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.

| | | | ndar year 2019 or tax year beginning | 0.9 | | , and e | nding | | |
|---------------|--|-------|--|----------|------------------------------------|--------------------|--|--|---|
| | _ | | f foundation | | | | | A Employer identification | number |
| | | r.70 | DEAD ATE DESCRIPTION | | ON | | | 81-3804693 | |
| | TWO BEAR AIR RESCUE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite | | | | | | | B Telephone number | |
| | | | 0 AIRPORT FRONTAGE ROAL | | 633) | | Tioonvadite | (406) 755- | 4297 |
| | | | own, state or province, country, and ZIP or foreign i | | L code | | | C If exemption application is p | |
| | | | ISPELL, MT 59901 | JUSIA | 1000 | | | o il exemption application is p | ending, check here |
| | | | all that apply: Initial return | | Initial return of a f | ormer public o | harity | D 1. Foreign organizations | , check here |
| | | | Final return | Ī | Amended return | | | | , |
| | | | Address change | | Name change | | | Foreign organizations me check here and attach co | eting the 85% test, mputation |
| | H C | heck | type of organization: X Section 501(c)(3) e | xemp | t private foundation | | <u>~2</u> | E If private foundation sta | tus was terminated |
| 13 | |] Se | | | r taxable private found | | 03 | under section 507(b)(1) | (A), check here |
| 23 | I Fa | ır ma | arket value of all assets at end of year J Account | | | X Accr | ual | F If the foundation is in a | |
| | | | Part II, col. (c), line 16) | ther (| specify) | | | under section 507(b)(1) | (B), check here |
| | _ | | 3,105,355. (Part I, colu | mn (c | | | | | (d) Dt. |
| | Pa | ıπ ı | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | | (a) Revenue and expenses per books | (b) Net in inco | vestment ome | (c) Adjusted net income | (0) Disbursements for charitable purposes (cash basis only) |
| 2020 | | 1 | Contributions, gifts, grants, etc., received | ╁ | 1,802,308. | | | | (Cash basis Chly) |
| | | 2 | Check If the foundation is not required to attach Sch B | \vdash | 1,002,000 | | | | |
| 7 | | 3 | Interest on savings and temporary cash investments | | 15,048. | 1 | 5,048. | | STATEMENT 1 |
| 90 | | 4 | Dividends and interest from securities | | | | · | | |
| | | 5a | Gross rents | | | _ | | | |
| <u>1</u> . | Revenue | b | Net rental income or (loss) | | DECEN | | | | |
| _ | | 6a | Net gain or (loss) from sale of assets not on line 10 | | RECEIV | () | | | |
| SCANNED | | b | Gross sales price for all assets on line 6a | Ц. | | NO IO | | | |
| | 3ev | _ | Capital gain net income (from Part IV, line 2) | 1 | JUN 2 9 2 | | 0. | 0. | |
| | | 8 | Net short-term capital gain | H | | <u> </u> | | <u> </u> | |
| | | 100 | Income modifications Gross sales less returns | H | OGDEN | UT | | | l |
| S | | | and allowances Less Cost of goods sold | 1- | | | | | <u> </u> |
| | | | Gross profit or (loss) | 1 | | | | | |
| | | 11 | Other income | | | | | | |
| | | 12 | Total Add lines 1 through 11 | | 1,817,356. | 1 | 5,048. | 0. | |
| 3 | | 13 | Compensation of officers, directors, trustees, etc | | 120,000. | | 0. | 0. | 120,000. |
| W_Becelve | | | Other employee salaries and wages | _ | 419,677. | | 0. | 0. | 419,677. 142,584. |
| æ | S | | Pension plans, employee benefits | | 142,584. | | 0. | 0. | 142,364. |
| . ₹ | enses | | Legal fees Accounting fees STMT 2 | | 1,500. | | 0. | 0. | 0. |
|) 8 . | xbe | | Accounting fees STMT 2 Other professional fees | \vdash | 1,500. | | | • | |
| 3 | e E | | Interest | \vdash | *** | | | | |
| _ | ativ | | Taxes STMT 3 | Н | 44,056. | | 0. | 0. | 44,056. |
| ΔE | istr | 19 | Depreciation and depletion | Г | 943,547. | | 0. | 0. | |
| ૐ \ | Ē | 20 | Occupancy | | | | | | |
| ∞ | Ad | 21 | Travel, conferences, and meetings | | | | | | |
| AIIG 1 8 7020 | and | 22 | Printing and publications | | | | | | 2.54 |
| 3 | Operating and Administrative Exp | 23 | Other expenses STMT 4 | _ | 1,061,182. | | 0. | 0. | 1,061,182. |
| | erat | 24 | Total operating and administrative | | 2 722 546 | | 0. | 0. | 1 707 /00 |
| | Ope | 05 | expenses Add lines 13 through 23 | \vdash | $\frac{2,732,546}{0}$ | | | 0. | 1,787,499. |
| | | | Contributions, gifts, grants paid Total expenses and disbursements. | _ | | | ` | | |
| | | 20 | Add lines 24 and 25 | | 2,732,546. | | 0. | 0. | 1,787,499. |
| | _ | 27 | Subtract line 26 from line 12: | 1 | | | | | <u> </u> |
| | | | Excess of revenue over expenses and disbursements | | -915,190. | | | | |
| | | b | Net investment income (if negative, enter -0-) | | | 1 | 5,048. | | |
| | | C | Adjusted net income (if negative, enter -0-) | | | | | 0. | |

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

| Ξ | _ | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|----------------------|------------|--|---------------------------------------|----------------|---|
| LF | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| _ | ١,1 | Cash - non-interest-bearing | 1,630,887. | 1,675,494. | 1,675,494. |
| | 2 | Savings and temporary cash investments | | | |
| | | Accounts receivable ► 2,700. | | | |
| | - | Less, allowance for doubtful accounts | | 2,700. | 2,700. |
| | 4 | Pledges receivable | | | 1 |
| | ` | Less, allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | | Receivables due from officers, directors, trustees, and other | | | |
| | " | | | | |
| | , | disqualified persons | | | |
| | l ′ | Other notes and loans receivable | · · · · · · · · · · · · · · · · · · · | | |
| | ١. | Less allowance for doubtful accounts | | | |
| Assets | 8 | Inventories for sale or use | 11,789. | 11 020 | 11 020 |
| 4ss | 9 | Prepaid expenses and deferred charges | 11,709. | 11,839. | 11,839. |
| • | | Investments - U.S. and state government obligations | | | |
| | 1 | Investments - corporate stock | | | |
| | | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | F . | Investments - other | | | |
| | 14 | Land, buildings, and equipment: basis ► 6,602,861. | | | |
| | [| Less accumulated depreciation $STMT = 5,187,539$. | 2,358,869. | 1,415,322. | 1,415,322. |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 4,001,545. | 3,105,355. | <u>3,105,355.</u> |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| api | 21 | Mortgages and other notes payable | | | - · · · · · · · · · · · · · · · · · · · |
| J | 22 | Other liabilities (describe) | | | |
| | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here | | 1 | 1 |
| S | | and complete lines 24, 25, 29, and 30 | | | |
| alances | 24 | Net assets without donor restrictions | | |] |
| aļa | 25 | Net assets with donor restrictions | | | |
| Net Assets or Fund B | | Foundations that do not follow FASB ASC 958, check here ▶ X | | | |
| Š | | and complete lines 26 through 30. | | | { |
| ř | 26 | Capital stock, trust principal, or current funds | 0. | 0: | 1 |
| ţ | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| SSe | 28 | Retained earnings, accumulated income, endowment, or other funds | 4,001,545. | 3,105,355. | |
| Ϋ́ | 29 | Total net assets or fund balances | 4,001,545. | 3,105,355. | - |
| ž | | | | | · · · · · · · · · · · · · · · · · · · |
| | 30 | Total liabilities and net assets/fund balances | 4,001,545. | 3,105,355. | |
| | | | | | <u></u> : |
| P | art | Analysis of Changes in Net Assets or Fund B | aiances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | |
| | | t agree with end-of-year figure reported on prior year's return) | | 1 | 4,001,545. |
| | | amount from Part I, line 27a | | 2 | -915,190. |
| | | increases not included in line 2 (itemize) FEDERAL TAX | REFUND | 3 | 19,000. |
| | | ines 1, 2, and 3 | | 4 | 3,105,355. |
| | | ases not included in line 2 (itemize) | | 5 | 0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 29 | 6 | 3,105,355. |
| | | | | | Form 990-PF (2019) |

| Part IV Capital Gains | and Lo | sses for Tax on Ir | vestmen | t Income | | | | • | |
|---|-------------------------|--|--------------------------------|--------------------------------------|-------------|--|--|--|---|
| (a) List and describe 2-story brick w | the kind(s arehouse, | s) of property sold (for examor stock, 200 sha | mple, real esta s. MLC Co.) | te, | (b) | How acquired - Purchase - Donation | | Date acquired no., day, yr.) | (d) Date sold (mo , day, yr.) |
| 1a | | | | | | | | | |
| b NC | NE | | | | ļ | | - | | - |
| <u>C</u> | | | | | ┼ | | - | | |
| d e | | | | | ┼ | | | | _ |
| (e) Gross sales price | (f) | Depreciation allowed (or allowable) | | st or other basis expense of sale | ٠ | | ((6 | (h) Gain or (loss e) plus (f) minus | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| <u>C</u> | 1 | | | | | | | | |
| d | - | | | | | | | | |
| Complete only for assets show | l no gain in | column (h) and owned by | Lthe foundation | on 12/31/69. | | | (I) Ga | ıns (Col. (h) gaın | minus |
| | · · | (i) Adjusted basis | | cess of col (ı) | \neg | | col. (k) | , but not less tha | ın -0-) o r |
| (i) FMV as of 12/31/69 | | as of 12/31/69 | | col. (j), if any | | | L | osses (from col. | (n)) |
| a | | | | | | | | | |
| b | | | | | | | | | |
| <u>c</u> | <u> </u> | | | | | | | | |
| <u>d</u> | ļ | | | | | | | | |
| e | L | (If agus, also anton | un Dart I lina | 7 | 7 | | | | |
| 2 Capital gain net income or (net c | apital loss | If gain, also enter If (loss), enter -0 | | | - } | 2 | | | |
| 3 Net short-term capital gain or (lo | • | (() | | | | | | | |
| If gain, also enter in Part I, line 8 | | | (0). | | JI | | | | |
| If (loss), enter -0- in Part I, line 8 | 11 6 | | Dadward | Tou on Not | | 3 | | | |
| Part V Qualification \ | | | | | | | ncon | | |
| (For optional use by domestic privat | e roundati | ons subject to the section 4 | isto(a) tax on | not invostment ir | ICOIIIC | 1.) | | | |
| If section 4940(d)(2) applies, leave t | his part bl | ank. | | | | | | | |
| Was the foundation liable for the sec | tion 4942 | tax on the distributable am | ount of any ye | ar in the base pe | riod? | | | | Yes X No |
| If "Yes," the foundation doesn't quali | | | | | | | | | ··· |
| 1 Enter the appropriate amount in | each colu | mn for each year, see the ir | nstructions bef | ore making any e | | | | | 74) |
| (a) Base period years Calendar year (or tax year beginn | ıng ın) | (b) Adjusted qualifying dis | | Net value of no | | ritable-use assi | | Distril (col. (b) div | (d) bution ratio vided by col. (c)) |
| 2018 | | | 2,235. 1,832. | | | ,377,08 ,109,83 | | | .923864 |
| 2017 2016 | | | $\frac{1,832.}{8,706.}$ | | | 198,61 | | | .698352 |
| 2015 | | 13 | 0,700. | | | 150,03 | - | | |
| 2014 | | | | | | | | | |
| | | | - | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | L | 2 | 2.569951 |
| 3 Average distribution ratio for the | | | on lino 2 by 5 (|), or by the numb | or of y | years | | | 05665 |
| the foundation has been in existe | nce if less | than 5 years | | | | | F | 3 | .856650 |
| 4. Enter the net value of noncharite | hla waa aa | note for 2010 from Part V | luna F | | | | | 4 | 1,498,521. |
| 4 Enter the net value of noncharita | Die-use as | sets for 2019 from Part A, | ille 5 | | | | - | | 1,470,321 |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | 1,283,708. |
| · montply mile i by mile c | | | | | | | | | |
| 6 Enter 1% of net investment incor | ne (1% of | Part I, line 27b) | | | | | L | 6 | <u> 150.</u> |
| | | | | | | | | | 1 000 050 |
| 7 Add lines 5 and 6 | | | | | | | | 7 | 1,283,858. |
| 8 Enter qualifying distributions from | n Part XII, | line 4 | | | | | | 8 | 1,787,499. |
| If line 8 is equal to or greater tha | n line 7, ch | eck the box in Part VI, line | 1b, and comp | lete that part usin | ig a 1º | % tax rate. | | | |
| See the Part VI instructions. | | | | | | | | | |

| | 804693 | Page 4 |
|--|------------------|-------------------------|
| Part VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s | see instruc | ctions) |
| 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 ► X and enter 1% | | 150. |
| of Part I, line 27b | |] |
| 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-) | | . 0. |
| 3 Add lines 1 and 2 | | 150. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 150. |
| 6 Credits/Payments | | į |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 437. | | |
| b Exempt foreign organizations - tax withheld at source 6b 0 • | | |
| c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6d 0 • | | |
| - State of the sta | | 437. |
| 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 | | 0. |
| —————————————————————————————————————— | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 287. |
| 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax 287. Refunded 11 | | 0. |
| Part VII-A Statements Regarding Activities | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | <u> </u> | res No |
| any political campaign? | 1a | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | X |
| 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 | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | |
| (1) On the foundation ▶ \$ 0 . (2) On foundation managers. ▶ \$ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | |
| managers. ▶ \$ | _ | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | Х |
| If "Yes," attach a detailed description of the activities. | | |
| 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 | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | ^_ |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A | A 4b 5 | <u> </u> |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | 5 | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | |
| By language in the governing instrument, or | 11 | - 1- 1- |
| 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 | $\overline{\mathbf{x}}$ |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | X |
| 3 · · · · · · · · · · · · · · · · · · · | | |
| 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 | X |
| 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV | 9 | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | X |
| | Form 990- | PF (2019) |

| Pa | art VN-A Statements Regarding Activities (continued) | | | |
|-----|--|-----------|---------|--|
| تنا | | T | Yes | No |
| 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 | | Х |
| 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 | | 13 | Х | |
| | Website address HTTP://WWW.TWOBEARAIR.ORG/ | | | |
| 14 | The books are in care of ► JAMES PIERCE Telephone no. ► (406) | 755 | -42 | 97 |
| | Located at ► 4450 AIRPORT FRONTAGE ROAD, KALISPELL, MT ZIP+4 ►59 | 901 | | |
| 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 | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | I | |
| | foreign country | | | : |
| Pa | art VII-B 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. | | Yes | No |
| 18 | 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? | ١. | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? |] | | |
| | (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)? | | | |
| | (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.) | | | |
| t | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | اـــــــــــــــــــــــــــــــــــــ |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | Х |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | . |
| (| Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | ļ | | <u> </u> |
| | before the first day of the tax year beginning in 2019? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | • | | 1 |
| | defined in section 4942(j)(3) or 4942(j)(5)). | | | |
| á | a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | |
| | 6d and 6e) for tax year(s) beginning before 2019? | | | |
| | If "Yes," list the years ► | | | |
| t | 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 | | | ľ |
| | 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.) N/A | 2b | | L |
| C | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| |) | | | |
| 38 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| t | 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 Form 4720, | | | |
| | Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A | 3b | | |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | <u> X</u> |
| t | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | لـيــا |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | X |

| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be F | Required (contin | ued) | | | |
|--|--|-----------------------------------|--|--|-------------------|--------------|
| 5a During the year, did the foundation pay or incur any amount to: | | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es 🗓 No | | | İ |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indire | | | İ | | |
| any voter registration drive? | | | es X No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y | es X No | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | | | |
| 4945(d)(4)(A)? See instructions | | | es X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | , or educational purposes, or f | or | | | | |
| the prevention of cruelty to children or animals? | | Y | es 🗓 No | | | |
| b If any answer is "Yes" to 5a(1) (5), did any of the transactions fail to qualify uni | der the exceptions described i | n Regulations | l ₋ | l | | لـــا |
| section 53.4945 or in a current notice regarding disaster assistance? See instr | uctions | | N/A | 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 for | rom the tax because it mainta | ined | | | | 1 |
| expenditure responsibility for the grant? | N | Γ/A □ Υι | es 🔲 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? | | Y | es 🗶 No 📗 | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | Ĺ | 6b | | X |
| If "Yes" to 6b, file Form 8870. | | | | | | 1 |
| 7a At any time during the tax year, was the foundation a party to a pi ohibited tax s | shelter transaction? | Yo | es 🗶 No 🗓 | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | utable to the transaction? | | N/A | 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(s) during the year? | ' | | es X No ' | | | |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highly | | | | |
| Paid Employees, and Contractors | | | 14 1 | | | |
| 1 List all officers, directors, trustees, and foundation managers and t | | I' \ Componentian | [(d\a | | | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (if not paid, | (d) Contributions to employee benefit plans and deterred | ac | e) Exp count, | other |
| | to position | `enter`-0-) | compensation | ' | allowar | nces |
| | PRESIDENT AND | DIRECTOR | | | | |
| 4450 AIRPORT FRONTAGE ROAD | 4 00 | | _ | | | ^ |
| KALISPELL, MT 59901 | 4.00 | 0. | 0. | ₩ | | 0. |
| | SECRETARY, DI | RECTOR | | | | |
| 4450 AIRPORT FRONTAGE ROAD | 40.00 | 100 000 | 04 500 | | | ^ |
| KALISPELL, MT 59901 | 40.00 | 120,000. | 24,590. | — | | 0. |
| | TREASURER AND | DIRECTOR | | | | |
| 1801 PAGE MILL ROAD, STE. 100 | 0 05 | ا م | | | | ^ |
| PALO ALTO, CA 94304 | 0.25 | 0. | 0. | - | | 0. |
| | | | | | | |
| | | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1) If none | enter "NONE " | | L | | |
| 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average | enter NONE. | (d) Contributions to | 1 6 | е) Ехр | епѕе |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | l ac | count, allowar | other |
| BRETT REILLY - 4450 AIRPORT FRONTAGE | devoted to position DIRECTOR OF M | AINTENANC | compensation | | illowai | 1063 |
| | 40.00 | 98,226. | 24,590. | | | 0. |
| | PILOT | 30,220. | 24,330. | <u> </u> | | |
| FRONTAGE ROAD, KALISPELL, MT 59901 | 40.00 | 96,900. | 12,344. | | | 0. |
| | PILOT | 50,900. | 14,544. | ┼ | | . |
| | 40.00 | 69,808. | 22,890. | | | 0. |
| | | ECIALIST | 22,090. | - | | <u> </u> |
| WILLARD L. MILAM - 4450 AIRPORT FRONTAGE ROAD, KALISPELL, MT 59901 | 40.00 | 72,413. | 0. | | | 0. |
| FROMINGE ROAD, RALIBERLII, MI 33301 | ±0.00 | 12,413. | 0. | \vdash | | . |
| | | | | | | |
| Total number of other employees paid over \$50,000 | <u> </u> | | • | | | 0 |
| TOLAL NUMBER OF ORIGINAL SERVICES DAILY OVER WOULD | | | | | | _ |

923551 12-17-19

Form **990-PF** (2019)

Total. Add lines 1 through 3

Page 8

| Part X | Minimum Investment Return (All domestic foundations in | must complete this p | art Foreign found | lations, | see instructions) |
|----------------|---|---------------------------|-----------------------|-------------|-------------------|
| 1 Fair n | narket value of assets not used (or held for use) directly in carrying out charitab | le, etc , purposes: | | | · · · · · · |
| a Avera | ge monthly fair market value of securities | | | 1a | 0. |
| | ge of monthly cash balances | | | 1b | 1,521,341. |
| c Fair n | narket value of all other assets | | | 1c | |
| d Total | (add lines 1a, b, and c) | | | 1d | 1,521,341. |
| e Redu | ction claimed for blockage or other factors reported on lines 1a and | | | , | |
| | tach detailed explanation) | 1e | 0. | | |
| • | sition indebtedness applicable to line 1 assets | L | | 2 | 0. |
| 191 | act line 2 from line 1d | | | 3 | 1,521,341. |
| | deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount | t, see instructions) | <u> </u> | 4 | 22,820. |
| | alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o | • | | 5 | 1,498,521. |
| | num investment return. Enter 5% of line 5 | , | | 6 | 74,926. |
| Part X | | nd (j)(5) private operati | ng foundations and | certain | |
| | foreign organizations, cheek here X and do not complete this part. | | | | |
| 1 Minin | num investment return from Part X, line 6 | • | | 1 | |
| | n investment income for 2019 from Part VI, line 5 | 2a | | | |
| | ne tax for 2019. (This does not include the tax from Part VI.) | 26 | | | |
| | nes 2a and 2b | | | 2c | |
| 3 Distri | butable amount before adjustments. Subtract line 2c from line.1 | | | 3 | |
| | veries of amounts treated as qualifying distributions | | ľ | 4 | |
| 5 Add I | nes 3 and 4 | | | 5 | |
| 6 Dedu | ction from distributable amount (see instructions) | | | 6 | |
| | butable amount as adjusted. Subtract lino 6 from line 5. Enter here and on Parl | XIII, line 1 | [| 7 | |
| Part Y | II Qualifying Distributions (see instructions) | | <u> </u> | | |
| Tartx | dualitying Distributions (see instructions) | | | | |
| 1 Amou | ints paid (including administrative expenses) to accomplish charitable, etc., pur | poses: |]_ | | |
| a Exper | ises, contributions, gifts, etc - total from Part I, column (d), line 26 | | L | 1a | 1,787,499. |
| b Progr | am-related investments - total from Part IX-B | | | 1b | 0. |
| 2 Λποι | ints paid to acquire assets used (or held for use) directly in carrying out charita | ble, etc., purposes | | 2 | |
| 3 Amou | ints set aside for specific charitable projects that satisfy the. | | _ | | |
| a Suital | oility test (prior IRS approval required) | | | 3a | |
| b Cash | distribution test (attach the required schedule) | | | 3b | |
| 4 Quali | fying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a | nd Part XIII, line 4 | Γ | 4 | 1,787,499. |
| 5 Found | dations that qualify under section 4940(e) for the reduced rate of tax on net inve | estment | | | |
| ıncon | ne. Enter 1% of Part I, line 27b | | | 5 | 150. |
| | ted qualifying distributions. Subtract line 5 from line 4 | | | 6 | 1,787,349. |
| - | The amount on line 6 will be used in Part V, column (b), in subsequent years v 4940(e) reduction of tax in those years. | vhen calculating whethe | er the foundation qui | alifies foi | r the section |

| Part XIII Undistributed Income (s | see instructions) | N/A | | |
|--|-------------------|---------------------|--------------|---------------------------|
| | (a) | (b) | (c) | (d) |
| 1 | Corpus | Years prior to 2018 | 2018 | 2019 |
| Distributable amount for 2019 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2019 | | | |) |
| a Enter amount for 2018 only | | | | / |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | · <u>-</u> - | |
| a From 2014 | ! \ | | _ | |
| b From 2015 | \ | | | |
| c From 2016 | · \ | | | |
| d From 2017 | \ | | | |
| e From 2018 | | | | |
| f Total of lines 3a through e | \ | | / | J |
| 4 Qualifying distributions for 2019 from Part XII, line 4[·] ►\$ | \ | | | <u> </u> |
| 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) | | | | İ |
| d Applied to 2019 distributable amount | 1 | | - | |
| e Remaining amount distributed out of corpus | | <u> </u> | | |
| 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 | | \ | | |
| 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 | | • | | j |
| amount - see instructions | | | \ | <u> </u> |
| e Undistributed income for 2018. Subtract line | | | |] |
| 4a from line 2a. Taxable amount - see instr. | | | | <u> l</u> |
| f Undistributed income for 2019. Subtract | | | | |
| lines 4d and 5 from line 1 This amount must be distributed in 2020 | | | | |
| 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 | | | | |
| 9 Excess distributions carryover to 2020. | | | | |
| Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2015 | | | | |
| b Excess from 2016 | | | | |
| c Excess from 2017 | | | | \ \ \ |
| d Excess from 2018 | | | | |
| e Excess from 2019 923581 12-17-19 | | - | <u> </u> | Form 990-PF (2019) |

| | R AIR RESCU | | | 81-38 | 04693 Page |
|--|-------------------------------|-------------------------------|------------------------------|----------------------------|-------------------|
| Part XIV Private Operating F | oundations (see ins | structions and Part VII | A, question 9) | | |
| 1 a If the foundation has received a ruling o | r determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective for | r 2019, enter the date of t | he ruling | | 27/16 | |
| b Check box to indicate whether the found | dation is a private operation | ig foundation described i | | 4942(j)(3) or 49 | 942(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| investment return from Part X for | 1 | | _ | _ | |
| each year listed | IXO. | 0. | 0. | 0. | X 0 |
| b 85% of line 2a | 0. | 0. | 0. | 0. | 0 |
| c Qualifying distributions from Part XII, | | | | 400 506 | |
| line 4, for each year listed | 1,787,499. | 1,272,346. | 1,071,295. | 138,706. | 4,269,846 |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | _ | 0 | _ | |
| exempt activities | 0. | 0. | 0. | 0. | 0. |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | 1 272 246 | 1 071 005 | 120 706 | 4 260 046 |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | 1,787,499. | 1,272,346. | 1,0/1,295. | 138,706. | 4,269,846 |
| alternative test relied upon | | | | | |
| a "Assets" alternative test - enter. | 0 000 100 | 0 222 740 | 7 020 700 | 6 201 101 | 20 654 022 |
| (1) Value of all assets | 8,290,196. | 8,233,748. | 7,829,798. | 0,301,101. | 30,634,943 |
| (2) Value of assets qualifying | 9 200 106 | 0 232 7/0 | 7,829,798. | 6 301 181 | 30 654 923 |
| under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter | 0,290,190. | 0,233,740. | 1,023,130. | 0,301,101. | 30,034,523 |
| 2/3 of minimum investment return | , | | | | |
| shown in Part X, line 6, for each year listed | 49,951. | 45,903. | 36,995. | 2,866. | 135,715. |
| c "Support" alternative test - enter: | 40,001. | 43,303. | 30,333. | 2,000. | 133,713. |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | 0. | | | 0. | ο. |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | 0. | | | 0. | 0. |
| (3) Largest amount of support from | | | | | |
| an exempt organization | 0. | | | 0. | 0. |
| (4) Gross investment income | 0. | | | 0. | 0. |
| Part XV Supplementary Info | | | f the foundation | had \$5,000 or mo | ore in assets |
| at any time during t | he year-see instr | uctions.) | | | |
| 1 Information Regarding Foundatio | n Managers: | | | | |
| a List any managers of the foundation who | | | ibutions received by the f | oundation before the clos | se of any tax |
| year (but only if they have contributed m | nore than \$5,000). (See se | ection 507(d)(2)) | | | |
| MICHAEL GOGUEN | | <u>.</u> | | | |
| b List any managers of the foundation who | | | or an equally large portion | n of the ownership of a pa | artnership or |
| other entity) of which the foundation has | s a 10% or greater interes | i. | | | |
| NONE | | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here \(\sum_{\text{X}} \) If the foundation of the foundation makes gifts, grants, etc., | | | | | ests for funds If |
| | | | | | |
| a The name, address, and telephone numb | ber or email address of th | e person to wnom applica | ations snould be addresse | 2 0. | |
| | | | | | |
| h The form in which and between the state | a nubmitted and information | on and materials they | ould include: | | |
| b The form in which applications should be | e soommileo ano informat | ion and materials they sh | ould illeidüt. | | |
| c Any submission deadlines: | | | · | | |
| o miy submission deadililes. | | | | | |
| d Any restrictions or limitations on awards | , such as by geographica | l areas, charitable fields, l | kinds of institutions, or ot | her factors: | |
| - | | • | · · | | |

| 1 | Part XVI-A | Analysis of Income-Producing Activities |
|---|--------------|---|
| | I WILLY I TO | Analysis of moonic i roddomy Activities |

| Enter-gross amounts unless otherwise indicated | Unrelate | d business income | | led by section 512, 513, or 514 | (e) |
|---|-------------------------|-------------------------|-------------------------------|---------------------------------------|-----------------------------------|
| 1 Program service revenue; | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | 3000 | | | | |
| b | | | ++ | | |
| c | - | | 1 | | |
| ų | | | 1 | | |
| | | ··· | + + | | |
| f | - | | | | |
| g Fees and contracts from government agencies | - | | + + | | |
| | \vdash | | + | · · · · · · · · | |
| 2 Membership dues and assessments | | | + | | |
| 3 Interest on savings and temporary cash | 1 | | 14 | 15,048. | |
| Investments | <u> </u> | | + + + | 13,040. | |
| 4 Dividends and interest from securities | | | + + | | ···· |
| 5 Net rental income or (loss) from real estate: | | | + | | |
| a Debt-financed property | <u> </u> | | | | |
| b Not debt-financed property | | | | | - |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | 4 | | |
| 7 Other investment income | | | \perp | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | _ | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | <u></u> | | | |
| a | 1 | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | ** | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | \cdot | 15,048. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 15,048. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| | A - Al A | | | D | |
| Part XVI-B Relationship of Activities | to the Acco | mplishment of E | xempi | Purposes | |
| Line No. Explain below how each activity for which inco | ome is reported in | column (e) of Part XVI- | A contribu | ited importantly to the accomo | olishment of |
| the foundation's exempt purposes (other than | | | | | |
| N/A | | | | | |
| | | | | | |
| | | - | | | |
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923621 12-17-19

| Part XVII | | | sfers to a | and Transactions | and Relation | ships With Noncl | naritable | ; | |
|-------------|--|---------------------------|---|---|---------------------------------------|-----------------------------------|---------------------------------|-----------|-----------------|
| 1 Did the a | Exempt Organ | | of the follows | no with any other organize | ation described in a | ection 501(a) | | Yes | No |
| | - | | | ng with any other organiza ng to political organization: | | ection 50 f(c) | | 163 | 140 |
| • | • • • • | • | | • | 5' | | | | |
| (1) Casi | c from the reporting found | iation to a noncharita | יטוט טאטוווףו טו | rganization of | | | 12/1 | | χ̈ |
| (2) Othe | | | | | | | 1a(1) 1a(2) | | X |
| , , | nsactions: | | | | | | 14(2) | \vdash | |
| | s of assets to a noncharita | ahla ayamnt ornaniza | tion | | | | 16(1) | | X |
| | chases of assets from a no | | | | | | 16(1) | | X |
| | tal of facilities, equipment, | • | n gamzation | | | | 1b(3) | | X |
| | nbursement arrangements | | | | | | 1b(4) | | X |
| | is or loan guarantees | , | | | | | 1b(5) | \vdash | X |
| | ormance of services or me | embership or fundrai | sina solicitatio | ons | | | 1b(6) | | X |
| • • | of facilities, equipment, ma | • | - | | | | 1c | | X |
| - | | • | | edule. Column (b) should | always show the far | r market value of the good | is, other ass | ets, | <u> </u> |
| | | | | ved less than fair market v | | | | • | |
| column (| d) the value of the goods, | other assets, or serv | ices received | | | | | | |
| (a)Line no | (b) Amount involved | (c) Name of | noncharitabl | e exempt organization | (d) Descript | ion of transfers, transactions, a | and sharing an | angeme | nts |
| | | | N/A | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | - | | or more tax-exempt orga | nizations described | | | X |] _{N-} |
| | i 501(c) (other than sectio omplete the following sch | , ,, ,, | CHOII 527 / | | | | Yes | LA | טאו ר |
| U 11 163, C | (a) Name of org | | | (b) Type of organization | 1 | (c) Description of relation | nship | | |
| | N/A | | | (-) -),, | | (-/ | | | |
| | | | | | | | | | |
| | <u> </u> | | | • | | | | | |
| | | | | | | | | | |
| | | · | | | | | | | |
| Under | penalties of perjury, I declare | that I have examined this | s return, includir | ng accompanying schedules ar in taxpayer) is based on all info | nd statements, and to the | ne best of my knowledge | May the IHS d | iscuss th | nis |
| Sign Here | | .,p.o | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | return with the shown below? | See ins | er etr |
| P | Jav~ | | | 6-3-20 | | TOR | X Yes | | No |
| Sign | nature of officer or trustee Print/Type preparer's na | | Preparer's s | Date | Title Date | Check if [PT] | NI . | | |
| | Trillorype preparer sind | inic | i i chaici s s | ignature | Date | self- employed | IV | | |
| Paid | KAREN VALL | ۵۵۵۵ | Ken | Valler | 05/11/20 | 1 ' 1 | 00534 | 211 | |
| Preparer | Firm's name ► FRA | | MAN & | CO. LLP | 100/11/20 | Firm's EIN ▶ 94- | | | |
| Use Only | | | | | | | | | |
| - | Firm's address ▶ 18 | 01 PAGE M | ILL RO | AD | · · · · · · · · · · · · · · · · · · · | | | | |
| | | LO ALTO, | | | | Phone no. (650 |) 845- | -810 | 00 |
| | | | | | Form 990 | -PF (| 2019) | | |

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

Name of the organization

Employer identification number

81-3804693

| | TWO BEAR AIR RESCUE FOUNDATION | 81-3804693 |
|---|--|---|
| Organization type (che | eck 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 | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |
| | cion is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special | Pula Saa instructions |
| Note: Only a section of | or (c)(7), (6), or (10) organization can check boxes to both the deneral nuie and a special | Hule Gee matractions |
| General Rule | | |
| • | zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribut | |
| Special Rules | | |
| sections 509(any one contr | eation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 ibutor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the am 0-EZ, line 1 Complete Parts I and II | Sa, or 16b, and that received from |
| year, total cor | cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro atributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ed cruelty to children or animals Complete Parts I, II, and III | |
| year, contribu is checked, er purpose Don | cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled after here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the General Rule applies to this organization because intable, etc., contributions totaling \$5,000 or more during the year | more than \$1,000 If this box sus, charitable, etc , |
| but it must answer "No | on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B or on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its leet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | |

Name of organization

Employer identification number

TWO BEAR AIR RESCUE FOUNDATION

81-3804693

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | al space is needed | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | TWO DESTINY WAY WF2F WESTLAKE, TX 76262 | \$1,800,000. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | • | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

TWO BEAR AIR RESCUE FOUNDATION

81-3804693

| art II | Noncash Property (see instructions) Use duplicate copies of F | 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 |
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| (a) No. rom | (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 |
| | | | |
| J | | <u> </u> | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization 81-3804693 TWO BEAR AIR RESCUE FOUNDATION 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 Part III 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 info once) \$ Use duplicate copies of Part III if additional space is needed (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Relationship of transferor to transferee

923454 11-06-19

| FORM 990-PF INTEREST ON SAVI | INGS AND TEM | PORARY CASH I | NVESTMENTS | STATEMENT 1 |
|--|---|-----------------------------------|-------------------------------|---|
| SOURCE | (A REVE PER B | NUE NET I | (B) NVESTMENT NCOME | (C) ADJUSTED NET INCOME |
| VALLEY BANK #8072 | 1 | 5,048. | 15,048. | 0. |
| TOTAL TO PART I, LINE 3 | 1 | 5,048. | 15,048. | 0. |
| FORM 990-PF | ACCOUNTI | NG FEES | | STATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOMI | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 1,500. | 0. | (| 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1,500. | 0. | (| 0. |
| FORM 990-PF | TAX | ES | | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | (D) CHARITABLE PURPOSES |
| PAYROLL TAXES | 44,056. | 0. | | 44,056. |
| TO FORM 990-PF, PG 1, LN 18 | 44,056. | 0. | (| 44,056. |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | (D) CHARITABLE PURPOSES |
| BANK CHARGES OFFICE EXPENSES UTILITIES RESCUE OPERATIONS FLIGHT OPERATIONS LEGAL FEES TRAVEL | 140. 57,384. 9,737. 16,567. 937,093. 9,612. 27,395. | 0. 0. 0. 0. 0. | (((| 140. 57,384. 9,737. 16,567. 937,093. 9,612. 27,395. |

| TWO BEAR AIR RESCUE FOUNDAT | NOI | | | | 81-380469 |
|---|---|--|---|----------|--|
| SUPPLIES & TOOLS EQUIPMENT | 1,918. 1,336. | | 0. 0. | 0. 0. | 1,918 1,336 |
| TO FORM 990-PF, PG 1, LN 23 | 1,061,182. | | 0. | 0. | 1,061,182 |
| FORM 990-PF DEPRECIATION OF | ` ASSETS NOT | HELD FOR | INVESTMENT | SI | PATEMENT ! |
| DESCRIPTION | • | r or Basis | ACCUMULATED DEPRECIATION | F | BOOK VALUE |
| HELICOPTER (BELL 429 N429MJ) HOIST RADIOS RUGGED VIDEO CAMERA CRANE BALANCER KIT SNOWBLOWER | : | 380,000. 185,000. 31,429. 12,350. 426,590. 20,000. 44,570. 2,922. | 4,673,424. 131,720. 22,377. 8,793. 303,732. 14,240. 31,734. 1,519. | | 1,206,576 53,280 9,052 3,557 122,858 5,760 12,836 1,403 |
| TOTAL TO FM 990-PF, PART II, | LN 14 6,6 | 502,861. | 5,187,539. | | 1,415,322 |

GENERAL EXPLANATION

STATEMENT

6

FORM/LINE IDENTIFIER

FORM 990-PF, PART VII-B, QUESTION 1A(3)

EXPLANATION:

THE FOUNDATION KEEPS THE HELICOPTER IN A HANGAR PROVIDED FREE OF CHARGE BY A DISQUALIFIED PERSON.

2019 DEPRECIATION AND AMORTIZATION REPORT

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| FORM : | FORM 990-PF PAGE 1 | | | | | | 990~PF | | | | | | | • |
|--------|---|------------------|--------|------|--------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|---|-------------------------------|---------------------------|---------------------------------------|
| Asset | Description | Date Acquired | Method | Lıfe | C Line No No | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| | MACHINERY & EQUIPMENT | | | | | | 1 | | | | | | | |
| 22 | 2 Hoist | 07/01/17 | 200DE | 5.00 | HY17 | 185,000. | | | | 185,000. | 96,200. | | 35,520. | 131,720. |
| 33 | RADIOS | 07/01/17 | 2000B | 5.00 | HY17 | 31,429. | 1 | | 1 | 31,429. | 16,343. | | 6,034. | 22,377. |
| 34 | 4 RUGGED VIDEO | 07/01/17 | 200DB | 5.00 | HY17 | 12,350. | | | | 12,350. | 6,422. | | 2,371. | 8,793. |
| 35 | 5 CAMERA | 07/01/17 200DB | 200DB | 5.00 | нхр 7 | 426,590. | [| | 1 | 426,590. | 221,827. | | 81,905. | 303,732. |
| 36 | 5 CRANE | 07/01/17 200DB | 200DB | 5.00 | HY17 | 20,000. | _ | | | 20,000. | 10,400. | | 3,840. | 14,240. |
| 37 | B.2 | 07/01/17 | 200DB | 5.00 | H Y 17 | 44,570. | | | | 44,570. | 23,176. | | 8,558. | 31,734. |
| | * 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT | | | | | 719,939. | | | | 719,939. | 374,368. | | 138,228. | 512,596. |
| | TRANSPORTATION EQUIPMENT | | | | | | | | | | | | | |
| 11 | HELICOPTER (BELL 429 N429MJ) | 11/29/16 200DB | 200DB | 5,00 | MQ1 7 | .000,088,8 | | | † [| 5,880,000. | 3,869,040. | | 804,384. | 4,673,424. |
| | * 990-PF PG 1 TOTAL TRANSPORTATION EQUIPMENT | | | | | 5,880,000. | | | | 5,880,000. | 3,869,040. | | 804,384. | 4,673,424. |
| | ОТНЕК | | | | | | | | | - | THE PERSON NAMED IN COLUMN 1 | | | |
| 38 | SINOWBLOWER | 01/01/18 200DB | 200DB | 5.00 | нчл 7 | 2,922. | | | | 2,922. | 584. | | 935. | 1,519. |
| | * 990-PF PG 1 TOTAL OTHER | | | | | 2,922. | | | | 2,922. | 584. | | 935. | 1,519. |
| | * GRAND TOTAL 990-PF PG 1 DEPR | | | | | 6,602,861. | | | | 6,602,861, | 1 243 992. | | 943 547 | 5 187 539 |
| | | | | | | | | | | | | | | |
| | | | | | 1 | | | | | | | | | |
| | | | | | | | : | | 1 | | | | | |
| 928111 | 928111 04-01-19 | | | |] | (D) - Asset disposed | osed | | * | TC Salvade | * ITC Salvade Bonus Commercial Revitalization Deduction GO Zone | Beyita | L Podice | 700 ag |

(D) - Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Part IX-A, Summary of Direct Charitable Activities Attachment

The Foundation provides aerial support for various government agencies by providing access to a helicopter and pilots trained in search-and-rescue operations and aerial surveillance to support public safety. The Foundation also supports various state and federal agencies as further described below.

The Foundation's primary activities consist of assisting Montana law enforcement with search-and-rescue operations. The Foundation deploys search-and-rescue equipment, including a helicopter, at the direction of the Flathead County Sheriff, year-round. Requests for search-and-rescue services are received by local 911 operators and are routed to the Flathead County Sheriff. The Sheriff's Office contacts the Foundation, and the Foundation makes the requested resources available for use by law enforcement. Firemen, sheriffs, rangers, detectives and other personnel, as appropriate, fly with the Foundation's pilot on the helicopter to accomplish the mission

The Foundation provides its search-and-rescue support services primarily in Flathead County, Montana - an area which spans 5,098 square miles and is made up nearly entirely of National and State Forest Land-but it also assists in neighboring states and counties. Only 6% of Flathead County is developed, and 66% of Flathead County residents live outside incorporated cities Because of the highly varied topography, large areas of wilderness, sparse population and lack of infrastructure, the Foundation's helicopter and other search-and-rescue equipment are vitally needed tools in assisting Flathead County residents and visitors who may otherwise be unserved, especially when lost, stranded or injured on remote mountain tops or in otherwise inaccessible locations. The Foundation furnishes these search-and-rescue support services at no cost to government or to those they serve, consistent with its charitable purpose.

The Foundation also supports various federal, state and local government agencies by providing access to a helicopter and qualified pilot in emergency situations as well as supporting agency projects. All calls are received through the Flathead County Sheriff Dispatch. Personnel from the various government agencies fly with the Foundation's pilot on the helicopter to accomplish the mission. For example, the Foundation works with the Montana Drug Task Force, the DEA, the Montana Internet Crimes Against Children Task Force, United States Border Patrol, and other county and/or city agencies on an as needed basis. The Foundation assists these organizations by providing aerial coverage in missing persons searches, aerial surveillance of criminal activity, and border patrol surveillance along the United States-Canada border. The Foundation also assists with wildlife management at the direction of the Montana Fish, Wildlife and Parks Department by providing aerial surveys, grizzly bear tracking by electronic surveillance and game counts.