**Return of Private Foundation** 

DLN: 93491319056509 OMB No 1545-0052

2018

Form 990-P	F
<b>∞</b> ,	

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2018, or tax year beginning 01-01-20	018 , ar	nd er	nding 12-31-				
		indation GAR FOUNDATION				entification numbe	ır		
			) Room/suite		81-4796063 				
	ber and 38 5TH	d street (or P O $$ box number if mail is not delivered to street address AVE E $$		<b>B</b> Telephone number (see instructions)					
City	or town	n, state or province, country, and ZIP or foreign postal code		(406) 871-4845	1				
		MT 59901			C If exemption	application is pendin	g, check here		
<b>G</b> Ch	eck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere 🕨 🗀		
		Final return Amended return				ganizations meeting k here and attach co			
		Address change Name change			<u>'</u>				
	,	pe of organization $\square$ Section 501(c)(3) exempt private				undation status was f n 507(b)(1)(A), chec			
			le private foundation		-				
of '	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 3,734,690  J Accounting method  □ Other (specify)  (Part I, column (d) must	☑ Cash ☐ Accru	al		ition is in a 60-mont 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)  Check   If the foundation is <b>not</b> required to attach							
	2	Sch B							
	3	Interest on savings and temporary cash investments	8,635		8,635				
	4	Dividends and interest from securities	99,317		99,317				
	5a	Gross rents							
	ь	Net rental income or (loss)	-						
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	-232,044						
Revenue	b	Gross sales price for all assets on line 6a	3						
ă	7	Capital gain net income (from Part IV, line 2)							
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold	<u> </u>						
	C	Gross profit or (loss) (attach schedule)	05.1						
	11	Other income (attach schedule)	1,800		407.052				
	12	Total. Add lines 1 through 11	-122,292		107,952				
	13	Compensation of officers, directors, trustees, etc  Other employee salaries and wages							
	14 15	Other employee salaries and wages							
Se	16a	Legal fees (attach schedule)	100				100		
<u> </u>	b	Accounting fees (attach schedule)							
Expenses	c	Other professional fees (attach schedule)							
IVe	17	Interest							
Administrative	18	Taxes (attach schedule) (see instructions)	4,449		4,021				
<u> </u>	19	Depreciation (attach schedule) and depletion	<u>-</u>		•				
Ξ	20	Occupancy							
Ă	21	Travel, conferences, and meetings							
and	22	Printing and publications							
Operating and	23	Other expenses (attach schedule)	8,125		7,012		1,113		
atı	24	Total operating and administrative expenses.							
be		Add lines 13 through 23	12,674		11,033		1,213		
0	25	Contributions, gifts, grants paid	206,680				206,680		
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	219,354		11,033		207,893		
	27	Subtract line 26 from line 12	219,354		11,033		207,893		
	а	Excess of revenue over expenses and							
	ь	disbursements  Net investment income (If negative, enter -0-)	-341,646		06.010				
	c	Adjusted net income (if negative, enter -0-)			96,919				
				I			1		

3.808,525

3,874,176

3,874,176

3,874,176 3,874,176

2

3

4

5

6

4,215,822

-341,646

3,874,176

3.874.176 Form 990-PF (2018)

4,215,822

4,215,822

4,215,822

4,215,822

3,669,039

3,734,690

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule) 

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here ▶ □

and complete lines 24 through 26 and lines 30 and 31.

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) > \_\_\_\_

Temporarily restricted

Grants payable

	5
	6
	7
c2	8
Assets	9
As	10a
	b
	С
	11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28 29

31 Part III

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30

2

Page **3** 

	pe the kınd(s) of property sold (e g , arehouse, or common stock, 200 sh	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a VARIOUS SECURITIES			Р	2018-01-01	2018-01-01
<b>b</b> Capital Gain Dividends					
С					
d					
e					
(-)	(f)		(g)	(	h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
•	(or allowable)	plus expe	ense of sale	(e) plus (f	) mınus (g)
	92,616		10,943,117		-250,501
b					18,457
С					
d					
е					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation (	on 12/31/69	(	I)
(i)	(j)		(k)		h) gain minus
FMV as of 12/31/69	Adjusted basis	• • • • • • • • • • • • • • • • • • •	of col (ı)		less than -0-) <b>or</b> om col (h))
	as of 12/31/69	over coi	(j), if any	Losses (III	-250,501
a					-230,301
b					
<u> </u>					
d					
e		If gain, also enter in P			
·	gain or (loss) as defined in sections art I, line 8, column (c) (see instructions	ions) If (loss), enter -0	·	3	-232,044 -250,501
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
	private foundations subject to the se				
troi optional use by domestic p	orivate roundations subject to the se	ction +5+o(a) tax on he	t investment incom	,	
if section 4940(d)(2) applies, l	eave this part blank				
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do		in the base period?	·	es 🗌 No
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	( <b>d)</b> Distribution rati (col (b) divided by c	-
2017					
2016					
2015					
2014					
2013				1	
2 Total of line 1, column (	•		2		
number of years the four	o for the 5-year base period—divide ndation has been in existence if less	than 5 years	3		
	oncharitable-use assets for 2018 from	,	4		
5 Multiply line 4 by line 3	ont income (10% of Dout I line 37h)				
	ent income (1% of Part I, line 27b)		6		
			7		
8 Enter qualifying distribut	· · · · · · · · · · · · · · · · · · ·		8	10/	- Alex Devit VII
If line 8 is equal to or gr instructions	eater than line 7, check the box in P	art VI, line 1b, and com	ipiete that part usin	ga 1% tax rate Se	e tne Part VI

Page **6** 

5a	During the year did the foundation	pay or	incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	vise at	tempt to influence legisl	ation (section 4945(e))?		Yes	<b>✓</b> 1	No		
	(2) Influence the outcome of any s		•	• • • • • • • • • • • • • • • • • • • •						
	on, directly or indirectly, any vo	oter re	gistration drive?			Yes	<b>✓</b> 1	No		
	(3) Provide a grant to an individual	for tr	avel, study, or other sım	llar purposes?		Yes		No		
	(4) Provide a grant to an organizat	ion oth	ner than a charitable, etc	, organization described	· ·					
	ın section 4945(d)(4)(A)? See ı	nstruc	tions		• • □	Yes	<b>✓</b> 1	No		
	(5) Provide for any purpose other t	han re	eligious, charitable, scien	tific, literary, or						
	educational purposes, or for the	e preve	ention of cruelty to childr	en or animals?		Yes	<b>✓</b>	No		
b	If any answer is "Yes" to $5a(1)-(5)$	, dıd <b>a</b>	<b>ny</b> of the transactions fa	ıl to qualıfy under the ex	ceptions describe	d in				
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions		•	5b		No
	Organizations relying on a current r	notice	regardıng dısaster assıst	ance check here		. ▶				
C	If the answer is "Yes" to question 5	a(4), d	does the foundation clain	n exemption from the						
	tax because it maintained expenditi	ure res	sponsibility for the grant			Yes	<b>✓</b> 1	No		
	If "Yes," attach the statement requi	red by	Regulations section 53	4945–5(d)						
<b>6</b> a	Did the foundation, during the year	, recei	ve any funds, directly or	indirectly, to pay premit	ıms on					
	a personal benefit contract?					Yes	<b>7</b>	No.		
b	Did the foundation, during the year	, pay p	oremiums, directly or ind	irectly, on a personal be	nefit contract? .			6b		No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	Yes		No.		
b	If yes, did the foundation receive an	ny pro	ceeds or have any net in	come attributable to the	transaction?.		ا ب	7b		No
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	ın remuneratıon	or				
	excess parachute payment during t	he yea	ar <sup>9</sup>			Yes	<b>✓</b> 1	No L		
	Information About	Office	ers, Directors, Trust	ees. Foundation Ma	nagers, High				S.	
Pai	and Contractors		,,			,		, ,	•	
1	List all officers, directors, truste	es fo	undation managers ar	d their compensation	See instruction	16				
	List an officers, uncetors, truste		b) Title, and average	•						
				to Lombensation (1)	i (a) Contribu	ilions u	9 I	–		
	(a) Name and address	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hours per week	(c) Compensation (If not paid, enter	(d) Contributemployee benefit			(e) Exp		
	(a) Name and address					ıt plans	and		ense acc allowan	
	D APGAR	Direct	hours per week devoted to position	not paid, enter	employee benef	ıt plans	and			
538 5	D APGAR TH AVE E	<u> </u>	hours per week devoted to position	not paid, enter -0-)	employee benef	ıt plans	and			
538 5 KALIS	D APGAR TH AVE E PELL, MT 59901	Direct 2 00	hours per week devoted to position or	not paid, enter -0-)	employee benef	ıt plans	and			
538 5 KALIS GRET	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR	Direct	hours per week devoted to position or	not paid, enter -0-)	employee benef	ıt plans	and			
538 5 KALIS GRETO 538 5	D APGAR TH AVE E PELL, MT 59901	Direct 2 00	hours per week devoted to position or	not paid, enter -0-)	employee benef	ıt plans	and			
538 5 KALIS GRETO 538 5 KALIS	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E	Direct 2 00 Direct 2 00	hours per week devoted to position or	not paid, enter -0-)	employee benef	ıt plans	and			
538 5 KALIS GRETO 538 5 KALIS KITT 538 5	D APGAR TH AVE E PELL, MT 59901 THEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E	Direct 2 00 Direct 2 00	hours per week devoted to position or	not paid, enter -0-) 0	employee benef	ıt plans	and			
538 5 KALIS GRETO 538 5 KALIS KITT 538 5 KALIS	D APGAR  TH AVE E PELL, MT 59901  CHEN D APGAR  TH AVE E PEL, MT 59901  THADDENHAM  TH AVE E PEL, MT 59901	Direct 2 00 Direct 2 00 Direct 2 00	hours per week devoted to position or or	not paid, enter -0-) 0	employee benef deferred comp	it plans pensatii	and on	other	allowan	ces
538 5 KALIS GRETO 538 5 KALIS KITT 538 5 KALIS	D APGAR TH AVE E PELL, MT 59901 THEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E	Direct 2 00 Direct 2 00 Direct 2 00	hours per week devoted to position or or or	not paid, enter -0-) 0	employee benefing deferred complete com	nt plans pensati	and on	other	allowan	ces
538 5 KALIS GRETO 538 5 KALIS KITT 538 5 KALIS	D APGAR  TH AVE E PELL, MT 59901  CHEN D APGAR  TH AVE E PEL, MT 59901  THADDENHAM  TH AVE E PEL, MT 59901	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position or or or or oployees (other than the control of the control o	not paid, enter  -0-)  0  nose included on line 1	employee benef deferred comp	ons). I	f non	other	"NONE	ces
538 5 KALIS GRETO 538 5 KALIS KITT 538 5 KALIS	D APGAR TH AVE E PELL, MT 59901 THEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter -0-) 0	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position or or or or oployees (other than the control of the control o	not paid, enter  -0-)  0  nose included on line 1	employee benefice deferred complete com	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT 538 5 KALIS	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS KITT - 538 5 KALIS 2	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00  Direct 2 00  Direct 2 00	hours per week devoted to position  or  or  or  oployees (other than the content of the content	not paid, enter  -0-)  0  nose included on line 1	.—see instruction  (d) Contribute employee liplans and di	ons). I	f non	e, enter	"NONE	." ount,
538 5 KALIS GRETO 538 5 KALIS 538 5 KALIS 2 (a)	D APGAR TH AVE E PELL, MT 59901 CHEN D APGAR TH AVE E PEL, MT 59901 THADDENHAM TH AVE E PEL, MT 59901 Compensation of five highest-pa Name and address of each employee more than \$50,000	Direct 2 00 Direct 2 00 Direct 2 00	hours per week devoted to position or	not paid, enter  -0-)  0  nose included on line 1  (c) Compensation	employee benefice deferred composes instruction (d) Contribute employee plans and docompens	ons). I	f non	e, enter	"NONE	." ount,

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	es, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional se	rvices (see instructions). If none, ente	r "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.		<u> </u>
Part IX-A 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 numb	er of I
organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1 FINANCIAL SUPPORT FOR CHARITABLE PROJECTS AND PROGRAMS		7,012
2		
3		
4		
Part IX-B Summary of Program-Related Investments (s	<u> </u>	
Describe the two largest program-related investments made by the foundation during	ng the tax year on lines 1 and 2	Amount
<u> </u>		
2		
All other program-related investments See instructions  3		
3		
Total. Add lines 1 through 3		•
		Form <b>990-PF</b> (2018)

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

207.893

207.893

Form 990-PF (2018)

Page 9

1,556

192,287

Form **990-PF** (2018)

Form 990-PF (20	018)
Part XIII	Und

Form 990-PF (2	018)
Part XIII	Un

Form 990-PF (20	018)	
Part XIII	Undistributed Income (see instruc	tions)

- 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

206,337

206,337

- **b** Total for prior years
  - Excess distributions carryover, if any, to 2018
- a From 2013. . . . . **b** From 2014. . . . c From 2015. . . d From 2016. . . . .
- e From 2017. . . . . f Total of lines 3a through e. . . . . . . .
- 4 Qualifying distributions for 2018 from Part
  - XII, line 4 ▶ \$

  - (Election required—see instructions). . . . .
- a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years

  - required—see instructions). . . . . . . . . .

e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

6 Enter the net total of each column as

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 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a . . . . . .

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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .

indicated below:

- c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. . . .

same amount must be shown in column (a) )

factors



Pa		-A Analysis of Income-Producing	Activities				ruge <b>L</b>
Ent	er gross	amounts unless otherwise indicated		usiness income	Excluded by sectio		(e) Related or exemple
1	Program	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
	g Fees a	and contracts from government agencies					
		ship dues and assessments					
3	Interest	on savings and temporary cash					
,		ds and interest from securities			14	8,635 99,317	
		tal income or (loss) from real estate			14	99,317	
		financed property					
		ebt-financed property					
6	Net ren	tal income or (loss) from personal property					
		nvestment income					
8	Gain or inventor	(loss) from sales of assets other than				222.244	
۵		ome or (loss) from special events			18	-232,044	
		rofit or (loss) from sales of inventory					
	Other re						
	a NON D	IVIDEND DISTRIBUTION			14	1,800	
	d						
		Add columns (b), (d), and (e).				-122,292	
		Add line 12, columns (b), (d), and (e)			1	3	-122,292
	(See wo	rksheet in line 13 instructions to verify calcu	lations )				,
Pa	rt XVI	<u> </u>			<u> </u>		
Li	ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )					
		·					
		L				Fo	rm <b>990-PF</b> (2018

,			
/11	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part	XVII	Exempt Organia	zations			ino unu it	oid iio.	nompo tricii itolic	ai itabic		
		janization directly or in than section 501(c)(3)	directly enga						n 501	Yes	No
<b>a</b> Trai	nsfers f	rom the reporting foun	dation to a r	noncharitable exe	empt organization	of					
(1)	Cash.								1a(1)		No
(2)	Other	assets							. 1a(2)		No
<b>b</b> Oth	er trans	sactions									
(1)	Sales	of assets to a nonchar	table exemp	t organization.					. 1b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	e exempt organiz	ation				. 1b(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other a	issets					. 1b(3)		No
(4)	Reimb	oursement arrangemen	ts						1b(4)		No
٠,		or loan guarantees.							. 1b(5)		No
		mance of services or m									No
	-	facilities, equipment, n		•							No
of the	he good ny tran	ver to any of the above ds, other assets, or services saction or sharing arra	vices given b ngement, sh	by the reporting low in column (d	foundation If the  i) the value of the	foundation goods, oth	receive er asse	d less than fair marke ts, or services receive	et value ed		<b>.</b>
(a) Line	INO	(b) Amount involved	(c) Name or	noncharitable exe	mpt organization	(a) Descri	iption of	transfers, transactions, a	ind snaring arra	ingemen	its
-											
		dation directly or indire n section 501(c) (other	•	•	•		_	_	. ✓ No		
<b>b</b> If "\	res," co	emplete the following so	chedule								
		(a) Name of organization	n	(t	) Type of organizati	on		(c) Description o	f relationship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, c								
Sign Here		, , ,	-		2019-11-15	<b>\</b>			May the IRS d return with the prepa		
	5	Signature of officer or to	rustee		Date	Title			below (see instr )?	_	
		Print/Type preparer's	name	Preparer's Signature		Date		Check if self- employed ▶ □		5646	
Paid Prep	arer	JEFFREY M WILSON Firm's name ▶ Jeffr	ey M Wilson	DC				. , . —			
Use								Fı	rm's EIN ▶91	-12749	993
		Firm's address ► 15	215 52nd A	/e S 9					. =		
		Tukwila, WA 98188					Pt	none no (206	) 282-2	2/27	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

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

BOOKSTORE 124 2ND AVE E KALISPELL, MT 59901	PC	CHARITABLE USES AND PURPOSES	28,383
NORTHWEST MONTANA HISTORICAL	PC	UNRESTRICTED FOR GENERAL	8,129

KALISPELL, MT 59901			
NORTHWEST MONTANA HISTORICAL SOCIET 124 SECOND AVE E KALISPELL, MT 59901	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	8,1
WIKIMEDIA FOUNDATION	PC PC	LINRESTRICTED FOR GENERAL	5

SOCIET 124 SECOND AVE E KALISPELL, MT 59901	CHARITABLE USES AND PURPOSES	-,
WIKIMEDIA FOUNDATION 1 MONTGOMERY ST SUITE 1600	 UNRESTRICTED FOR GENERAL CHARITABLE USES AND	500

KALISPELL, MT 59901		TOM OSES	
WIKIMEDIA FOUNDATION 1 MONTGOMERY ST SUITE 1600 SAN FRANCISCO, CA 94104	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	500
Total		▶ 3a	206,680

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 status of contribution

Purpose of grant or contribution

**PURPOSES** 

206,680

any foundation manager

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
WEST SHORE FOOD BANK 140 BILLS ROAD LAKESIDE, MT 59922		PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	100
THE SOLUTIONS PROJECT 4096 PIEDMONT AVENUE 728 OAKLAND, CA 94611		PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	1,500
THE SAMARITAN HOUSE124 9TH AVE W KALISPELL, MT 59903		PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND	100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
STUMPTOWN ART STUDIO PO BOX 4938 145 CENTRAL AVE WHITEFISH, MT 59937	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	50
STANFORD RESEARCH CENTER 326 GALVEZ STREET	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND	5,000

recipient

206,680

STANFORD RESEARCH CENTER 326 GALVEZ STREET STANFORD, CA 94305	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	5,000
RESOURCE EQUITYPO BOX 2839 FRIDAY HARBOR, WA 98250	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	5,000

Recipient If recipient is an individual, show any relationship to status of status of

UNRESTRICTED FOR GENERAL

CHARITABLE USES AND

**PURPOSES** 

1,000

206,680

any foundation manager

or substantial contributor

Name and address (home or business)

PUGET SOUND COMMUNITY SCHOOL

600 S DEARBORN ST

SEATTLE, WA 98134

Total .

a Paid during the year			
SEATTLE CHILDRENS HOSPITAL PO BOX 5371 SEATTLE, WA 98145	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	250
PROPERTY OF THE PEOPLE 1712 EYE ST NW SUITE 915 WASHINGTON, DC 20006	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	2,000

PC

Recipient If recipient is an individual, show any relationship to status of status of

CHARITABLE USES AND

206,680

PURPOSES

any foundation manager

or substantial contributor

Name and address (home or business)

310 SUNNYVIEW LANE KALISPELL, MT 59901

a Paid during the year			
MONTANA FOOD BANK 5625 EXPRESSWAY MISSOULA, MT 59808	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	500
MCLAUGHLIN RESEARCH INSTITUTE 1520 23RD ST S GREAT FALLS, MT 59405	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	250
KALISPELL REGIONAL HOSPITAL	PC	UNRESTRICTED FOR GENERAL	2,000

Recipient If recipient is an individual, show any relationship to status of status of

**PURPOSES** 

206,680

any foundation manager

Name and address (home or business)

KALISPELL, MT 59903

Name and address (nome or business)	or substantial contributor	'		
a Paid during the year				
INTERNET ARCHIVE 300 FUNSTON AVENUE SAN FRANCISCO, CA 94118		PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	500
IMAGINE IF LIBRARY FOUNDATION 44 2ND AVE WEST KALISPELL, MT 59901		PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	2,500
HUMANE SOCIETY OF NW MONTANA PO BOX 221		PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND	100

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) 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			
HABITAT FOR HUMANITY OF FLATHEAD VA 275 CORPORATE DRIVE SUITE 550 KALISPELL, MT 59901		UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	2,018

KALISPELL, MT 59901			
GRIST 1201 WESTERN AVENUE SUITE 410 SEATTLE, WA 98101	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	4,800
GRACE SCIENCE FOUNDATION	PC	UNRESTRICTED FOR GENERAL	5,000

GRIST 1201 WESTERN AVENUE SUITE 410 SEATTLE, WA 98101	P		UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	4,800
GRACE SCIENCE FOUNDATION PO BOX 114 MENLO PARK. CA 94026	P	- 1	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	5,000

SEATTLE, WA 98101		PURPOSES	
GRACE SCIENCE FOUNDATION PO BOX 114 MENLO PARK, CA 94026	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	5,000

Total .

206,680

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

Purpose of grant or contribution

Purpose of grant or contribution

Purpose of grant or contribution

Amount

a Paid during the year

PC

PC

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

1110 WASHINGTON, DC 20036		PURPOSES
FISHER CENTER FOR ALZHEIMER'S RESEA 110 EAST 42ND ST 16TH FLOOR	PC	UNRESTRICTED FOR GE CHARITABLE USES AND PURPOSES

FREE PRESS

FU

NEW YORK, NY 10017

BOSTON, MA 02205

PO BOX 55071

Total .

FIGHT FOR THE FUTURE - EDUCATION

UNRESTRICTED FOR GENERAL
CHARITABLE USES AND
PURPOSES

UNRESTRICTED FOR GENERAL
10,000

51,000

206,680

UNRESTRICTED FOR GENERAL

CHARITABLE USES AND

**PURPOSES** 

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
CURE ALZHEIMER'S FUND 34 WASHINGTON ST SUITE 310	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND	25,000
WELLESLEY HILLS MA 02481		DURDOSES	

***************************************			
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	20,000

225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601		CHARITABLE USES AND PURPOSES	
TASTE OF KALISPELLPO BOX 1997 KALISPELL, MT 59903	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	6,000

206,680

CHICAGO, IL 60601		PURPOSES	
TASTE OF KALISPELLPO BOX 1997 KALISPELL, MT 59903	PC	UNRESTRICTED FOR GENERAL CHARITABLE USES AND PURPOSES	6,0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DL	N: 93491319056509	
TY 2018 Investments - Other	Schedule			
Name:	MGDC APGAR FOUNDATION			
EIN:	81-4796063			
Software ID:	18007218			
Software Version:	2018v3.1			
nvestments Other Schedule 2				
Category/ Item	Listed at Cost o	r Book Value	End of Year Fair	

Investments Other Schedule 2						
	Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
CHA	ARLES SCHWAB INVESTMENTS	AT COST	3,808,525	3,669,039		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-1	DLI	N: 93491319056509
TY 2018 Legal Fees Schedule				
Name:	: MGDC APGA	R FOUNDATION		
<b>EIN:</b> 81-4796063				
<b>Software ID:</b> 18007218				
Software Version:	2018v3.1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	100	0	0	100

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	i: 93491319056509		
TY 2018 Other Expenses Sche	dule					
Name:	MGDC APGAR F	OUNDATION				
EIN:	81-4796063					
<b>Software ID:</b> 18007218						
Software Version:	Software Version: 2018v3.1					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT FEES	7,012	7,012				
LICENSES	20			20		
OFFICE EXPENSE	1,093			1,093		

TY 2018 Other Income Schedule						
Name:	MGDC APGA	R FOUNDATION				
EIN:	81-4796063	3				
Software ID:	<b>ID:</b> 18007218					
Software Version:	<b>:</b> 2018v3.1					
Other Income Schedule						
Description		Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		

DLN: 93491319056509

1,800

NON DIVIDEND DISTRIBUTION

efile GRAPHIC print - DO NOT PROCESS		As Filed Data	-	DL	N: 93491319056509
TY 2018 Taxes Schedule					
Name:		MGDC APGAR FOUNDATION			
	81-4796063				
Softwa	18007218				
Software Version: 2018v3.1					
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES		4,021	4,021		
INCOME TAX		428			