02/05/19	' '	0000	701	
	eparer	CPA			N. NIEMELA, N & CO., P.C	02/06/18	Firm's EIN ► 81-0	0080		
	se Only	111111011111111111111111111111111111111	EVOON TOK	MODUTE	1 α CO., F.C	•	FILITIS CIN POI - U	7037	4 0	
		Firm's address ▶ P . (O BOY 20	135			 			
			LLINGS, M		4-0435		Phone no. 406-2	45-5	136	
		· D.L.	TILLES, M	<u> </u>	- V-33			orm 99 0		
							1 (,,,,, ——,		,

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047 2016

Name of the organization

Employer identification number

(OP & WE EDWARDS FOUNDATION INC	13-6100965
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 50° General Rule X For an organiza	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a additional ad	ons totaling \$5,000 or more (in money or
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, libutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% or -EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rectributions of more than \$1,000 exclusively for religious, charitable, scientific, literator of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recions exclusively for religious, charitable, etc., purposes, but no such contribution ter here the total contributions that were received during the year for an exclusive transfer any of the parts unless the General Rule applies to this organization table, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000. If this box <i>ely</i> religious, charitable, etc.,
but it must answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sc on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork R	Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

OP &.	WE EDWARDS FOUNDATION INC		13-	6100965	
Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	_		
(a)	(h)	(c)		(d)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	YOGI & CHRIS GAMPER PO BOX 2445 RED LODGE, MT 59068	\$100,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JO ANN EDER PO BOX 2445 RED LODGE, MT 59068	ss	Person X Payroll
(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	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 Oncash Complete Part II for noncash contributions)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

OP & WE EDWARDS FOUNDATION INC.

13-6100965

rt II Nonc	eash Property (See instructions). Use duplicate copies of Pr	art II if additional space is needed	
^	Topo I just mendensing, and deproduct opping of the		
(a) No. rom lart l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a)		(a)	
No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a)		(c)	
No. rom Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a)		(c)	
No rom Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
(a) No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

nization		Employer identification number
Exclusively religious, charitable, etc., contri	butions to organizations described	13-6100965 d in section 501(c)(7), (8), or (10) that total more than \$1,000 for
the year from any one contributor. Complete co	olumns (a) through (e) and the folio	owing line entry. For organizations
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	ft
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) During of side		(d) Description of how gift is held
(b) Purpose of gift	(c) ose or grit	(u) Description of now girt is field
	(e) Transfer of gi	ft
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	ft
Transferee's name, address, and		Relationship of transferor to transferee
	E EDWARDS FOUNDATION IN Exclusively religious, charitable, etc., contribute year from any one contributor. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, an (b) Purpose of gift (b) Purpose of gift Transferee's name, address, an (b) Purpose of gift	EDWARDS FOUNDATION INC Exclusively religious, charitable, etc., contributions to organizations describer the year from any one contributor. Complete columns (a) through (e) and the folic completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 c. Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transfered's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfered of gift (b) Purpose of gift (c) Use of gift (e) Transfered of gift

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPORAR	Y CASH	INV	ESTMENTS	STA'	PEMENT	1
SOURCE			(A) EVENUE R BOOKS	NET	•	B) ESTMENT OME		(C) DJUSTED I INCOMI	€
FIRST INTERSTATE BA	NK		7,123	•	-	7,123.		_	
INCOME FROM CL&F RE L.P. ID#76-0690190	SOURCES		18	•		18.			
INCOME FROM CL&F RE L.P. ID#76-0690190	SOURCES		15			15.			
IRS			251			251.			
TOTAL TO PART I, LI	NE 3		7,407	•		7,407.			
FORM 990-PF	DIVIDENDS	AND IN	TEREST F	ROM SEC	URI'	TIES	STA	TEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	(A) REVENUI ER BOOI		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
CONTINENTAL LAND & FUR CO INC INCOME FROM CL&F RESOURCES L.P.	0.		0.		0.		0.		
ID#76-0690190 SENTINEL ACCOUNTS	413,666. 7,824.		0. 0.	413,66 7,82		413,66 7,82			
TO PART I, LINE 4	421,490.		0.	421,49	0.	421,49	0.		
FORM 990-PF		OTHER	RINCOME		·		STA	TEMENT	3
DESCRIPTION			(A REVE PER B	NUE		(B) T INVEST- NT INCOME		(C) ADJUSTEI ET INCOI	
INCOME FROM CL&F RE ID#76-0690190			2	95,295		295,295	· .	-,	
INTEREST INCOME FRO INVESTMENT NOTES INTEREST INCOME FRO	M LOANS			2,244	•	2,244			
RECEIVABLE FROM EXE ORGANIZATIONS INCOME FROM CL&F RE				3,103	•	3,103	٠.		
ID#76-0690190				9,832	•	9,832	·		
INCOME FROM CL&F RE ID#76-0690190	SOURCES L.P.		<1,4	34,518	>	0	٠.		
			<1,1	24,044	>	310,474			

TOTAL TO FORM 990-PF, PART I, LINE 11

FORM 990-PF	LEGAL	FEES	S':	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	7,230.	3,615.		3,615.
TO FM 990-PF, PG 1, LN 16A =	7,230.	3,615.		3,615.
FORM 990-PF	ACCOUNTI	NG FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	5,977.	2,989.		2,988.
TO FORM 990-PF, PG 1, LN 16B	5,977.	2,989.		2,988.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER	2,224.	1,112.		1,112.
TO FORM 990-PF, PG 1, LN 16C	2,224.	1,112.	-	1,112.

FORM 990-PF	TAX	ES			STATEMENT	7
	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAX	8,882.		0.			0.
TO FORM 990-PF, PG 1, LN 18	8,882.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	8
	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
DUES & SUBSCRIPTIONS BANK & CREDIT CARD CHARGES OFFICE & POSTAGE	8,279. 143. 1,623.		139. 72. 811.			40. 71. 12.
TO FORM 990-PF, PG 1, LN 23	10,045.	5,	022.		5,0	23.
FORM 990-PF	CORPORAT	E STOCK		7,00.4 50.7 000.	STATEMENT	9
DESCRIPTION			- BOC	OK VALUE	FAIR MARKE VALUE	T-
CONTINENTAL LAND & FUR CO INC COOPERATIVE ASSISTANCE FUND		-	2	2,462,247.	7,950,7 109,8	
TOTAL TO FORM 990-PF, PART II,	LINE 10B	-	2	2,562,247.	8,060,6	18.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	10
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
CL&F RESOURCES LP SENTINEL SUSTAINABLE CORE OPPR		FMV FMV	20),218,700. 127,887.	6,008,7 317,5	
TOTAL TO FORM 990-PF, PART II,	LINE 13	-	20	,346,587.	6,326,3	22.

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE - JO ANN'S DESK	2,552.	2,552.	0.
COMPUTER - JO ANN'S TOWER	4,098. 670.	4,098. 670.	0.
PRINTER/SCANNER/FAX HP LASER COMPUTERS - 2 MACBOOK PRO	7,709.	7,709.	0.
MAC MINI & ACCESSORIES	2,084.	2,084.	0.
MAC BOOK PRO	3,149.	3,149.	0.
2 FILE CABINETS	906.	635.	271.
SCANNER	258.	217.	41.
TOTAL TO FM 990-PF, PART II, LN 14	21,426.	21,114.	312.
TOTAL TO FM 990-PF, PART II, LN 14 FORM 990-PF	OTHER ASSETS	21,114.	STATEMENT 12
		21,114. END OF YEAR	
	OTHER ASSETS		STATEMENT 12
FORM 990-PF DESCRIPTION ACCRUED INTEREST RECEIVABLE	OTHER ASSETS BEGINNING OF	END OF YEAR	STATEMENT 12 FAIR MARKET
FORM 990-PF DESCRIPTION ACCRUED INTEREST RECEIVABLE LOANS RECEIVABLE FROM EXEMPT	OTHER ASSETS BEGINNING OF YR BOOK VALUE 4,019.	END OF YEAR BOOK VALUE	STATEMENT 12 FAIR MARKET VALUE
FORM 990-PF DESCRIPTION ACCRUED INTEREST RECEIVABLE	OTHER ASSETS BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	STATEMENT 12 FAIR MARKET VALUE 3,720. 297,833. 224,376.
FORM 990-PF DESCRIPTION ACCRUED INTEREST RECEIVABLE LOANS RECEIVABLE FROM EXEMPT COMMUNITY ORGANIZATIONS	OTHER ASSETS BEGINNING OF YR BOOK VALUE 4,019. 345,992.	END OF YEAR BOOK VALUE 3,720. 297,833. 224,376. 7,980.	FAIR MARKET VALUE 3,720. 297,833. 224,376. 7,980.
FORM 990-PF DESCRIPTION ACCRUED INTEREST RECEIVABLE LOANS RECEIVABLE FROM EXEMPT COMMUNITY ORGANIZATIONS COMMUNITY INVESTMENT NOTES	OTHER ASSETS BEGINNING OF YR BOOK VALUE 4,019. 345,992. 222,155.	END OF YEAR BOOK VALUE 3,720. 297,833. 224,376.	STATEMENT 12 FAIR MARKET VALUE 3,720. 297,833. 224,376.

	ST OF OFFICERS, DI		STATI	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JO ANN EDER PO BOX 2445 RED LODGE, MT 59068	PRESIDENT 15.00	0.	0.	0.
GISELA GAMPER PO BOX 2445 RED LODGE, MT 59068	VICE PRESIDENT 1.00	0.	0.	0.
MARK D EDER PO BOX 2445 RED LODGE, MT 59068	TREASURER 1.00	0.	0.	0.
CHRISTOPHER E GAMPER PO BOX 2445 RED LODGE, MT 59068	DIRECTOR 1.00	0.	0.	0.
JESSICA DUNBAR PO BOX 2445 RED LODGE, MT 59068	DIRECTOR 1.00	0.	0.	0.
YOGEETA GAMPER PO BOX 2445 RED LODGE, MT 59068	SECRETARY 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

2016 DEPRECIATION AND AMORTIZATION REPORT

ORM 9	ORM 990-PF PAGE	1					_		990-PF							
Asset No		Description	Date Acquired	Method	Life		. Ling -	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE	- JO ANN'S DESK	04/17/02	SL Š	7.00	16	16	2,552.	** ** ** ** **			2,552.	2,552.			2,552,4,098
E 4	PRINTER/SC	PRINTER/SCANNER/FAX HP LASER 06/06/07	06/06/07	Si Si	5.00	16	9 9	670.	* * .		ů v	670.	670. 7,709.		. 0	670. 7,709.
. ,		MAC MINI & ACCESSORIES	09/01/11 (1/19/17) 07/19/12	SI.	5.00	<u>ਜੋ ਜੋ</u>	, y ()	3,149.		3.4. \$ \$7. 4 2. 4		2,084. 3,149.	2,084.			3,149,
7	2 FILE CABINETS	BINETS	09/21/12	is si	7.00	16	· · · · · · · · · · · · · · · · · · ·	906.				906. *\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	506.		129.	635. - 217.
**	* TOTAL 99	* TOTAL 990-PF PG 1 DEPR) '	* 8	<u> </u>		21,426.	× × × × × ×	, , , , , , , , , , , , , , , , , , , ,	XX / -	21,426.	20,356.		758.	21,114.
		1466 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							,	**************************************						24 3
,	× × ×		×		7 7 7								* * * * * * * * * * * * * * * * * * * *			*
•	der" ,				same o no not debone				> *				***************************************	A A		anticumersc
	< .	1.40 Sec. 1.40 S	****	**************************************	***	* · · ·	- ***	**************************************		· ·		\$,	***		х х у х х х	- 2000-200-2
628111	628111 04-01-16						<u> </u>	(D) - Asset disposed	pesoc		•	ITC, Salvage,	Bonus, Comr	nercial Revrta	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone