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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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 *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
ORO Y PLATA FOUNDATION

A Employer identification number
46-0512750

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 1079

Room/suite

B Telephone number (see instructions)
(406) 223-2595

City or town, state or province, country, and ZIP or foreign postal code
KALISPELL, MT 59903

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 8,848,775

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	25,415			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	2,462	2,462	2,462	
	4	Dividends and interest from securities	69,524	69,524	69,524	
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	146,723			
	b	Gross sales price for all assets on line 6a 664,263				
	7	Capital gain net income (from Part IV, line 2)		146,723		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	244,124	218,709	71,986	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	69,360	20,808		48,552
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits	2,081	624		1,457
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	2,653	796		1,857
	c	Other professional fees (attach schedule)	2,510	753		1,757
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	11,924	7,847		8,347
	19	Depreciation (attach schedule) and depletion	89	89		
	20	Occupancy				
	21	Travel, conferences, and meetings	12,840	3,852		8,988
	22	Printing and publications				
	23	Other expenses (attach schedule)	10,701	3,209		7,492
	24	**Total operating and administrative expenses.** Add lines 13 through 23	112,158	37,978		78,450
	25	Contributions, gifts, grants paid	1,006,000			1,006,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,118,158	37,978		1,084,450
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-874,034			
	b	**Net investment income** (if negative, enter -0-)		180,731		
	c	**Adjusted net income** (if negative, enter -0-)			71,986	

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	549,601	96,951	96,951
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	3,071	7,485	7,485
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	8,719,800	8,294,065	8,744,339
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ 1,545			
	Less: accumulated depreciation (attach schedule) ▶ 1,545	89		
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	9,272,561	8,398,501	8,848,775
Liabilities	17 Accounts payable and accrued expenses	2,391	2,365	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	2,391	2,365	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	9,270,170	8,396,136	
	29 **Total net assets or fund balances** (see instructions)	9,270,170	8,396,136	
	30 **Total liabilities and net assets/fund balances** (see instructions)	9,272,561	8,398,501	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	9,270,170
2	Enter amount from Part I, line 27a	2	-874,034
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	8,396,136
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	8,396,136

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	998.277 DODGE & COX STOCK FUND	P	2017-02-16	2019-11-15
b	1915 ISHARES SELECT DIVIDEND	P	2017-02-16	2019-11-15
c	691 VANGUARD S&P 500 ETF	P	2017-02-16	2019-11-15
d	Capital Gain Dividends			
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	197,000		193,875	3,125
b	197,952		174,643	23,309
c	196,674		149,022	47,652
d				72,637
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				3,125
b				23,309
c				47,652
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	146,723
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,075,567	9,925,369	0.10837
2017	887,813	10,013,230	0.08866
2016	730,504	7,121,819	0.10257
2015	688,301	7,225,962	0.09525
2014	1,715,942	7,913,667	0.21683

2	**Total** of line 1, column (d)	2	0.611689
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.122338
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	8,970,447
5	Multiply line 4 by line 3	5	1,097,427
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,807
7	Add lines 5 and 6	7	1,099,234
8	Enter qualifying distributions from Part XII, line 4	8	1,084,450

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	3,615
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	3,615
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	3,615
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 7,485		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d.	7	7,485
8	Enter any **penalty** for underpayment of estimated tax. Check here ☑ if Form 2220 is attached.	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	3,870
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 3,870 **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ FELICIA ENNIS Telephone no. ▶ (406) 223-2595

Located at ▶ PO BOX 1079 KALISPELL MT ZIP+4 ▶ 59903

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 ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	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 ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(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 ☑ 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 ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2019?	1c		No
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)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 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 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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 2019?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(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 ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BRUCE ENNIS PO BOX 1079 KALISPELL, MT 59903	PRESIDENT/TREAS 4.00	0		
MARGARET DAVIS PO BOX 1079 KALISPELL, MT 59903	VICE PRES/SECRE 1.00	0		
FELICIA ENNIS PO BOX 1079 KALISPELL, MT 59903	Foundation Mana 40.00	69,360		
JEAN AGATHER PO BOX 1086 LAKESIDE, MT 59922	Director 0.00	0		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

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**

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 beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE FOUNDATION IS ORGANIZED TO SUPPORT EFFECTIVE MONTANA BASED NONPROFITS DEDICATED TO HELPING PEOPLE ENLARGE THEIR COMPETENCIES AND CAPACITIES. OyP PREFERS NOT TO FUND HISTORICAL SOCIETIES, ART CENTERS, GENERAL HOSPITALS, THEATERS, NATIONAL LEVEL ORGANIZATIONS, HIGHER EDUCATION INSTITUTIONS, ANIMAL ORGANIZATIONS, SPORTS ORGANIZATIONS, PUBLIC BROADCASTING AND ECONOMIC DEVELOPMENT PROJECTS. A LIMITED PORTION OF THE FOUNDATION'S GIVING GOES TO CHARITABLE ORGANIZATIONS THAT MAY BE OUTSIDE OF MONTANA OR THE PRIMARY FOCUS OF THE FOUNDATION.	1,118,159
2	
3	
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	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	

Part X 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	1a	8,587,656
b	Average of monthly cash balances	1b	519,397
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	9,107,053
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	9,107,053
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	136,606
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,970,447
6	**Minimum investment return.** Enter 5% of line 5	6	448,522

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	448,522
2a	Tax on investment income for 2019 from Part VI, line 5	2a	3,615		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	3,615
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	444,907
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	444,907
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	444,907

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,084,450
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,084,450
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,084,450

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				444,907
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 1,329,537				
b From 2015. 332,758				
c From 2016. 377,478				
d From 2017. 408,676				
e From 2018. 589,277				
f **Total** of lines 3a through e.	3,037,726			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 1,084,450				
a Applied to 2018, 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).	0			
d Applied to 2019 distributable amount.				444,907
e Remaining amount distributed out of corpus	639,543			
5 Excess distributions carryover applied to 2019. *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,677,269			
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 —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	1,329,537			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	2,347,732			
10 Analysis of line 9:				
a Excess from 2015. . . . 332,758				
b Excess from 2016. . . . 377,478				
c Excess from 2017. . . . 408,676				
d Excess from 2018. . . . 589,277				
e Excess from 2019. . . . 639,543				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not 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: **a** "Assets" alternative test—enter: **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter: **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

ORO Y PLATA FOUNDATION

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ORO Y PLATA FOUNDATION DOES NOT ACCEPT UNSOLICITED GRANT APPLICATIONS.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,006,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,462	
4 Dividends and interest from securities			14	69,524	
5 Net rental income or (loss) from real estate:					
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	146,723	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				218,709	
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	218,709

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-11-16	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
JESSICA R MANUEL CPA				P01910352
Firm's name ▶ STAHLBERG MANUEL & ASSOCIATES PC				Firm's EIN ▶81-0527335
Firm's address ▶ 100 COOPERATIVE WAY STE 100 KALISPELL, MT 599012378				Phone no. (406) 257-8399

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000).

BRUCE ENNIS
MARGARET DAVIS

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS GIRLS CLUB OF THE FLTHD RSRVAT PO BOX 334 RONAN, MT 59864	N/A	N/A	GENERAL OPERATING ASSISTANCE	40,000
BOYS GIRLS CLUB NORTHERN CHEYENNE N PO BOX 309 LAME DEER, MT 59043	N/A	N/A	GENERAL OPERATING ASSISTANCE	50,000
CASA FOR KIDS - FLATHEAD COUNTY PO BOX 271 KALISPELL, MT 59903	N/A	N/A	GENERAL OPERATING ASSISTANCE	35,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA FOR KIDS EASTERN MONTANA PO BOX 1234 MILES CITY, MT 59301	N/A	N/A	GENERAL OPERATING ASSISTANCE	30,000
YWCA OF BILLINGS 909 WYOMING AVENUE BILLINGS, MT 59101	N/A	N/A	GENERAL OPERATING ASSISTANCE	30,000
FLATHEAD CITY - COUNTY HEALTH DEPAR 1035 1ST AVENUE WEST KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLATHEAD COUNTY AGENCY ON AGING 160 KELLY ROAD A KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	10,000
HOCKADAY MUSEUM OF ART 302 2ND AVE E KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	2,500
NORTH VALLEY FOOD BANK INC PO BOX 142 WHITEFISH, MT 59937	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERD'S HAND CLINIC-CHRIST LUTHE 5150 RIVER LAKES PARKWAY WHITEFISH, MT 59937	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
SPECIAL OLYMPICS MONTANA PO BOX 2507 GREAT FALLS, MT 59403	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
THE PARENTING PLACEPO BOX 3805 MISSOULA, MT 59806	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SHORE COMMUNITY LIBRARY PO BOX 107 LAKESIDE, MT 59922	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,500
WEST VALLEY SCHOOL 2290 FARM TO MARKET ROAD KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
TAMARACK GRIEF RESOURCE CENTER 516 S ORANGE ST MISSOULA, MT 59801	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN THERAPY ON HORSEBACK PO BOX 5565 KALISPELL, MT 59903	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
INTERMOUNTAIN HOMES 500 SOUTH LAMBORN HELENA, MT 59601	N/A	N/A	GENERAL OPERATING ASSISTANCE	2,000
HOPA MOUNTAIN FOUNDATION 234 E BABCOCK SUITE E BOZEMAN, MT 59715	N/A	N/A	GENERAL OPERATING ASSISTANCE	30,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER POLE FOUNDATIONPO BOX 71 GARYOWEN, MT 59031	N/A	N/A	GENERAL OPERATING ASSISTANCE	2,000
LAKESIDE QUICK RESPONSE UNIT PO BOX 911 LAKESIDE, MT 59922	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,500
YWCA OF HELENAPO BOX 518 HELENA, MT 59624	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS GIRLS OF THE HI-LINEPO BOX 68 HAVRE, MT 59501	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
BOYS AND GIRLS CLUB OF LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
MONTANA YOUTH HOMES 825 E OREGON KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA NONPROFIT ASSOCIATION PO BOX 1744 HELENA, MT 59624	N/A	N/A	GENERAL OPERATING ASSISTANCE	30,000
NAMI MONTANA 616 HELENA AVE SUITE 218 HELENA, MT 59601	N/A	N/A	GENERAL OPERATING ASSISTANCE	35,000
DREAM ADAPTIVE RECREATION INC 845 HIGHLAND DR WHITEFISH, MT 59937	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRONT RANGE CASAPO BOX 954 CONRAD, MT 59425	N/A	N/A	GENERAL OPERATING ASSISTANCE	35,000
SPARROW'S NEST204 7TH AVE WEST KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
BOYS AND GIRLS CLUB OF GLACIER COUN PO BOX 961 KALISPELL, MT 59904	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEGAN INSTITUTEPO BOX 890 BROWNING, MT 59417	N/A	N/A	GENERAL OPERATING ASSISTANCE	31,000
FAMILIES IN PARTNERSHIPPO BOX 762 LIBBY, MT 59923	N/A	N/A	GENERAL OPERATING ASSISTANCE	40,000
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOUSE124 9TH AVE WEST KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
YOUNG PARENTS EDUCATION CENTER 1400 CENTRAL AVE GREAT FALLS, MT 59401	N/A	N/A	GENERAL OPERATING ASSISTANCE	20,000
ALANO CLUB OF KALISPELL PO BOX 9762 KALISPELL, MT 59904	N/A	NA	GENERAL OPERATING ASSISTANCE	1,500
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS FLATHEAD V 137 S MAIN ST C KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
SEVENTH GENERATION FUND YELLOWBIRD PO BOX 4569 ARCATA, CA 95518	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
ABBIE SHELTERPO BOX 1401 KALISPELL, MT 59903	N/A	N/A	GENERAL OPERATING ASSISTANCE	10,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD BRIDGEPO BOX 310 BIGFORK, MT 59911	N/A	N/A	GENERAL OPERATING ASSISTANCE	3,000
FRIENDS FOREVER MENTORING 49518 US HWY 93 POLSON, MT 59860	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,500
FRIENDSHIP HOUSE 3123 8TH AVE SOUTH BILLINGS, MT 59101	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE CRITTENTON HOME SERVICES 901 HARRISON HELENA, MT 59601	N/A	N/A	GENERAL OPERATING ASSISTANCE	30,000
MISSOULA INTERFAITH COLLABORATIVE 202 BROOKS MISSOULA, MT 59801	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
CENTER FOR RESTORATIVE YOUTH JUSTIC 29 3RD ST E KALISPELL, MT 59901	N/A	N/A	GENERAL OPERATING ASSISTANCE	15,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUMBLEWEED505 N 24TH ST BILLINGS, MT 59101	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,500
ST VINCENT DE PAUL 3005 1ST AVE SOUTH BILLINGS, MT 59101	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,500
BOYS AND GIRLS CLUB CARBON COUNTY PO BOX 11 RED LODGE, MT 59068	N/A	N/A	GENERAL OPERATING ASSISTANCE	30,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF THE MONDAK 201 3RD AVE SE SIDNEY, MT 59270	N/A	N/A	GENERAL ADMINISTRATIVE ASSISTANCE	15,000
CASA LINCOLN COUNTYPO BOX 11195 KALISPELL, MT 59901	N/A	N/A	GENERAL ADMINISTRATIVE SUPPORT	25,000
CASA OF LAKE AND SANDERS COUNTIES PO BOX 511 POLSON, MT 59860	N/A	N/A	GENERAL ADMINISTRATIVE SUPPORT	10,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF CASCADE COUN 600 1ST AVE SW GREAT FALLS, MT 59404	N/A	N/A	GENERAL ADMINISTRATIVE SUPPORT	25,000
HEISEY COMMUNITY CENTER 313 7TH ST N GREAT FALLS, MT 59401	N/A	N/A	GENERAL ADMINISTRATIVE SUPPORT	15,000
MUSEUM AT CENTRAL SCHOOL 124 2ND AVE E KALISPELL, MT 59901	N/A	N/A	GENERAL ADMINISTRATIVE SUPPORT	1,500
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SUPPORT NETWORK 1002 10TH ST SUITE 1 BILLINGS, MT 59102	N/A	N/A	GENERAL ADMINISTRATIVE SUPPORT	3,000
BEFRIENDERS807 N TRACY AVE BOZEMAN, MT 59715	N/A	N/A	GENERAL OPERATING ASSISTANCE	10,000
BILLINGS FAMILY SERVICEPO BOX 1020 BILLINGS, MT 59103	N/A	N/A	GENERAL OPERATING ASSISTANCE	3,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE HEAVEN HARNESSING HOPE 1976 TIMBER RIDGE RD HAYS, MT 59527	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,500
BOYS GIRLS CLUB OF LODGE GRASS PO BOX 454 LODGE GRASS, MT 59050	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
BOYS AND GIRLS CLUB OF MISSOULA COU 1515 FAIRVIEW AVE STE 243 MISSOULA, MT 59801	N/A	N/A	GENERAL OPERATING ASSISTANCE	20,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF MONTANA 2409 ARNOLD LANE SUITE 8 BILLINGS, MT 59102	N/A	N/A	GENERAL OPERATING ASSISTANCE	25,000
FLATHEAD WARMING CENTER PO BOX 7142 KALISPELL, MT 59904	N/A	N/A	GENERAL OPERATING ASSISTANCE	2,500
LIBBY ASSEMBLY OF GODPO BOX 1506 LIBBY, MT 59923	N/A	N/A	OVERCOMERS RECOVERY GROUP	10,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHTHOUSE CHRISTIAN HOME PO BOX 8931 KALISPELL, MT 59904	N/A	N/A	GENERAL OPERATING ASSISTANCE	7,000
LIGHTHOUSE COMMUNITY PARTNERS PO BOX 7121 GREAT FALLS, MT 59406	N/A	N/A	GENERAL OPERATING ASSISTANCE	15,000
MESSENGERS FOR HEALTHPO BOX 940 CROW AGENCY, MT 59022	N/A	N/A	GENERAL OPERATING ASSISTANCE	10,000
Total . . . . . ▶ **3a**				1,006,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HORIZONS LEARNING CENTER 606 CENTRAL AVE W HARLEM, MT 59526	N/A	N/A	GENERAL OPERATING ASSISTANCE	10,000
PSALMS 91 INCPO BOX 206 KALISPELL, MT 59903	N/A	N/A	GENERAL OPERATING ASSISTANCE	15,000
THE SACRED WALK INITIATIVE 52 PONY LN LIVINGSTON, MT 59047	N/A	N/A	GENERAL OPERATING ASSISTANCE	1,000
Total . . . . . ▶ **3a**				1,006,000

TY 2019 Accounting Fees Schedule

Name: ORO Y PLATA FOUNDATION
EIN: 46-0512750
Software ID: 19009920
Software Version: 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,653	796	0	1,857

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: ORO Y PLATA FOUNDATION
EIN: 46-0512750
Software ID: 19009920
Software Version: 2019v5.0

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
MAC COMPUTER	2014-03-05	1,545	1,456	200DB	5.76 %	89			

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TY 2019 Investments Corporate Stock Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 19009920

Software Version: 2019v5.0

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DAIN RAUSCHER ACCOUNT	2,118,549	2,459,737
TIFF MUTUAL FUNDS	6,175,516	6,284,602

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TY 2019 Land, Etc. Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 19009920

Software Version: 2019v5.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Machinery and Equipment	1,545	1,545		

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TY 2019 Other Expenses Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 19009920

Software Version: 2019v5.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK WIRE FEES/CHECKS	68	20		48
COMPUTER SUPPORT	150	45		105
DUES & SUBSCRIPTIONS	4,868	1,460		3,408
INSURANCE	2,400	720		1,680
OFFICE SUPPLIES	694	208		486
POSTAGE	237	71		166
TELEPHONE/INTERNET	2,284	685		1,599

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TY 2019 Other Professional Fees Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 19009920

Software Version: 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GRANT CONSULTING FEES	2,250	675	0	1,575
OUTSIDE SERVICES	260	78	0	182

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491321070230

TY 2019 Taxes Schedule

Name: ORO Y PLATA FOUNDATION
EIN: 46-0512750
Software ID: 19009920
Software Version: 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2018 FEDERAL EXCISE TAX	6,100	6,100		4,270
PAYROLL TAXES	5,361	1,608		3,753
WORKERS COMPENSATION	463	139		324

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491321070230

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
ORO Y PLATA FOUNDATION

Employer identification number
46-0512750

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
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 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.

General Rule

☑ 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 other 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, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
ORO Y PLATA FOUNDATION	46-0512750

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRUCE ENNIS PO BOX 1079 KALISPELL, MT 59903	$ 25,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
ORO Y PLATA FOUNDATION

Employer identification number
46-0512750

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization	**Employer identification number**
ORO Y PLATA FOUNDATION	46-0512750

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** *exclusively* **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $** ____________

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	