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2017

OMB No 1545-0052

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

Department of the Treasury

Form 990-PF

Internal Revenue Service

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

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-20)17 , ar	nd en	ding 12-31-	2017		
		indation INDATION			A Employer ide	entification numbe	r	
					20-4186644			
		d street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone number (see instructions)			
					(406) 581-3073			
		i, state or province, country, and ZIP or foreign postal code MT 59718		C If exemption	application is pendin	g, check here		
G Ch	eck all	I that apply Initial return Initial return of a	former public charity		D 1. Foreign org	janizations, check he	ere \square	
		☐ Final return ☐ Amended return	,			ganizations meeting		
		Address change Name change			test, chec	k here and attach co	mputation 🕨 🔲	
H Ch	eck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec		
	ection	1 4947(a)(1) nonexempt charitable trust	e private foundation					
of y	ear (f	xet value of all assets at end from Part II, col (c), \$ 2,549,822	be on cash basis)	ıal		tion is in a 60-month n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	149,133					
	2	Check ► ☐ If the foundation is not required to attach						
	_	Sch B						
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	32,966		15 32,966			
	ч 5а	Gross rents	32,300	1	32,300			
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	418,576	j				
Reverue	ь	Gross sales price for all assets on line 6a						
3e√	7	3,276,567 Capital gain net income (from Part IV, line 2)			418,576			
_	8	Net short-term capital gain			+10,570			
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	3,450		0			
	12	Total. Add lines 1 through 11	604,140		451,557			
	13	Compensation of officers, directors, trustees, etc	0)	0		0	
_	14	Other employee salaries and wages						
ses	15 16a	Legal fees (attach schedule)						
Expenses	ь	Accounting fees (attach schedule)	1,885	;	628		628	
	c	Other professional fees (attach schedule)	21,187		21,187		0	
live	17	Interest						
trai	18	Taxes (attach schedule) (see instructions)						
SIII S	19	Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
and Administrative	21	Travel, conferences, and meetings	4,229		634		3,172	
a	22	Printing and publications						
Operatıng	23	Other expenses (attach schedule)	2,781		445		2,023	
rat	24	Total operating and administrative expenses.			<u> </u>			
<u>ل</u> ا	25	Add lines 13 through 23	30,082	-	22,894		5,823	
_	25	Contributions, gifts, grants paid	96,250	1			96,250	
	26	Total expenses and disbursements. Add lines 24 and 25	126,332	!	22,894		102,073	
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	477,808					
	b	Net investment income (If negative, enter -0-)			428,663	-		
	С	Adjusted net income(If negative, enter -0-)						
For	Paper	work Reduction Act Notice, see instructions.			Cat No 11289X	For	m 990-PF (2017)	

	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 ▶			
S	8	Inventories for sale or use			
sel	8 9 10a	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,185,785	1,7	25,280 1,872,081
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
				1	1

519,023

2,404,248

1,997,397

517,796

2,549,822

2,475,205

2,404,248 Form **990-PF** (2017)

70,957

4 5

, , , , , , , , , , , , , , , , , , ,		
Investments—corporate stock (attach schedule)	1,185,785	% ∫
Investments—corporate bonds (attach schedule)		
Investments—land, buildings, and equipment basis ▶	_	
Less accumulated depreciation (attach schedule)		
Investments—mortgage loans		
Investments—other (attach schedule)	748,232	% J
Land, buildings, and equipment basis ▶		
Less accumulated depreciation (attach schedule) ▶		

12 13

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21 22

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Liabilities

Other assets (describe ▶ _

Other liabilities (describe ▶_

instructions Also, see page 1, item I)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

Other increases not included in line 2 (itemize) ▶ ___

Decreases not included in line 2 (itemize) ▶ _

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

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

<i>,</i> ~	l	·		
5		and complete lines 24 through 26 and lines 30 and 31.		
┋	24	Unrestricted		
ŏ	25	Temporarily restricted		
2	26	Permanently restricted		
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		
2	27	Capital stock, trust principal, or current funds	545,144	545,144
-	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0
Ι -	29	Retained earnings, accumulated income, endowment, or other funds	1,452,253	1,859,104
2	30	Total net assets or fund balances (see instructions)	1,997,397	2,404,248

S.		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
8	25	Temporarily restricted			
E I	26	Permanently restricted			
o E		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
<u>چ</u> ا	27	Capital stock, trust principal, or current funds	545,144	545,1	44
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0		0
	29	Retained earnings, accumulated income, endowment, or other funds	1,452,253	1,859,1	04
Net	30	Total net assets or fund balances (see instructions)	1,997,397	2,404,2	48
	31	Total liabilities and net assets/fund balances (see instructions)	1,997,397	2,404,2	48
Pai	rt III	Analysis of Changes in Net Assets or Fund Balances	_		
1		al net assets or fund balances at beginning of year—Part II, column (a), rear figure reported on prior year's return)	line 30 (must agree with	_	1,997,397
2	Ente	er amount from Part I, line 27a		. 2	477,808

Page **3**

Capital Gaills at	id Losses for Tax off Tilvest	inche Income			
	(a) e kınd(s) of property sold (e g , re ouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PERSHING LLC			Р		
b UBS FINANCIAL SERVICES	INC		P .		
c					
d					
e					
	(f)		(a)	 	<u> </u>
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain d	h) or (loss) ō) minus (q)
a 2,872,		pius exp	2,499,1	, , , ,	373,211
b 404,	224		358,8	29	45,365
<u>c</u>					
d					
е					
Complete only for assets s	howing gain in column (h) and ow	ned by the foundation	on 12/31/69	((I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (ı), ıf any	col (k), but not	h) gain minus less than -0-) or rom col (h))
	as 0(12/31/09	over cor	(J), II ally	203305 (373,211
a					
b					45,365
<u>c</u>					
d					
e		If gain, also enter in P			
	n or (loss) as defined in sections : I, line 8, column (c) (see instructi	` , ` ` ,	ı <u>. </u>	3	418,576
Part V Qualification Ur	ider Section 4940(e) for Re	educed Tax on Net	Investment 1	Income	
(For optional use by domestic private	ate foundations subject to the sec	ction 4940(a) tax on ne	et investment inco	ome)	_
If section 4940(d)(2) applies, lea	•	·- ·- (-, ·		,	
Was the foundation liable for the	section 4942 tax on the distributal qualify under section 4940(e) Do			od? 🔲 Y	es 🗹 No
 Enter the appropriate amo 	unt in each column for each year,	see instructions before	making any enti	nes	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by o	
2016	130,920		2,189,345	, , ,	0 059799
2015	164,373		2,568,825		0 063988
2014	104,497		2,378,091		0 043942
2013	103,414		2,178,596		0 047468
2012	84,506		1,926,006		0 043876
2 Total of line 1, column (d)	· · · · · · · · · · · · · · · · · · ·			,	0 259073
, , ,	or the 5-year base period—divide		<u> </u>	•	0 233073
number of years the found	ation has been in existence if less haritable-use assets for 2017 from	than 5 years	, or by the 3		<u>0 051815</u> 2,307,264
		•	5		119,551
	t income (1% of Part I, line 27b)				4,287
	, , ,				123,838
	os from Dart VII. ling 4		/		
	ns from Part XII, line 4 , . er than line 7, check the box in Pa			·	102,073
instructions	or and time 7, clear the box III Fe	are vi, mie ib, and con	ipiece chac part u		orm 990-PF (2017)

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Form 990-PF (2	017)
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

(a) Answer of state and deferred (b) order allowar compensation of compensatio	Part VIIII and Contractors		,	•	<i>3 . 3 .</i>	
(a) Name and address (b) Several (c) Compensation (c) Com	1 List all officers, directors, trustee	es, fo	oundation managers ar	d their compensation	(see instructions).	
Part IV-S Summary of Program-Related Investments (see instructions) Expenses	(a) Name and address	(hours per week	not paid, enter	Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
PART IT A Base Has a Base Has Corromono Stores (A) His STORE Stores (A) His STORE STORES (A) HIS				0	(0
### Season Control Mode Reformed Reform						
### STATE OF THE PROPERTY OF T			PRESIDENT	0	(0
September Sept						
MOMENT STATE SUMMARY OF Program-Related Investments (see instructions) All cother program-related investments See instructions Summary of Program-Related Investments (see instructions) All other program-related investments See instructions 3	MOLLY HAMPTON			0	(0
DOMATINE MOVE DOMATINE DOMA		5 00				
Section Sect		TDIIG	TEE	0		0
### SECREMAN, NOTE 19718 Compensation of five highest-paid employees (other than those included on line 1 = see instructions). If none, enter "NONE." Take, and average however than \$50,000 Take, and average however than \$50,000 Total number of other employees paid over \$50,000 For this lightest paid independent contractors for professional services (see instructions). If none, enter "NONE." Total number of other employees paid over \$50,000 Fire highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 Fart IX-S Summary of Direct Charitable Activities Let the condators bur anget a revict charitable activities and the treatment of the services of the part of the services of the part of the services of the se				U		,
Name and address of each employee paid more than \$50,000 (c) Compensation (c) Compensation (d) Compensation (e) other allowand more than \$50,000 (f) Type of service (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (f) Type of service (f	BOZEMAN, MT 59718					
Name and address (a such employee paid more than \$50,000 (b) devoted to pastion (c) Compensation (d) compensation (e) other-allowan NONE Total number of other employees paid over \$50,000. Total number of other employees paid over \$50,000. Total number of others receiving over \$50,000 for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) other-allowan NONE Total number of others receiving over \$50,000 for professional services. Part IXA Summary of Direct Charitable Activities to the rounds carry but part, direct (brades excited early that the rounds carry but part of the chards are that the carry but larged direct (brades excited early the terms of the part of the chards are the sample that is very hother relevent statistical information such as the number of pagamentates and other beneficianes served, confinences converted, research pagens produced, etc. 1 2 2 3 3 4 4 4 Part IX-B Summary of Program-related investments (see instructions) Describe the two earlies and other beneficial and the contractions of the sample carry and the sample car	2 Compensation of five highest-pa	id en	nployees (other than th	nose included on line 1		ne, enter "NONE."
Total number of other employees paid over \$50,000. 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities Use the foundation's four is inspect of exect charitable activities and other beneficiaries served, conferences convened, research papers produced, etc. 2 3 4 Part IX-B Summary of Program-related Investments (see instructions) Part IX-B Summary of Program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 Amount Total. Add lines 1 through 3	Name and address of each employee pa	aid	hours per week	(c) Compensation	employee benefit plans and deferred	Expense account, (e) other allowances
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensatio	NONE					
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensatio						
3 Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c)						
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensatio						
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensatio						
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c) Compensatio						
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of programations and other beneficiaries served, conferences convened, research papers produced, esc. Part IX-B Summary of Program-Related Investments (see instructions)	Total number of other employees paid over	er \$5	[[0,000			0
NONE 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 for organizations and other beneficianes served, conferences convened, research papers produced, etc. 1 2 3 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 All other program-related investments See instructions 3 Fotal. Add lines 1 through 3						
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Part IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 2 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 All other program-related investments See instructions 3 All other program-related investments See instructions Total. Add lines 1 through 3						
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Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See Instructions Total. Add lines 1 through 3		feren	ces convened, research paper	s produced, etc		
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3	1					
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3						
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3						
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3						
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3						
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3	Part IX-B Summary of Program	n-R	elated Investments	(see instructions)		-
All other program-related investments See instructions Total. Add lines 1 through 3					and 2	Amount
3	1					
3						
3						
3	2					
3						
3	All other program-related investments	See	ınstructions			
Total. Add lines 1 through 3	• · ·					
-						
-						
	Total. Add lines 1 through 3					000 85 (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

102.073

102,073

Form **990-PF** (2017)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

106,790

102,073

Form **990-PF** (2017)

4,717

(d)

2017

Page 9

-	-	•		`-	 •	/	
	X	П	ī	7	ī	Jn	

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . From 2015. . . .

e From 2016.

Par

2

Form 99	90-PF (2	2017)
Dart	YTTT	line

F1 (2017)						
	Undistributed	In				

11 990-PF (2017)					
Undistributed Income (see instru	ctions)				
le amount for 2017 from Part XI, line 7					
	Undistributed Income (see Instru				

24.501 22,001

19.784

22.001

Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9 a Excess from 2013. . **b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). (a)

Corpus

46.502

4.717

41,785

41,785

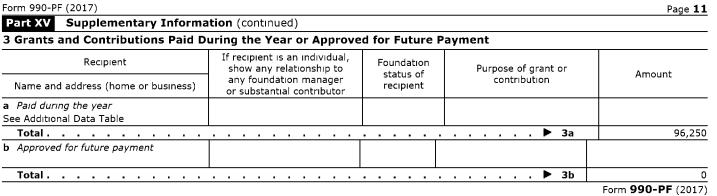
(b)

Years prior to 2016

(c)

2016

orr	n 990-PF (2017)					Page 10
ŀ	art XIV Private Operating Found	ations (see ınstr	uctions and Part V	II-A, question 9)		
	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	17, enter the date of	of the ruling	▶∟_	1 -	1
	Check box to indicate whether the organizati		ating foundation des		J 4942(j)(3) or ∟	J 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014	. ,
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"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					
	(4) Gross investment income					
Pa	rt XV Supplementary Information assets at any time during th			organization had	d \$5,000 or more	e in
L	Information Regarding Foundation Mana	agers:	•			
а	List any managers of the foundation who hav before the close of any tax year (but only if LOUISE DAVIS					n
b	List any managers of the foundation who own				arge portion of the	
	ownership of a partnership or other entity) o	of which the foundat	tion has a 10% or gr	eater interest		
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pro	grams:		
	Check here ▶ ☑ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, ai	tion makes gifts, gr				nder
а	The name, address, and telephone number of	or email address of	the person to whom	applications should	be addressed	
b	The form in which applications should be sul	omitted and informa	ition and materials th	ney should include		
С	Any submission deadlines					
لہ	Any restrictions or limitations on average	sh as by goognastic	alaroas shawtable f	iolde kunde of metric	utions or other	
a	Any restrictions or limitations on awards, su factors	in as by geographic	aı areas, Charitadie f	ieius, kinus of institi	שנוטווא, טר טנוופר	



Form 990-PF (2017)					Page 1 2
Part XVI-A Analysis of Income-Producing	Activities		1		I
Enter gross amounts unless otherwise indicated	1	usiness income		n 512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions)
a b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			14	15	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	32,966	
a Debt-financed property					
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	418,576	
9 Net income or (loss) from special events				,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue				2.450	
a TAX REFUND b				3,450	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		C)	455,007	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu			1	.3	455,007
Part XVI-B Relationship of Activities to th		nment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions)	income is report empt purposes i	ed in column (e) o (other than by pro	f Part XVI-A contrib viding funds for sucl	uted importantly to n purposes) (See	
·					
				Fo	rm 990-PF (2017)

orm 9	90-PF (2	2017)										Pa	ge 13
Part	XVII	Information Re Exempt Organi		ransf	ers To a	ind Transac	tions	and Relation	onships With Nor	ncharitab	le		
		anization directly or in ode (other than sectio								on 501		Yes	No
a Tra	nsfers fr	om the reporting foun	dation to a n	onchar	ıtable exe	empt organizat	on of						
(1)	Cash.									. 1a	(1)		No
(2)	Other	assets								. <u>1a</u>	(2)		No
b Oth	er trans	actions											
(1)	Sales	of assets to a nonchar	ıtable exemp	t organ	ization.					. <u>1b</u>	(1)		No
		ases of assets from a r			-						(2)		No
		of facilities, equipmer	•							1b	• •		No
		ursement arrangemen									(4)		No
٠.		or loan guarantees.									(5)		No
		nance of services or m	•		_						(6)		No
	-	facilities, equipment, n er to any of the above	-								.c		No
	ny trans	s, other assets, or ser saction or sharing arra (b) Amount involved	ngement, sh	ow in c	olumn (d		the go	oods, other ass		ved	arrar	ngemen	nts
. ,			` '			, ,			•				
											—		
							-						
							-				—		
							+						
des	cribed ii	dation directly or indirent on section 501(c) of the mplete the following si	Code (other							🗆 Y	es	✓	No
		(a) Name of organization	on		(Ь) Type of organi	zation		(c) Description	of relationsh	p		
Sign	of my	r penalties of perjury, knowledge and belief preparer has any kno	, it is true, c								nfori	mation	n of
Here	*	****				2018-05-29				return with the pi			
	s s	ignature of officer or t	rustee	ı		Date		Title		(see instr)? 🛂	Yes	□ No
		Print/Type preparer's	name	Prepa	rer's Sıgn	nature		Date	Check if self-	PTIN P01	.077	744	
		HEATHER WALSTA	D					2018-05-24	employed ▶ ☐	PU1	U//	/ ¬ ``	

Paid

Preparer | Firm's name ▶ ANDERSON ZURMUEHLEN & CO PC Firm's EIN ▶81-0385940 **Use Only** Firm's address ► 1019 EAST MAIN STE 201 Phone no (406) 556-6160 BOZEMAN, MT 59715

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
MAINE WOMEN'S POLICY CENTER 124 SEWALL ST AUGUSTA, ME 04330		PUBLIC CHARITIES	IMPROVING THE SOCIAL, POLITICAL AND ECONOMIC STATUS OF MAINE WOMEN AND GIRLS	7,000		
MONADNOCK RESTORATIVE COMMUNITY 177 DUBLIN RD JAFFREY, NH 03452		PUBLIC CHARITIES	PROMOTING RECOVERY AND SUCCESSFUL RE-INTEGRATION OF RECENTLY INCARCERATED WOMEN	7,000		
PHOENIXFIREPO BOX 409 HAYES, MT 59527		PUBLIC CHARITIES	PHOENIXFIRE SERVES AS KEEPERS OF VOICE FOR MOTHER EARTH AND ALL LIVING THINGS TO RESTORE OUR NATURAL HARMONY WITH THE UNIVERSE, TO HONOR THE SACRED FEMININE AND HEAL THE SOUL WOUNDS OF INDIGENOUS PEOPLES	7,000		
WILD HORSE BUTTE COMMUNITY DEVELOPMENT CORPORATIONSACRED SHAWL SOCIETY PO BOX 488 MARTIN, SD 57551		PUBLIC CHARITIES	SUPPORTING THE COMMUNITY DEVELOPMENT ON THE PINE RIDGE INDIAN RESERVATION	8,500		
NATIVE AMERICAN ADVOCACY PROGRAM BOX 277 34838 US HIGHWAY 18 HERRICK, SD 57538		PUBLIC CHARITIES	RECLAIMING LAKOTA LANGUAGE, CULTURE AND SPIRITUALITY BY PROMOTING EDUCATION AND HEALTHY LIFESTYLES FOR OUR YOUTH THROUGH CULTURALLY BASED STRATEGIES, AND PROVIDING INDEPENDENT LIVING SERVICES FOR PERSONS WITH DISABILITIES	750		
Total				96,250		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
WICONI WAWOKIYA INCPO BOX 49 THOMPSON, SD 57339		PUBLIC CHARITIES	PROVIDING SERVICES TO VICTIMS OF SEXUAL ASSAULT ON THE CROW CREEK SIOUX INDIAN RESERVATION	14,500		
OWAP (OTHER WORLDS ARE POSSIBLE) 104 FOREST CT LOUISVILLE, KY 40206		PUBLIC CHARITIES	OWAP IS A WOMEN-DRIVEN EDUCATION AND MOVEMENT- SUPPORT COLLABORATIVE TO CREAT ALTERNATIVES FOR ECONOMIC, POLITICAL, SOCIAL, DEMOCRATIC AND ENVIRONMENTAL JUSTICE	7,000		
WHITE BUFFALO CALF WOMAN SOCIETY PO BOX 227 MADISON, SD 57555		PUBLIC CHARITIES	PROVIDING SERVICES TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, DATING VIOLENCE, AND STALKING	500		
GLOBAL FUND FOR WOMEN 800 MARKET ST 7TH FLOOR SAN FRANCISCO, CA 94102		PUBLIC CHARITIES	WORKING TO BE A GLOBAL CHAMPION FOR THE HUMAN RIGHTS OF WOMEN AND GIRLS	5,000		
WOMEN'S EARTH AND CLIMATE ACTION NETWORK 20 SUNNYSIDE AVE STE A-438 MILL VALLEY, CA 94941		PUBLIC CHARITIES	FACILITATING A DIVERSE WOMEN'S CLIMATE JUSTICE NETWORK BY ENGAGING WOMEN IN SUSTAINABLE SOLUTIONS	7,000		
Total				96,250		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
PLAYING FOR CHANGE 1221 ELECTRIC AVE VENICE, CA 90291		PUBLIC CHARITIES	TO CREATE POSITIVE CHANGE THROUGH MUSIC AND ARTS EDUCATION AND DEVELOP PERSONAL CONNECTIONS BETWEEN STUDENTS FROM PFCF PROGRAMS IN THE USA TO PROMOTE MUTUAL UNDERSTANDING, COLLABORATION AND SUSTAINABLE	5,000		
LOS OLIVOS CISPO BOX 76 WESTMONT, IL 60559		PUBLIC CHARITIES	PROMOTING SOLIDARITY AND CULTURAL EXCHANGE ACROSS BORDERS BETWEEN THE PEOPLE OF EL SALVADOR AND OTHERS IN THE SEARCH FOR DEVELOPMENT AND DIGNITY THE MISSION OF LOS OLIVOS CIS IS CARRIED OUT PRIMARILY VIA PROGRAM GRANTS TO THE CENTER FOR INTERCHANGE AND SOLIDARITY CIS IN EL SALVADOR	7,350		
KING BEDOUIN FOUNDATION US 10 ROCKEFELLER PLAZA 16TH FL NEW YORK, NY 10020		PUBLIC CHARITIES	BEING THE LEADING RESOURCE FOR PHILANTHROPIC GIVING TO EUROPE AND AFRICA	7,350		
TULELE PEISAPO BOX 495 BOUGANVILLE PP		PUBLIC CHARITIES	FOCUSING ON COORDINATING THE RELOCATION AND COMMUNITY DEVELOPMENT OF THE CARTERETS ISLANDERS TO MAINLAND BOUGANVILLE	7,000		
HOPA MOUNTAIN234 E BABCOCK ST BOZEMAN, MT 59715		PUBLIC CHARITIES	HOPA MOUNTAIN INVESTS IN CITIZEN LEADERS OF ALL AGES IN REALIZING THE HOPES AND DREAMS FOR THEIR HOMETOWNS	300		

Total . 3a 96,250

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

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

a Paid during the year			
LAMBI FUND 1050 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20036	PUBLIC CHARITIES	ASSISTING THE POPULAR, DEMOCRATIC MOVEMENT IN HAITI ITS GOAL IS TO HELP STRENGTHEN CIVIL SOCIETY IN HAITI AS A NECESSARY FOUNDATION FOR DEMOCRACY AND DEVELOPMENT	5,000

За

96,250

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		D	LN: 93491150002328				
TY 2017 Accounting Fees Schedule									
	Name: PRBB FOUNDATION								
	EIN : 2	20-4186644							
Accounting Fees Schedule		,							
Category	Amou	nt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

628

628

1,885

ACCOUNTING

Name: PRBB FOUNDATION EIN: 20-4186644

EQUITITES - COMMON STOCK

Name of Stock

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

		_

End of Year Book

Value

1,725,280

End of Year Fair Market Value

1,872,081

DLN: 93491150002328

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491150002328				
TY 2017 Investments - Other Schedule						
Name:	PRBB FOUNDATION	N				
EIN:	20-4186644					

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
FIXED INCOME - MUTUAL FUNDS	AT COST	519,023	517,796			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491150002328		
TY 2017 Other Decreases Schedule					
Name:	PRBB FOUNDA	ATION			
EIN:	20-4186644				
De	escription		Amount		
BASIS ADJUSTMENT ON SALE OF INVEST	TMENT		70,957		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491150002328	
TY 2017 Other Expenses Schedule					
Name: PRBB FOUNDATION					
EIN: 20-4186644					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
MEMBERSHIP DUES	2,500	375		1,875	

BANK FEES

OFFICE EXPENSE

efile GRAPHIC print - DO NOT PROCESS

Description

Other Income Schedule

TAX REFUND

EIN: 20-4186644

Net Investment

Income

Adjusted Net Income

3,450

DLN: 93491150002328

As Filed Data -

Name: PRBB FOUNDATION

Revenue And

Expenses Per Books

3,450

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DLI	N: 93491150002328		
TY 2017 Other Professional Fees Schedule						
Name: PRBB FOUNDATION						
EIN: 20-4186644						
Category	Amount	Net Investment	Adjusted Net	Disbursements		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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21,187

21,187

INVESTMENT MANAGEMENT FEES

efile GRAPHIC print - DO N	IOT PROCESS	As Filed Data -				DLN: 93491150002328
Schedule B		Schedu	ıle of Contribut	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information al	bout Schedule B (F	Form 990, 990-EZ, or 99 orm 990, 990-EZ, or 990 <u>ww ırs gov/form990</u>		ons is at	2017
Name of the organization PRBB FOUNDATION					Employer id	lentification number
Organization type (check o	one)				20-4186644	
	,					
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	taxable private foi	undation				
			PF that received, during omplete Parts I and II			
Special Rules						
under sections 509(a	a)(1) and 170(b)(ne contributor, du	1)(A)(vi), that che iring the year, tota	g Form 990 or 990-EZ t cked Schedule A (Forn al contributions of the g olete Parts I and II	n 990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, total	l contributions of	more than \$1,000	or (10) filing Form 990 exclusively for religiou animals Complete Pai	ıs, charıtable, scient		
during the year, cont If this box is checked purpose Don't comp	tributions <i>exclusi</i> d, enter here the plete any of the p	vely for religious, total contributions arts unless the Ge	or (10) filing Form 990 charitable, etc., purpos that were received dui eneral Rule applies to or more during the yea	es, but no such con ring the year for an this organization be	tributions tota exclusively re cause it recei	iled more than \$1,000 ligious, charitable, etc ,
Caution. An organization th 990-EZ, or 990-PF), but it m Form 990-EZ or on its Form 990-EZ, or 990-PF)	<mark>rust</mark> answer "No"	on Part IV, line 2	, of its Form 990, or ch	eck the box on line	H of its	
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		uctions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)

Name of organi PRBB FOUNDATION		Employer identification 20-4186644	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUISE DAVIS 9443 COTTONWOOD ROAD BOZEMAN, MT59718	\$ 149,133	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions) (d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
		Cabadal Diff	000 000 E7 000 DE\ (0047\

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)