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

OMB No 1545-0052 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For ca	lenda	ar year 2018 or ta	x year beginnin	g	8/01	, 2018	, and ending	12	/3		<u> 2018 </u>		
VICE	א ידו	MTIN EONNO	Λ.Ψ.Τ.Λ.Ν.			•	-		A	Employer ider		mber	
		MILY FOUNDA 3RD ST.	ATTON						В	83-6305981 Telephone number (see instructions)			
		N, MT 59840	ì	4			(406) 363-0822						
		, 05010					ı		_				
									С	If exemption a	application is	pending, check he	ere 🟲 📙
G Ch	eck a	ill that apply	X Initial return	ļ	Initial retu	rn of a forr	mer public char	rıty	D	1 Foreign organ	ızatıons, che	ck here	▶ □
		L	Final return	1	Amended								🗀
			Address chan		Name cha					2 Foreign organ here and attac		ting the 85% test,	check □
H Ch		ype of organization			1(c)(3) exem			\mathcal{H}			•		Ш
		ection 4947(a)(1)					private foundat		E	If private four under section	idation statu	s was terminated	▶ □
		et value of all assets a		J Acc	counting met	nod XC	ash L Accr	ual		under Section	30/(b)(1)(A), theth here	· П
(110 ► \$		t II, column (c), line 1	•	\Box	Other (specify)	,			F)-month terminatio	n . 🗆
				(Part I	, column (d)	must be or	n cash basis)		<u> </u>	under section	5U/(D)(1)(B), check here	
Pan		nalysis of Rexpenses (The		ın	(a) Reven	ue and	(b) Net inves	stmer	nt	(c) Adjust	ed net	(d) Disburse	
	C	olumns (b), (c), a	nd (d) may not		expenses p		income			incor		for charit	
	ne	ecessarily equal t	he amounts in									(cash basis	
	1	olumn (a) (see inst	, otc , received (attach rehe	dulo	5.0	0,000.	meningan hama	\$\$\$\\\	ne of the second		/ 14 (HINESSON BANK)		##************************************
	2		idațion is not required to at							5.72	N. P.	TO THE T	127143
	1 -	II the load	of received to the reduted to gr	OUI D	study &		anam <u>inton (s</u> adi pida) militari sali	ondroidh 🖏	arry 9	na sangana Albanda	normalization de la company de	Communication of the Communica	
	3	Interest on savings and ter	•			3,519.	3	3,51	9.		<u>3,519.</u>		12.0
,	4	Dividends and interest from a Gross rents	m securities								_	34 P	310
		b Net rental income			COOKEART 17-851 S	Q. Maria (C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	STATE Y SOUNDARY	1.000000000	₩.`Z56	C50-720-802505-1923-1	(4158171°00 . c	SAME TO SAME	
d)	1 _	or (loss)	/- of		574 BB 48 71 11 6	2 241		-calling	Alexandra Slovens	A STATE OF THE STA		T. SERVICE TANKS	Andrews Services
ž		a Net gain or (loss) from sail b Gross sales price for		2/1		3,341.	The second	200 200	e e	400 (102)	The same of the sa	Transport of the	
Reveriue	7	assets on line 6a	me (from Part IV, line		16-08-18-18-18-18-18-18-18-18-18-18-18-18-18			3,34		5 - A - C - C - C - C - C - C - C - C - C	<u> </u>		
ď	8	Net short-term capita	· ·	,	30 2 3 6 6 7		34.5%	, J-		E-27E-8888E-11	3,341.	1000	
	9	Income modifications	5		100	10.7			á R		<u> </u>	775	1496
	10	a Gross sales less returns and			The state of the s	To the person of the		5827.H	7	A CONTRACTOR		2 · 44	
	1,	allowances b Less Cost of			E La Company de la Company			₹ 7. 7.3				Same in the reduced for the same	
75		goods sold											
2020		C Gross profit or (loss) (atta							: <u>:</u>				14.
22	11	Other income (attach	schedule)										
<u>~~</u>	12	Total Add lines 1	theorem 11			0.00		0.6	_	-	6 960	7464 217	
<u> </u>	13		cers, directors, trustee	es. etc	<u> </u>	06,860. 0.		, 86	<u> </u>		<u>6,860.</u>	13 (3) (3) (4) (4)	that the same
ED JAN	14	Other employee sala		33, 010									
₹,	15	Pension plans, empl	oyee benefits										
Ö	16	a Legal fees (attach so	hedule)				-						
<u>u</u> g	1	b Accounting fees (atta	ach sch)										
ZX	'	C Other professional fees (a	ttach sch).									OFIVE!	5
E	17	Interest	CDD C	m. 1							K	CEIVE	-\v
の無	18	Taxes (attach schedule)(se		TM T		123.		12	<u>3.</u>				181
St.	19	Depreciation (attach schedule) and deplet								ı	B N	ov 1 9 201	W
<u>=</u>	20	Occupancy						_			<u> m </u>	AND	
þ	21	Travel, conferences,	and meetings								1	GDEN, L	厂工
Q	22	Printing and publicat	ions									SUL!	
ä	23	Other expenses (atta					_		_				
ng			EE STATEME	NT 2		1,273.	1	<u>, 27</u>	<u>3.</u>	··			
SCANNI Operating and Administrative Exp	24	Total operating and expenses Add lines				1,396.	1	, 39	6				
<u>p</u>	25	Contributions, gifts, grants		XV				8/2	<u>.</u>		T. C.		1,000.
0	26	Total expenses and	disbursements			1,000.	Premeas in dimensional rate of		WATE HAVE	THE COLUMN TO SERVE THE SE	F1000 T 10-7 .07 .07		
		Add lines 24 and 25		_	_	5,396.	1	, 39	6.		0,		1,000.
	27	Subtract line 26 from			100	7.0		7	i e		and the		4.7
	'	a Excess of revenue o and disbursements	ver expenses		Ę٨	1,464.				1846,088	Accepted		1
		b Net investment inco	me (if negative enter	-0-1	30		<u> </u>	, 46	4	434 2344			
	ſ	C Adjusted net income			COST			, - J	- ·	or various accession in this	6,860.		1 200
BAA F		aperwork Reduct			tructions.		TEEA0301	1L 12	/12/1		1		(2018)
•			,				<u> </u>				19	10	
												-	

Page 2

Pair	F	Balance Sheets	column should be for end of year amounts only	Beginning of year	E110 0	i year
i cai		Dalatice Streets	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
4	1	Cash - non-interest	-bearing		9,800.	9,800.
	2	Savings and tempor	ary cash investments		9,007.	9,007.
	3	Accounts receivable	>	alian Magallang and San and American American	trace to the same that the same	TO THE PARTY OF TH
	l	Less allowance for	doubtful accounts	_		
	4	Pledges receivable	·		1703777	
	ĺ	Less allowance for	doubtful accounts >			
	5	Grants receivable				
	6	Receivables due from offic	cers, directors, trustees, and other			
	ļ	disqualified persons (attac	ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
		Less allowance for	doubtful accounts ►			
ets	8	Inventories for sale	or use			
Assets	9	Prepaid expenses a	nd deferred charges			
_	10 a		and state government			
	١.	obligations (attach s			200 200	
		Investments — corporate	on a mean		292,088.	265,847.
	l	Investments — corporate		77.734	170,102.	169,673.
	11	Investments - land, equipment basis.	buildings, and			
		Less accumulated deprec				
	ļ	(attach schedule)	▶			
	12	Investments - morto	gage Ioans.			
	13	Investments - other	(attach schedule) STATEMENT 5		20,467.	18,623.
	14	Land, buildings, and	equipment basis►	minima sasaisa (200) — mbili masasa suddining	age is proper content contents,	ata annonina amara. Majaga ahaya ce a Am
•] 	Less accumulated deprecation (attach schedule)	nation •			
	15	Other assets (descri				-
	16	Total assets (to be of see the instructions	completed by all filers — Also, see page 1, item I)	0.	501,464.	472,950.
	17	Accounts payable ar	nd accrued expenses			
w	18	Grants payable				
<u>Ē</u>	19	Deferred revenue			- '	
Liabilities	20	•	tors, trustees, & other disqualified persons			
:=	21	J J	s payable (attach schedule)			
	22	Other liabilities (desi	cribe •)			
	23	Total liabilities (add	lines 17 through 22)	0.	0.	
——. ——		Foundations that fol	llow SFAS 117, check here ▶□	<u> </u>		
Net Assets or Fund Balance	24	Unrestricted	24 through 26, and lines 30 and 31.	,		
alg	25	Temporarily restricte	ed.			
8	26	Permanently restrict				
ĭ		•	_			
Ē	ļ	and complete lines	not follow SFAS 117, check here 27 through 31.			
ō	27	Capital stock, trust p	orincipal, or current funds		501,464.	
ets	28		or land, bldg, and equipment fund			7,4
SS	29		alated income, endowment, or other funds			
t A	30		und balances (see instructions)	0.	501,464.	
Se	31	Total liabilities and I	net assets/fund balances			
D-S	L'ERFE	(see instructions)	nee in Net Accets on Friend Bolone	. 0,	501,464.	888 - 2788 C FOLL
			ges in Net Assets or Fund Balanc			
1	Total end-	i net assets or fund ba of-year figure reported	alances at beginning of year – Part II, colu d on prior year's return).	umn (a), line 30 (must a	gree with 1	0.
2	Ente	r amount from Part I,	line 27a		2	501,464.
3	Other	increases not included in lir	ne 2 (itemize) 🟲		3	
4	Add I	lines 1, 2, and 3			4	501,464.
5	Decrea	ases not included in line 2 (itemize)		5	
6	Total	net assets or fund ba	alances at end of year (line 4 minus line 5)) - Part II, column (b),	line 30 6	501,464.

Page 3

(a) List and describe	the kind(s) of property sold (for examp	ole, real estate,	(b) How acqu	uıred	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
	varehouse, or common stock, 200 sh	ns MLC Co)	D — Donati			
1a 125000 MIZRAHI TEF			P		7/02/18	11/13/18
b LTCG DISTRIBUTIONS				-+	VARIOUS	12/31/18
				_		
e			· · · · · · · · · · · · · · · · · · ·			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or ((e) plus (f) m	
a 125,000.		12	5,000.			0.
b 3,341.						3,341.
С						
d						
e		 				
	ng gain in column (h) and owned by the			99	(I) Gains (Col in minus col (k), b	(h)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	j		1 -0-) or Losses (fi	
						0.
b						3,341.
					··· <u>·</u>	3/511.
d						-
e						
2 Capital gain net income or (ne	et capital loss) If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2	-	3,341.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5					
If gain, also enter in Part I, lir in Part I, line 8	ne 8, column (c) See instructions If	(loss), enter -0-		3		3,341.
Part V Qualification Under	er Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	me_		
	this part blank ection 4942 tax on the distributable a lify under section 4940(e) Do not co		ase period	7	Yes	☐ No
	each column for each year, see the in-		entries			
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable use as:		(((d) Distribution col (b) divided	
2017			-			
2016						
2015						
2014		- 				
2013						
2 Total of line 1, column (d)				2		
3 Average distribution ratio for the	e 5-year base period – divide the total on has been in existence if less than	on line 2 by 5 0, or by the 5 years	-	3		
-	iritable-use assets for 2018 from Par	-		4	-	
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment in	ncome (1% of Part I. line 27h)			6		
	noonie (170 or 1 art 1, mie 270)					
7 Add lines 5 and 6			-	7		
8 Enter qualifying distributions f			L	8		
If line 8 is equal to or greater the	an line 7, check the box in Part VI, line	ib, and complete that part u	ising a 1% ta	ax rat	e See the	

Pär	Excise Tax Based on Investment Income (Section 4940(a), 494	0(b), 4940(e), or 4948 - s	ee instructi	ons)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N	/A' on line 1	44.3		
	Date of ruling or determination letter (attach copy of letter if necessary –	see instructions)			
Ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,	-	. 1	109	
	check here ► and enter 1% of Part I, line 27b			TYPENERS .	7
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, Ii	ne 12, col (b)			נ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		2	0 .	
3	Add lines 1 and 2		3	109	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ns only, others, enter -0-)	4	0	_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter		5	109	÷
6	Credits/Payments		1.4 KW	97.563.488.000	ā
а	2018 estimated tax pmts and 2017 overpayment credited to 2018	6 a			3
	Exempt foreign organizations — tax withheld at source	6 b			4
	Tax paid with application for extension of time to file (Form 8868)	6 c		10 m	
	Backup withholding erroneously withheld	6 d			ी
	Total credits and payments Add lines 6a through 6d		7	0.	1
8		20 is attached	8		<u>-</u>
		20 is attached	▶ 9	100	_
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			109.	<u>-</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1 54 44	10		_
11 ⊡⊇≅≅	Enter the amount of line 10 to be Credited to 2019 estimated tax	Refunded	1 11		_
Par	Statements Regarding Activities			1 % 2 x v 1	_
1 a	During the tax year, did the foundation attempt to influence any national, state, or participate or intervene in any political campaign?	r local legislation or did it		Yes No	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pur See the instructions for the definition	poses?		1 b X	
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies or distributed by the foundation in connection with the activities	of any materials published			
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		237 200	7
	(1) On the foundation \Rightarrow 0. (2) On foundation mana		0) <u>. [86]</u>	
	Enter the reimbursement (if any) paid by the foundation during the year for political experioundation managers • \$ 0.				
2	Has the foundation engaged in any activities that have not previously been report	ed to the IRS?		2 X	_
	If 'Yes,' attach a detailed description of the activities				. 1
3	Has the foundation made any changes, not previously reported to the IRS, in its governion of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conform	ng instrument, articles		3 X	1
4 a	Did the foundation have unrelated business gross income of \$1,000 or more durin			4a X	-
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	<u> </u>		4b N/A	-
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5 X	-
•	If 'Yes,' attach the statement required by General Instruction T				a -
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	atisfied either			4
Ů	 By language in the governing instrument, or 	atisfied effici			.1
					4
	 By state legislation that effectively amends the governing instrument so that no manda with the state law remain in the governing instrument? 	atory directions that conflict		6 X	7
	Did the foundation have at least $$5,000$ in assets at any time during the year? If 'Yes,' complete Part II, or			7 X	_
8 a	Enter the states to which the foundation reports or with which it is registered. See instru	ctions •			1
	MT				ji j
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene (or designate) of each state as required by <i>General Instruction G</i> ² If 'No,' attach explanation	ral		8b X	1
9	Is the foundation claiming status as a private operating foundation within the mea for calendar year 2018 or the tax year beginning in 2018? See the instructions for	ining of section 4942(j)(3) Part XIV If 'Yes,' comple	or 4942(j)(5 ete Part XIV	STREET, SOURCE STREET,	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a sand addresses			10 X	_
BAA				Form 990-PF (2018)	-

4	, v. v. v. sassiff of the control of			_
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement See instructions	12	-	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u>:</u>
14	The books are in care of ► ROYCE A MCCARTY JR Telephone no ► (406)	 _ <u>3</u> 6 <u>3</u>	 _0 <u>82</u>	2
	Located at ► 210 S. 3RD ST. HAMILTON MT ZIP + 4 ► 59840	- -		·—–
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here and enter the amount of tax-exempt interest received or accrued during the year	N/A		∐ N/A
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a		Yes	No.
10	bank, securities, or other financial account in a foreign country?	16	2.00	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.			
Par	T.VIIB Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	ار المساود المارية المارية	Yes	No
1 a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	9		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No			
t	olf any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here	,		4
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1 c	3, 45	<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	2.4		
ā	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20	****		
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2 b	S* N	/A
(the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
t	olf 'Yes,' did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)	3 b	N	'A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4 b		X
BAA	Fe	rm 990	PE C	2018)

Part VII B Statements Regarding Activit	ies for Which Form	1 4720 May Be Req	uired (C	ontinue	d)				
5 a During the year, did the foundation pay or incur a	ny amount to						312	Yes	No
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	on (section 4945(e))?		Yes	X	No	, ,		10/2
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?			Yes	X	No	25 / 1 25 / 1 25 / 1	ران د د میراند زمر آثار	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?		Yes	Χ	No			
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions								
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X									
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a section 54 4945 or in a	the transactions fail to current notice regarding o	qualify under the exce disaster assistance?	ptions				5 b	N	/ A
See instructions Organizations relying on a current notice regarding disaster assistance, check here								IN	/ A * (本)
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A	Yes	\Box	No			
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5-5(d)			ш	j	J. 18.		13, 75's 35's
6 a Did the foundation, during the year, receive as on a personal benefit contract?				Yes	X	No			
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contrac	t?			6 b		X
7 a At any time during the tax year, was the found				Yes	X	ľ			1
b If 'Yes,' did the foundation receive any procee	•			17	N	/A	7 b	(34.3c \ 34	~256 74. 99
8 Is the foundation subject to the section 4960 tax of		an \$1,000,000 in remune	ration	Yes	X	N			
or excess parachute payment(s) during the ye	ar?			res	Δ	NO [<u> </u>	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Hi	hly Pa	id E	mplo	yees	5,	
and Contractors	1.e III					_			
1 List all officers, directors, trustees, and found		r 			. 1		_		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emplo plans a	ributions yee bene and defer pensation	efit red		kpens ther al		
SEE STATEMENT 6									
		0.			0.				0.
			ļ		ļ				
					ŀ				
							_		
					ĺ				
			-						
		l	Ì		- 1				
2 Compensation of five highest-paid employees (or	her than those included	pn line 1 – see ınstructio	ns). If none	, enter 'N	ONE,			_	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	plans a	yee bene nd defer	fit	(e) Ex	pensoner al	e acco	ount,
NONE			comp	ensation	\dashv	_	_		
NONE									
				-1			_		
	H								
								_	
					$\neg \uparrow$				
		,	1						
Total number of other employees paid over \$50,000		<u> </u>			▶		_		0

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	
2	-
All other program-related investments See instructions	
3	_
Total. Add lines 1 through 3	0
BAA	Form 990-PF (2018)

Page 8

PartX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities. 1 a 359,053. 1 b **b** Average of monthly cash balances -3,585.c Fair market value of all other assets (see instructions) 1 c 1 d d Total (add lines 1a, b, and c) 355,468. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 0 1 e 2 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 355,468. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) Δ 5,332. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 350,136. SHORT YEAR MODIFIED PERCENTAGE 2.0959 % Minimum investment return. Enter 5% of line 5 6 7,339. RattixIII Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.) Minimum investment return from Part X, line 6 1 7,339. 2 a Tax on investment income for 2018 from Part VI, line 5 2 a 109 2b b Income tax for 2018 (This does not include the tax from Part VI) 2 c c Add lines 2a and 2h 109. Distributable amount before adjustments. Subtract line 2c from line 1 3 7,230. Recoveries of amounts treated as qualifying distributions 4 5 7,230. 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7,230. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 4,000. 1 a 1 b **b** Program-related investments — total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a 3 b **b** Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4,000. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b See instructions Adjusted qualifying distributions. Subtract line 5 from line 4 6 4,000.

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

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

BAA

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI, line 7				7,230.
2 Undistributed income, if any, as of the end of 2018				7,230.
a Enter amount for 2017 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2018	,			
a From 2013	* **		-	,
b From 2014.	r ottlevellt t	Action and	mananamen sanne	- 1 nam
c From 2015	11 PPI 500 0 00	+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on who is	wanivat on ,
d From 2016		. ,		
e From 2017				[`
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part				
XII, line 4 ► \$4,000.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.	1	
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2018 distributable amount		<u> </u>		4,000.
e Remaining amount distributed out of corpus	0.		·	4,000.
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
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		0.		
				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2019				3,230.
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)	<u> </u>			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	0.		·	
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.	,	111 41 (2)	.,,,,,
10 Analysis of line 9	m Tagter / / ramm	1 W 11	, пърше , , , ровен ^е	ит т ти адиния
a Excess from 2014	v			* *
b Excess from 2015	Township township	n younumpresiding i	manumenter manamenter	umpeto was consequently module
c Excess from 2016	797 1 11111 10 11111			
d Excess from 2017		٠	•	"
e Excess from 2018				
BAA				Form 990-PF (2018)

Form 990-PF	(2018) KICE FAMILY FOUND	DATION			<u>83-6</u> 30598	1 Page 10
Part XIV	Private Operating Foundat					N/A
is effect	undation has received a ruling or dete tive for 2018, enter the date of the	ruling		-	-	
	pox to indicate whether the foundat ne lesser of the adjusted net		erating foundation (4942(j)(3) or	4942(j)(5)
income	from Part I or the minimum	Tax year (a) 2018	(b) 2017	Prior 3 years (c) 2016	(d) 2015	(e) Total
	ent return from Part X for ar listed	(a) 2016	(0) 2017	(6) 2010	(u) 2010	
b 85% of						
c Qualifyii line 4 fo	ng distributions from Part XII, or each year listed					
	included in line 2c not used directly conduct of exempt activities					
for activ	ng distributions made directly /e conduct of exempt activities t line 2d from line 2c					
3 Comple alternat	te 3a, b, or c for the ive test relied upon					
	alternative test — enter					
` '	ue of all assets					
sec	ue of assets qualifying under tion 4942(j)(3)(B)(i)					
minimum	ent' alternative test — enter 2/3 of investment return shown in Part X, each year listed					
	t' alternative test — enter					
inve divid on s	al support other than gross estment income (interest, dends, rents, payments securities loans (section					
512	(a)(5)), or royalties)			ļ		
more	ort from general public and 5 or exempt organizations as provided ction 4942(j)(3)(B)(iii)					
(3) Larg	gest amount of support from exempt organization					
	ss investment income					
Part XV	Supplementary Information	(Complete this	s part only if the	e foundation had	l \$5,000 or more	in
	assets at any time during the tion Regarding Foundation Manage	<u> </u>	istructions.)			·
	managers of the foundation who have		than 2% of the total o	contributions received	by the foundation before	ore the
close of NONE	any tax year (but only if they have	contributed more	than \$5,000) (See	e section 507(d)(2))	,	
b List any a partne NONE	managers of the foundation who own ership or other entity) of which the	10% or more of the foundation has a	e stock of a corporate 10% or greater inter	on (or an equally larg rest	e portion of the owner	ship of
Check h	tion Regarding Contribution, Grant, Contribution, Grant, Contribution only maps for funds of the foundation makes, and d. See instructions	kes contributions to	preselected charitab			
a The nam	ne, address, and telephone number or	email address of the	he person to whom a	pplications should be	addressed	
b The forr	m in which applications should be s	submitted and info	rmation and materia	als they should inclu	ude	
c Any sub	mission deadlines					
			-1	his falls in the C	-11.4.4	factors
a Any res	trictions or limitations on awards, s	such as by geogra _l	pnicai areas, charita	apie lielas, KINAS Of I	institutions, or other	iactors
BAA		TE			F	orm 990-PF (2018)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year DUCKS UNLIMITED INC N/A PC GENERAL SUPPORT 1,000. 1 WATERFOWL WAY MEMPHIS TN 38120 PC TELLER WILDLIFE REFUGE N/A GENERAL SUPPORT 1,000. 1288 EASTSIDE HWY CORVALLIS MT 59828 SEMPER FI FUND N/A PC GENERAL SUPPORT 1,000. 825 COLLEGE BLVD SUITE 102 PMB 609 OCEANSIDE CA 92057 FIRST PRESBYTERIAN CHURCH N/A PC GENERAL SUPPORT 1,000. 1220 WEST MAIN STREET HAMILTON MT 59840 ► 3a Total 4,000. b Approved for future payment

3 b

Total

	s amounts unless otherwise indicated		business income	Excluded	by section 512, 513, or 514	(e)
4 5		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
-	ram service revenue	 - 		code		
å	- 	- -		+		
b		+		-		
		++				
d		+-+				
e						
T ====				-		
-	and contracts from government agencies			-		
	bership dues and assessments			-		
	st on savings and temporary cash investments			14	3,519.	
-	lends and interest from securities	Prop. / Santa 1 5		*208 4 54		1448 1 4 25 1 8 to 1 5 8 6 6 1 1 2
	rental income or (loss) from real estate					
	-financed property					
	debt-financed property			 		
	ental income or (loss) from personal property					
	r investment income					
	or (loss) from sales of assets other than inventory			18	<u>3,341.</u>	
	ncome or (loss) from special events	<u> </u>		 		<u> </u>
	s profit or (loss) from sales of inventory	100 100 100 100 100 100 100 100 100 100	2000001, N 9 . Manager 25.00 . 11 . 61.44p. 5. 2	S. Cauthmatoscolo	hermony to a standard to a select to	Consider the second contract of the second co
11 Othe	r revenue					Total Control of the
a	· · · · · · · · · · · · · · · · · · ·					
b						
c						
d						<u></u>
е						
	otal Add columns (b), (d), and (e)				6,860.	
	I. Add line 12, columns (b), (d), and (e)				13	6,860.
	sheet in line 13 instructions to verify calculat					
		a Accomplic	hment of Exemr	nt Purno	oses	
Part XVI	Relationship of Activities to the		<u>-</u>			
Line No.			<u>-</u>			ly to the
Line No. ▼			<u>-</u>			ly to the nstructions)
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Line No. ▼			<u>-</u>			ly to the nstructions)

Partixvill Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

								[
describ relating	e organization direction 501(in section 501(in section 501)	c) (other than sed izations?	ction 501(c)(3) (organizations) o	r in sect	ion 527,	ו		Yes No
a Transfe	ers from the report	ing foundation to	a noncharitable	e exempt organi	zation o	f]	A:
(1) Cas								1 a (1)	X_
(2) Oth	ner assets							1 a (2)	X
b Other to	ransactions								
, ,	les of assets to a r		, -					1 b (1)	X
	rchases of assets t			janization				1 b (2)	X
(3) Rer	ntal of facilities, ec	quipment, or othe	r assets					1 b (3)	X
٠.	ımbursement arran	•						1 b (4)	X
, ,	ans or loan guaran							1 b (5)	X
• •	rformance of service		•	•				1 b (6)	<u> X</u>
c Sharing	g of facilities, equip	pment, mailing lis	sts, other assets	s, or paid emplo	yees			1 c	X
d If the a	inswer to any of the ds, other assets, or nsaction or sharing	e above is 'Yes,' services given by	complete the fo	ollowing schedul	e Colun	nn (b) should alwa received less than	ays show the f	aır market valuı ue in enved	e of
(a) Line no	(b) Amount involved		of noncharitable exe	``		d) Description of trans			ements
N/A	(B) Fariount involved	(c) number	or mononaritable exc	inprorganization	+	ay Bootinpaon or duno	rors, transactiona,	and sharing arrang	
11/11					 				
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								<u>-</u> .	
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					1				
									
describ	oundation directly or red in section 501(d	c) (other than sec	d with, or related ction 501(c)(3))	to, one or more or in section 52	tax-exem	pt organizations		Yes	X No
	complete the folio							 -	
<u> </u>	a) Name of organiz	zation	(b) Typ	e of organizatio	n	(c)	Description of	relationship	
N/A									
						 -			
	_			 -		 			
									
- Under	analting of artist	velore that I have exam	and the seture unde	idina accompaning	chodulos o	and statements, and to t	he hest of my knew	uladge and holief it is	- true
Sign	penalties of perjury I de t, and complete Declarat	tion of preparer (other	than taxpayer) is bas	sed on all information	of which p	reparer has any knowle	dge		
Here	1 × M	11/1/		11/1-12				May the IRS	with the
nere 2	X 11/4	MM	, 	11/13/20	7	TRUSTEE		See instruc	tions
Sign	nature of officer or trustee		-(-)-	Da yé		Title		X Y	es No
	Print/Type preparer's	name /	Pratharer's	signature	rAA.	Date	Check	If PTIN	
Paid	JAIME WARD	CPA	400	IN WIND	_VP'	1111111111	self-employed	P004417	60
Preparer	Firm's name	BOYLE, DEV	ENY & MEY	ER, P.C.			Firm's EIN 🟲 81	-0390489	
Use Only	Firm's address	305 SOUTH	4THVEAST,	SUITE 200	_				_
		MISSOULA,	MT 59801];	Phone no (4	06) 721-3	555
BAA			- 					Form 990 -	PF (2018)

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number Name of the organization 83-6305981 KICE FAMILY FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization |X| 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

1	Page	2
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M			
Name of ord	anization		

Employer identification number KICE FAMILY FOUNDATION 83-6305981

Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF RICHARD KICE 210 SOUTH 3RD STREET HAMILTON, MT 59840	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	/	\$	Person Payroll Complete Part II for noncash contributions)
		Cala adula D. (Farma 00)	000 F7 a= 000 BE) (2019)

Name of organization

Employer identification number

KICE FAMILY FOUNDATION

83-6305981

(a) No. from Part I (a) No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I (a) No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (b) Date receiven FMV (or estimate) (See instructions.)	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. Irom Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. Irom Part I Description of noncash property given FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) No. Irom Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. Irom Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. Irom Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. Irom Part I Description of noncash property given FMV (or estimate) (See instructions.) (b) Date receive FMV (or estimate) (See instructions.) (c) Date receive FMV (or estimate) (See instructions.)	N/A			
(a) No. from Part I (a) No. from Part I (a) No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I (a) No. Description of noncash property given FMV (or estimate) (See instructions.) (b) Date receive FMV (or estimate) (See instructions.) (a) No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (b) Date receive FMV (or estimate) (See instructions.)			\$ 	
(a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) (b) Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.)	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) (b) Date receive FMV (or estimate) (See instructions.) (a) No. from Part I Description of noncash property given (See instructions.) (b) Description of noncash property given (See instructions.)			 \$	
(a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I Secription of noncash property given Secription of noncash property given FMV (or estimate) (See instructions.) (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) (d) Date received the property given FMV (or estimate) (See instructions.)	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) (a) No. from Part I Secription of noncash property given Secription of noncash property given FMV (or estimate) (See instructions.) (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) (d) Date received the property given FMV (or estimate) (See instructions.)			s	
(a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) See instructions.	(a) No. from Part I	(b) Description of noncash property given		(d) Date received
Part I (See instructions.)			 \$ 	
	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I Description of noncash property given Part I (b) (c) (d) Date received (See instructions.)			 \$ 	
	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
s			 s	

o.`from Part I	Purpose of gift	Use of gift	Description of how gift is held
			-
			-
		(e) Transfer of gift	
	Transferee's name, addres	s. and ZIP + 4	Relationship of transferor to transferee

018	FEDERAL STATEMENTS	PAGE
	KICE FAMILY FOUNDATION	83-630598
STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES		
FOREIGN TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 123. \$ 123. \$ 123. \$ 123. \$	
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
EXEMPTION APPLICATION FEE MISCELLANEOUS	(A) (B) NET (C EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 1,200. \$ 1,200. 73. 73. TOTAL \$ 1,273. \$ 1,273. \$	TED CHARITABLE
STATEMENT 3 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE ST		
CORPORATE STOCKS	VALUATION BOOK METHOD VALUE	FAIR MARKET <u>VALUE</u>
EQUITY INVESTMENTS	MKT VAL \$ 292,08 TOTAL \$ 292,08	8. \$ 265,847. 8. \$ 265,847.
STATEMENT 4 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BO	NDS	
CORPORATE BONDS	VALUATION BOOK METHOD VALUE	FAIR MARKET VALUE
FIXED INCOME INVESTMENTS	MKT VAL \$ 170,10 TOTAL \$ 170,10	

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	KICE FAMILY FO	DUNDATION			83-63059
STATEMENT 5 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER		,			
		VALUATION METHOD	BOO VALU		IR MARKET VALUE
OTHER SECURITIES		_			
US REAL ESTATE INVESTMENTS		MKT VAL	\$ 14	1,967. \$	13,972.
FINANCIAL DERIVATIVES		_			
COMMODITIES	momat	MKT VAL		5,500.	4,651.
	TOTAL FINANCIAL	L DERIVATIVES	\$	\$,500.	4,651.
		TOTAL	\$ 20	,467.	18,623.
STATEMENT 6 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS,	·			CONTRI -	FXPFNSF
FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS,	TITLE A AVERAGE I	AND HOURS CO		CONTRI- BUTION TO EBP & DC	ACCOUNT
FORM 990-PF, PART VIII, LINE 1	TITLE A	AND HOURS CO	MPEN- ATION 0.8	BUTION TO EBP & DC	ACCOUNT/ OTHER
FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS ROYCE A MCCARTY JR 210 S. 3RD ST.	TITLE AVERAGE I PER WEEK D TRUSTEE	AND HOURS CO DEVOTED SA	ATION	BUTION TO EBP & DC	ACCOUNTA OTHER
NAME AND ADDRESS ROYCE A MCCARTY JR 210 S. 3RD ST. HAMILTON, MT 59840 STEPHEN KICE 190 SWEETWATER RD	TITLE AVERAGE I PER WEEK D TRUSTEE 1.00 DIRECTOR	AND HOURS CO DEVOTED SA	O. :	BUTION TO EBP & DC	ACCOUNT/ OTHER
NAME AND ADDRESS ROYCE A MCCARTY JR 210 S. 3RD ST. HAMILTON, MT 59840 STEPHEN KICE 190 SWEETWATER RD HAMILTON, MT 59840 CHRIS HILDEBRANDT 15 ISAIAH TRAIL	TITLE AVERAGE I PER WEEK D TRUSTEE 1.00 DIRECTOR 1.00 DIRECTOR	AND HOURS CO DEVOTED SA	0. :	BUTION TO EBP & DC O.	ACCOUNT/ OTHER \$
NAME AND ADDRESS ROYCE A MCCARTY JR 210 S. 3RD ST. HAMILTON, MT 59840 STEPHEN KICE 190 SWEETWATER RD HAMILTON, MT 59840 CHRIS HILDEBRANDT 15 ISAIAH TRAIL BELGRADE, MT 59714 TOM BENOIT 825 COLLEGE BLVD #102	TITLE AVERAGE I PER WEEK D TRUSTEE 1.00 DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00	AND HOURS CO DEVOTED SA	0. s	BUTION TO EBP & DC O.	ACCOUNT/ OTHER \$

TOTAL \$ 0. \$ 0. \$

0.