### Form 990-PF

### Return of Private Foundation

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	calen	dar year 2019 or tax year beginning ,	and ending						
N	ame of fo	undation			A Empl	loyer identification number			
_	*1					0750040			
_		POINTS FOUNDATION				-2759948			
		d street (or PO box number if mail is not delivered to street address)  JACK LEG LANE	R	oom/suite		hone number (see instructions 6 - 2 2 3 - 3 4 2 4	5)		
		n, state or province, country, and ZIP or foreign postal code	· · · · · · · · · · · · · · · · · · ·						
	OZE				C If exemption application is pending, check here				
G	Check	all that apply Initial return Initial retu	rn of a former public c	harity	D 1 F	oreign organizations, check he	re 🕨 📗		
	Final return Amended return					oreign organizations meeting t	he		
		Address change Name cha	ange			5% test, check here and attach	1		
Н	Check	type of organization: X Section 501(c)(3) exempt private	e foundation	ΛΛ	E If priv	ate foundation status was tern	ninated under ,,		
			le private foundation	W		on 507(b)(1)(A), check here	▶		
I F		rket value of all assets at J Accounting method:		rual	F If the	foundation is in a 60-month te	rmination		
e	nd of y	rear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨 📘		
li	ne 16)	▶ \$ 3,671,874 (Part I, column (d), must	t be on cash basis.)						
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	esiment	(c) Adjusted net	(d) Disbursements for chantable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	incon		income	purposes		
7 <u>/</u>	1	Contributions, gifts, grants, etc., received (attach schedule)		<u> </u>	•		(cash basis only)		
1D	2	Check ► X if the foundation is <b>not</b> required to attach Sch B							
	3	Interest on savings and temporary cash investments	233		233	233			
	4	Dividends and interest from securities	87,787		37,787	87,787			
	5a	Gross rents							
ø	ь	Net rental income or (loss)							
מ	6a	Net gain or (foss) from sale of assets not on line 10 STMT 1	122,163						
Revenue	b	Gross sales pnce for all assets on line 6a 1,958,919							
<b>8</b>	7	Capital gain net income (from Part IV, line 2)			3,469				
3	8	Net short-term capital gain				0			
>	9	Income modifications							
<del>-</del>	10a	Gross sales less returns and allowances							
2	b	Less Cost'of goods sold							
ב	С	Gross profit or (loss) (attach schedule)							
1 Z Z	111	Other income (attach schedule)	210,183	RECE	in suro	88,020			
Ž—	12	Total. Add lines 1 through 11	210,4183	11200	1489	88,020			
S C	13	Compensation of officers, directors, trustees, etc	247		`	7-1	<del></del>		
Sens(	14 15	Other employee salaries and wages Pension plans, employee benefits	<del>                                      </del>	NOV (2: 1	7 <b>)</b> 2920	13			
ğ	1	Legal fees (attach schedule)		7	<del>)</del>	10	· · · · · · · · · · · · · · · · · ·		
Ä	16a b	Accounting fees (attach schedule)		OGDE	V IIT	18			
ĕ	c	Other professional fees (attach schedule) STMT 2	13,481		3,481	13,481			
rat	17	Interest							
ist	18	Taxes (attach schedule) (see instructions) STMT 3	1,123		1,123	1,123			
nin	19	Depreciation (attach schedule) and depletion							
۱dn	20	Occupancy							
ď	21	Travel, conferences, and meetings							
Operating and Administrative	22	Printing and publications							
ЭG	23	Other expenses (att sch)							
atir	24	Total operating and administrative expenses.	أ مم مم	_		,, ,,	^		
er	1	Add lines 13 through 23	14,604	]	4,604	14,604	441,810		
Ö	25	Contributions, gifts, grants paid	441,810	-	4 604	14,604	441,810		
	26	Total expenses and disbursements. Add lines 24 and 25	456,414		4,604	14,004	331,010		
	27	Subtract line 26 from line 12	-246,231						
	a b	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	-470,431	7	6,885		·····		
	C	Adjusted net income (if negative, enter -0-)		•	3,333	73,416			
		regarde not mount in logarite, enter -0-/		·		· · · · · · · · · · · · · · · · · · ·			

	Part I	Balance Sheets Attached schedules and amounts in the description column	L	Beginning of year	End o	of year
_	ranı	should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing				
	2	Savings and temporary cash investments		3,256,977	48,980	48,980
	3	Accounts receivable ▶	Γ			
		Less allowance for doubtful accounts ▶	ſ			
	4	Pledges receivable	Г			
		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 (att schedule)				
	'	· · · · · · · · · · · · · · · · · · ·	0			
y,	8	Inventories for sale or use	_			
šet	9	Prepaid expenses and deferred charges				
Assets	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)	F			
	c	Investments – corporate bonds (attach schedule)	<b>—</b>			
	11	Investments – land, buildings, and equipment basis			<del>-</del>	
	''	Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
	13	Investments – thorigage loans  Investments – other (attach schedule)  SEE STATEMENT 4	<b>⊢</b>	-	2,961,766	3,622,894
	14	Land, buildings, and equipment basis	<u> </u>		2,702,700	0,022,031
	144		İ			1
i	15	Less accumulated depreciation (attach sch.) ► Other assets (describe ►	$\cdot$			
		•	' <del> </del>			
	16	Total assets (to be completed by all filers – see the		3,256,977	3,010,746	3,671,874
$\dashv$	17	Instructions Also, see page 1, item I)		3,230,311	3,010,740	3,0,1,0,1
		Accounts payable and accrued expenses	-			
Ś	18	Grants payable	-			
Liabilities	19	Deferred revenue	$\vdash$			
희	20	Loans from officers, directors, trustees, and other disqualified persons	-			
삅	21	Mortgages and other notes payable (attach schedule)	. ⊢			
	22	Other liabilities (describe	)	0	0	
$\dashv$	23	Total liabilities (add lines 17 through 22)	72	<u> </u>		***************************************
			X			
ces		and complete lines 24, 25, 29, and 30.		2 256 255	2 212 546	
틞		Net assets without donor restrictions	<u> </u>	3,256,977	3,010,746	
Net Assets or Fund Balan	25	Net assets with donor restrictions	, ├-			
힏		•	_			
.뒤		and complete lines 26 through 30.				
汇	26	Capital stock, trust principal, or current funds	<u> </u>		-	
S	27	Paid-in or capital surplus, or land, bldg, and equipment fund	_		•	~~~~
set	28	Retained earnings, accumulated income, endowment, or other funds	_			
Aŝ	29	Total net assets or fund balances (see instructions)		3,256,977	3,010,746	
e	30	Total liabilities and net assets/fund balances (see				
깈		instructions)		3,256,977	3,010,746	
	Part II	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 a	agree with		
	end-o	f-year figure reported on prior year's return)			1	3,256,977
2	Enter	amount from Part I, line 27a			2	-246,231
3	Other	increases not included in line 2 (itemize) ▶			3	
		nes 1, 2, and 3			4	3,010,746
5	Decre	ases not included in line 2 (itemize)			5_	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	nn (b),	line 29	6	3,010,746
_						- 000 DE (00.00

(a) List and describe	the kind(s) of propert	or Tax on Invest y sold (for example, real esta stock, 200 shs MLC Co)		ome	(b) How acquired P – Purchase	(c) Date a		(d) Date sold (mo , day, yr )
1a TD AMERITRADE		· · · · · ·			D - Donation			
b .								
С		<u> </u>				ļ		
d	···· ·		····-					
<u>e</u>	<del></del> -	<del></del>						<u> </u>
(e) Gross sales price		preciation allowed or allowable)			other basis use of sale			or (loss) ) minus (g))
_a 3,469								3,469
b	<del></del>							
C								· · · · · · · ·
d								
e Complete only for assets shown	a asın ın column	(h) and owned by the	e foundation	n on 12/31/6				
Complete only for assets showing	<del></del>		- Iouridation					(h) gain minus less than -0-) or
(i) FMV as of 12/31/69	•.	Adjusted basis s of 12/31/69		(k) Excess over col				om col (h))
а			<del></del>					3,469
b								
c								
d								
е		<del></del>						
2 Capital gain net income or (net ca	apital loss)	If gain, also enter If (loss), enter -0-				2		3,469
3 Net short-term capital gain or (los	، ss) as defined in							
If gain, also enter in Part I, line 8,				ın 🗋				
Part I, line 8	.,		, 			3		
Part V Qualification Ur	der Section	4940(e) for Red	uced Tax	c on Net I	nvestment Inco	me		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation doesn't qualifind Enter the appropriate amount in a	tion 4942 tax on y under section	4940(e) Do not comp	olete this pa	irt				N/A  Yes No
(a)	sacir column to		istractions t	CIOIC IIIANII				(d)
Base penod years Calendar year (or tax year beginning in)		(b) Adjusted qualifying distribution	ons	Net value	(c) of nonchantable-use asse	ts		ribution ratio fivided by col. (c))
2018								<del></del>
2017	<del>-</del>							
2016				<del></del>				
2015 2014								
2014								
2 Total of line 1, column (d)						2		
3 Average distribution ratio for the	5-year base peri	od – divide the total o	n line 2 by	5 0, or by				
the number of years the foundation	-					3		
•								
4 Enter the net value of noncharitat	ole-use assets fo	or 2019 from Part X, I	ine 5			4	↓	
5 Multiply line 4 by line 3						5	<del> </del>	
6 Enter 1% of net investment incom	ne (1% of Part I,	line 27b)				6_	<del> </del>	
						_		
7 Add lines 5 and 6						7	+	
O Falsa musikusa distributasa (	Dad VIII be a 4					8	1	
8 Enter qualifying distributions from If line 8 is equal to or greater than		no hoy in Part \// line	1h and cor	molete that r	nart using a 1% tax r		<u>.                                     </u>	
Part VI instructions	i iii ie 74 chock tr	IO DOX III F GIT VI, IIIIO	וט, עווט כטו	mpioto triat p	art doing a 170 tax f	2.0 000 111	-	
art vi mattuctions		<del></del>						Form 990-PF (2019

_ <u>P</u>	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		İ	
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	ļ	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			1
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A		~	
14	The books are in care of ▶ CYNTHIA HUEMPFNER  Telephone no ▶ 406-	223-	342	4
	525 JACK LEG LANE	_		
	Located at ▶ BOZEMAN MT ZiP+4 ▶ 5971	5		٠,
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			<b>&gt;</b> [_
	and enter the amount of tax-exempt interest received or accrued during the year			l N-
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	46	Yes	No X
	over a bank, securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
þ.	the foreign country ►  art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
10	During the year, did the foundation (either directly or indirectly)		163	140
1a	(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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(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 )			
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  N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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?  N/A	1c		
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)).			
а	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 ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 ) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>▶</b> 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 X 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	25		
4-	· · · · · · · · · · · · · · · · · · ·	3b 4a		x
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		
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		х

<u> </u>	art VII-B Statements Re	egarding Activities for Which F	orm 4/20 May Be F	<u>keguirea (</u>	contin	uea)	<del></del>		
5a	During the year did the foundation	n pay or incur any amount to:		_	_			Yes	No
	(1) Carry on propaganda, or other	erwise attempt to influence legislation (se	ection 4945(e))?		Ye	s X No			
	(2) Influence the outcome of any	specific public election (see section 495	55), or to carry on,	_	_				
	directly or indirectly, any vote	r registration drive?		ļ	Ye				
	(3) Provide a grant to an individu	al for travel, study, or other similar purpo	oses <sup>o</sup>	Į	_ Yc	s 🗓 No			
	(4) Provide a grant to an organiz	ation other than a charitable, etc , organ	ization described in		_				
	section 4945(d)(4)(A)? See in	structions		Ł	Ye	s X No			
	(5) Provide for any purpose other	r than religious, charitable, scientific, lite	rary, or educational		_	(==)	1		ŀ
		on of cruelty to children or animals?		Į	Ye	s 🗓 No		1	
þ		), did any of the transactions fail to qual	·			/-			
		n a current notice regarding disaster a		ns		N/A	5b		ļ
		t notice regarding disaster assistance, c				▶ ∐			
С		5a(4), does the foundation claim exemp	otion from the tax	/- [	<b>-</b>				
	because it maintained expenditur			N/A [	Ye	s U No		'	ĺ
		uired by Regulations section 53 4945–5							l
6a		ar, receive any funds, directly or indirectly	y, to pay premiums	Г	- <sub>7</sub>	<b>□</b>			
	on a personal benefit contract?			_	Ye	s 🗓 No			
b		or, pay premiums, directly or indirectly, o	n a personal benefit conti	ract			6b	<b> </b>	X
_	If "Yes" to 6b, file Form 8870			Г	٦.,	_ <b>.</b> .			
7a		as the foundation a party to a prohibited		L	_ Yc:		<b>.</b>	-	
b		e any proceeds or have any net income		ction?		N/A	7b		
8	•	ection 4960 tax on payment(s) of more the	han \$1,000,000 in	ſ	Ye	s X No		.,	1 .
-	remuneration or excess parachute		- Franklan Man				<u></u>	L	L
Pa		ut Officers, Directors, Trustee	s, Foundation Man	agers, mig	niy P	aid Employ	ees,		
4 1	and Contractors			ateria e e e					
7 1	ist all officers, directors, trustee	s, and foundation managers and thei	r compensation. See ins	Tuctions.		4 D Cook by book by	Τ -		
			(b) Title, and average	(c) Compensat (If not paid,	OI	(d) Contributions to employee benefit	(e) Ex	pense ac	ccount,
	(a) Na	me and address	hours per week devoted to position	enter -0-)		plans and deferred compensation	othe	er aliowai	nces
	CULTU WYDD DWGD	DOZEWAN	DDRCTDRVM			COMPENSATION	<del> </del>		
	CHAEL HUEMPFNER	BOZEMAN	PRESIDENT		اه	(			,
	5 JACK LEG LANE	MT 59715 BOZEMAN	5.00 TREASURER/SE		-		+-		
	NTHIA HUEMPFNER				0	(			
32	5 JACK LEG LANE	MT 59715	5.00				<del>' </del>		
2	Companyation of five highest-n	aid employees (other than those incli	uded on line 1 – see ins	tructions) If	none	enter	<u> </u>		
-	"NONE."	ara emproyees (other than those more			,				
			# 1 T # 1			(d) Contributions to			
	(a) Name and address of each er	nployee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensate	on	employee benefit		pense ad er allowar	
	<b>(,,</b>		devoted to position			plans and deferred compensation	Olite	i allowal	ices
NO	ne								
	<del></del>								
					1				
						··· · · · · · · · · · · · · · · · ·	Ī		
					_		<u> </u>		
		••							
otal	number of other employees paid of	over \$50,000				•			0

2

All other program-related investments See instructions
3

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	İ	
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	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	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g four	dations
	and certain foreign organizations, check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	1,538
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	0
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	441,810
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		
а	Suitability test (prior IRS approval required)	За	
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	441,810
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	441,810
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	lation	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	art XIII Undistributed Incom	e (see instructions	<u> </u>			·
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part	XI,	Corpus	Years pnor to 2018	2018	2019
	line 7					
2	Undistributed income, if any, as of the e	nd of 2019	ļ			
	Enter amount for 2018 only					
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to	2019				
_	From 2014					
	From 2015					
	From 2016					
	From 2017					
	From 2018					
f	Total of lines 3a through e					
4	Qualifying distributions for 2019 from Pa	art XII,				
	line 4 ▶ \$ 441,810	_				
	Applied to 2018, but not more than line					
b	Applied to undistributed income of prior	years		I		
	(Election required – see instructions)	11t				
С	Treated as distributions out of corpus (E	lection				
	required – see instructions)					
	Applied to 2019 distributable amount		441,810			
	Remaining amount distributed out of col	•	441,610			·····
5	Excess distributions carryover applied to					
	(If an amount appears in column (d), the	e Saine				
_	amount must be shown in column (a) )  Enter the net total of each column as					
6	indicated below:					
_	Corpus Add lines 3f, 4c, and 4e Subtra	oct line 5	441,810			
						······································
U	Prior years' undistributed income Subtri line 4b from line 2b	act				
_	Enter the amount of prior years' undistri	huted				
C	income for which a notice of deficiency					
	been issued, or on which the section 49					
	tax has been previously assessed	12(0)	,			
d	Subtract line 6c from line 6b Taxable					
ŭ	amount – see instructions					
_	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				ار	
	distributed in 2020				·	(
7	Amounts treated as distributions out of	corpus				
	to satisfy requirements imposed by sect	ion				
	170(b)(1)(F) or 4942(g)(3) (Election may					
	required—see instructions)					
8	Excess distributions carryover from 201	4 not				
	applied on line 5 or line 7 (see instruction					
9	Excess distributions carryover to 202	•				
	Subtract lines 7 and 8 from line 6a		441,810			
10	Analysis of line 9 <sup>-</sup>					
а	Excess from 2015					
	Excess from 2016				<b> </b>	
С	Excess from 2017					
d	Excess from 2018				ĺ	
e	Excess from 2019	441,810				

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

factors NONE

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ALZHEIMER'S ASSOCIATION 310 11TH AVE N BILLINGS MT 59101 **OPERATIONS** 1,500 AMERICAN RED CROSS 431 W 18TH ST NW WASHINGTON DC DC 20006 **OPERATIONS** 2,500 AMERICAN DIABETES ASSOCIATION PO BOX 15829 **ARLINGTON VA 22202 OPERATIONS** 1,000 AMERICAN HEART ASSOCIATION PO BOX 8951 MISSOULA MT 59807 **OPERATIONS** 1,500 **B-D-P ALUMNI SCHOLARSHIPS** W9196 COUNTY RD O PEMBINE WI 54156 **OPERATIONS** 250 **BOZEMAN SYMPHONY** 1001 W OAK ST STE 110 BOZEMAN MT 59715 **OPERATIONS** 8,400 BREAST CANCER RESEARCH FOUNDATION 28 W 44TH ST STE 609 NEW YORK NY 10036 **OPERATIONS** 4,500 CANCER SUPPORT COMMUNITY 102 S 11TH AVE BOZEMAN MT 59715 **OPERATIONS** 3,000 CARE NET 44180 RIVERSIDE PKWY ST 2 **OPERATIONS** LANSDOWNE VA 20176 1,000 CATHOLIC RELIEF SERVICES PO BOX 17152 BALTIMORE MD 21298 **OPERATIONS** 8,000 441,810 ▶ 3a b Approved for future payment N/A 3b Total

	Part XVI-A			<del></del>	1	11 1 540 540 544	
Er	iter gross am	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program se	ervice revenue			code		(See instructions )
	a	·	_				
	b						
	d		_				
	f		_		<u> </u>		
	g Fees a	nd contracts from government agencies					
2	Membershi	dues and assessments			ļ		
3	Interest on	savings and temporary cash investments		ļ	<u> </u>		233
4	Dividends a	nd interest from securities		<b></b>	ļ		87,787
5	Net rental in	ncome or (loss) from real estate					
	a Debt-fir	anced property					
		t-financed property	ļ				
6	Net rental in	scome or (loss) from personal property			<u> </u>		
7		tment income	<u> </u>		ļ		
8		s) from sales of assets other than inventory		-	<del> </del>		122,163
		or (loss) from special events					
		or (loss) from sales of inventory			ļ		
11		ue a	-				
					<del> </del>		
						-	
			-				
40	e	1d columns (b) (d) and (c)	- <del>  ,</del>	0		0	210,183
		dd columns (b), (d), and (e)	L		<u>'l.</u>		210,183
		ine 12, columns (b), (d), and (e)				13	210,163
	Part XVI-B	In line 13 instructions to verify calculations )  Relationship of Activities to the A	ccomplishm	ent of Evennt P	urnose	<u> </u>	
	Line No.	Explain below how each activity for which income					
	▼	accomplishment of the foundation's exempt purp	oses (other than	by providing funds fo	r such pu	irposes) (See instructi	ons )
	N/A					<del></del>	
						<u> </u>	
							<del></del>
	<del></del>						<del></del>
	-						
-				<del></del>		···	
				<del></del>		·	
			<u> </u>				
			<del> </del>	<u></u>			<del></del>
		· · · · · · · · · · · · · · · · · · ·				<del>-</del>	
				<del>_</del>			
			·		<del></del>		
	···				_		

Pa	rt XVII	Information Reg Organizations	arding Transfers	To and Transa	ections and Relatio	nships With Noncharital	ole Ex	empi	
1	Did the orga		lirectly engage in any	of the following with	any other organization d	escribed		Yes	No
	_	01(c) (other than section		-	-				
	organization	ıs <sup>?</sup> '							
		om the reporting found	lation to a noncharital	ole exempt organiza	tion of		ļ		
	(1) Cash						1a(1)		X
	(2) Other a						1a(2)		
	Other transa		abla avanut assau	<b>.</b>			45/4)	1	x
	• •	f assets to a noncharit	• -				1b(1) 1b(2)		X
	` '	ses of assets from a no of facilities, equipment	•	nganization			1b(3)		X
	` '	rsement arrangements					1b(4)	<u> </u>	X
	• •	r loan guarantees					1b(5)		X
		ance of services or me	embership or fundrais	ing solicitations			1b(6)		X
С	Sharing of fa	acılıtıes, equipment, m	ailing lists, other asse	ets, or paid employed	es		1c		X
d	If the answe	er to any of the above i	s "Yes," complete the	following schedule	Column (b) should alway	ys show the fair market			
	value of the	goods, other assets, o	or services given by the	ne reporting foundati	on If the foundation rece	eived less than fair market			
	value in any	transaction or sharing	arrangement, show	n column (d) the val	ue of the goods, other as	ssets, or services received			
	) Line no	(b) Amount involved	(c) Name of nonchar	itable exempt organization	(d) Descripti	ion of transfers, transactions, and sharing a	rrangeme	nts	
N/A	<u> </u>								
						<del></del>			
			<u> </u>						
	· · · · · · · · · · · · · · · · · · ·			-					
						· · · · · · · · · · · · · · · · · · ·			
	described in If "Yes," con	section 501(c) (other nplete the following sci	than section 501(c)(3 hedule	)) or in section 527?	re tax-exempt organization	(c) Description of relationship		es X	No
N	/ <b>A</b>	) Name of organization		b) Type of organization		(c) Description of relationship			
14	,								
ign lere	correct, ar	alties of perjury, I declare the	at I have examined this return the return that I have examined this return that I have examined the retur	rn, including accompanyir ir) is based on all informat	ig schedules and statements, a ion of which preparer has any k	nd to the best of my knowledge and belief nowledge  May the IRS disc with the preparer See instructions  PRESIDENT	uss this re	eturn elow?	] No
	Signa	ture of officer or trustee	- The state of the		Date	Title			
	Print/Ty	pe preparer's name		Preparer's s	ignature	Date		Check self-em	if ployed
aid	BENJA	MIN F. YONCE	CPA, CVA	1 BW	France	11-5			
repa	Firm's n		L & ASSOCI		<u> </u>		0943		
se O	Firm's a		STEPHENS A				051		
		MISSO	ULA, MT 5	9801-6853			5-72		
							Form 99	10-PF	(2019)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CITIZENS FOR BALANCED USE PO BOX 606 GALLATIN GATEWAY MT 59730 **OPERATIONS** 5,000 COALITION SALUTE AMERICA'S HEROES PO BOX 731 600 NEW YORK NY 10108 **OPERATIONS** CODY DIERUF FOUNDATION PO BOX 6044 BOZEMAN MT 59771 **OPERATIONS** 2,000 COMPASSION INTERNATIONAL 12290 VOYAGER PKWY COLORADO SPRINGS CO 80921 **OPERATIONS** 60 CONSUMER REPORTS DONOR SERVICE PO BOX 96552 WASHINGTON DC DC 20090 **OPERATIONS** 500 COVENANT HOUSE (NYC) 5 PENN PLAZA, 3RD FLR NEW YORK NY 10001 **OPERATIONS** 2,000 **DELASALLE** PO BOX 1489 **OPERATIONS** 1,300 **BROWNING MT 59417** DIVINE MERCY ACADEMY 601 W CAMERON AVE BELGRADE MT 59714 **OPERATIONS** 1,500 DIOCESE OF HELENA PO BOX 1729 2,500 HELENA MT 59624 **OPERATIONS** DOCTORS WITHOUT BORDERS 40 RECTOR ST, 16TH FLR **OPERATIONS** 5,000 NEW YORK NY 10006 ▶ 3a **Total b** Approved for future payment N/A **Total** ightharpoonup3b

Part XV

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FAMILY PROMISE 429 E STORY ST BOZEMAN MT 59715 **OPERATIONS** 2,000 FEEDING AMERICA 35 E WACKER DR, STE 2000 **OPERATIONS** 7,000 CHICAGO IL 60601 FINCA 1201 15TH ST NW, 8TH FLR **OPERATIONS** 2,000 WASHINGTON DC 20005 FOOD FOR THE POOR 6401 LYONS RD COCONUT CREEK FL 33073 **OPERATIONS** 8,000 GARY SINISE FOUNDATION PO BOX 368 WOODLAND HILLS CA 91365 **OPERATIONS** 1,500 HRDC 32 SOUTH TRACY AVE **OPERATIONS** 2,000 BOZEMAN MT 59715 HELPING HANDS & HEARTS 1600 RAHWAY AVE 1,000 WESTFIELD NJ 07090 **OPERATIONS** HOPE FOR THE WARRIORS 8003 FORBES PL STE 201 **OPERATIONS** 2,000 SPRINGFIELD VA 22151 MT LAND RELIANCE PO BOX 355 5,000 **OPERATIONS** HELENA MT 59624 **HAVEN** PO BOX 752 2,500 **OPERATIONS** BOZEMAN MT 59771 Total b Approved for future payment N/A  $\triangleright$ 3b Total

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JONI AND FRIENDS PO BOX 3333 AGOURA HILLS CA 91376 **OPERATIONS** 1,500 LIBERTY PLACE INC. PO BOX 446 3,000 WHITEHALL MT 59759 **OPERATIONS** LOVE, INC. 141 DISCOVERY DR BOZEMAN MT 59718 **OPERATIONS** 7,500 MARYKNOLL PO BOX 302 MARYKNOLL NY 10545 **OPERATIONS** 400 MERCY CORPS 45 SW ANKENY ST **OPERATIONS** PORTLAND OR 97204 9,000 MT FAMILY INSTITUTE PO BOX 494 LAUREL MT 59044 2,000 **OPERATIONS** MT METH PROJECT PO BOX 8944 500 MISSOULA MT 59807 **OPERATIONS** NAMI 3803 N FAIRFAX DR STE 100 ARLINGTON VA 22203 **OPERATIONS** 3,000 NATIVE AMERICAN VETS ASSISTANCE PO BOX 5053 **OPERATIONS** 400 PINE RIDGE SD 57770 OPERATION SMILE 3641 FACULTY BLVD **OPERATIONS** 3,000 VIRGINIA BEACH VA 23453 Total b Approved for future payment N/A 3b **Total** 

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to Amount status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **OXFAM** 226 CAUSEWAY ST, 5TH FLR **OPERATIONS** BOSTON MA 02114 2,000 POOR CLARES OF MT 3020 18TH AVE S **GREAT FALLS MT 59405 OPERATIONS** 250 PRIESTS FOR LIFE PO BOX 236695 COCOA FL 32923 **OPERATIONS** 2,250 PRISON FELLOWSHIP PO BOX 1550 MERRIFIELD VA 22116 **OPERATIONS** 3,000 REACH 322 GALLATIN PARK DR BOZEMAN MT 59715 **OPERATIONS** 30,000 RESURRECTION CHURCH 1725 S 11TH AVE 12,600 BOZEMAN MT 59715 **OPERATIONS** RMEF 5705 GRANT CREEK RD MISSOULA MT 59808 **OPERATIONS** 10,000 ROC WHEELS PO BOX 11765 BOZEMAN MT 59719 **OPERATIONS** 1,500 SOMT BIG SKY AREA PO BOX 133 **OPERATIONS** 2,000 BOZEMAN MT 59771 SOMT/STATE PO BOX 3507 **GREAT FALLS MT 59403 OPERATIONS** 20,000 **Total** ▶ 3a b Approved for future payment N/A ▶ 3b Total

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ST CATHERINE'S HEALTH CARE CLINIC 15 E MAIN ST BELGRADE MT 59714 **OPERATIONS** 9,600 SOARING EAGLE 922 WYOMING AVE BILLINGS MT 59103 **OPERATIONS** 1,800 ST LABRE INDIAN SCHOOL 1000 TONGUE RD **OPERATIONS** ASHLAND MT 59003 1,900 STUDENTS FOR LIFE 4755 JEFFERSON DAVIS HWY FREDERICKBURG VA 22408 **OPERATIONS** 1,250 ST JUDES 501 ST JUDE PL MEMPHIS TN 38105 **OPERATIONS** 500 TEAM MENTORING, INC 402 N 15TH ST BILLINGS MT 59101 **OPERATIONS** 250 TEAM ARNAY FOUNDATION 5925 ELDERBERRY DR **OPERATIONS** 1,000 OREFIELD PA 18069 **TECHNOSERVE** 1777 N KENT ST, STE 1100 **ARLINGTON VA 22209 OPERATIONS** 1,500 TURNING POINT USA 217 1/2 ILLINOIS ST **OPERATIONS** 2,500 LEMONT IL 60439 UNIVERSITY OF CO FOUNDATON PO BOX 17126 **OPERATIONS** 2,500 DENVER CO 80217 ▶ 3a Total b Approved for future payment N/A ▶ 3b **Total** 

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to Amount status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WATER FOR PEOPLE 100 E TENNESSEE AVE 4,500 **OPERATIONS** DENVER CO 80209 WORLD VISION PO BOX 70102 1,000 TACOMA WA 98481 **OPERATIONS** FREEDOM SERVICE DOGS OF AMERICA 7193 S DILLON CT ENGLEWOOD CO 80112 **OPERATIONS** 500 FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY 1,000 **OPERATIONS** ROCKVILLE MD 20852 NE FARM BUREAU FOUNDATION PO BOX 80299 **OPERATIONS** 3,000 LINCOLN NE 68501 **YMCA** 3673 LOVE LN 10,000 **OPERATIONS** BOZEMAN MT 59718 MSU FOUNDATION PO BOX 172750 **OPERATIONS** 200,000 BOZEMAN MT 59717 ▶ 3a Total b Approved for future payment N/A **Total** 

## Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

,	Net Gain / Loss	0	709'977	92	118,694
•	uo	' ¿	<b>ጉ</b>		်န္ပ <sup>ီ</sup>   ၀
	Depreciation		<b>^</b>		10
	Expense		•		0
	,	v	7÷ 0	8 8	56 \$ ■
	Cost	מאמ ראמ	0 1100	984,908	1,836,756
How Received	Sale Price	PURCHASE	PURCHASE	985,000	1,955,450 \$
		v	}	و ا	လ
	Date Sold	VARIOTIS		10/11/1	
Description	Date Acquired	D VARIOHS VARIOHS		1/02/19 10/17/19	
Desc	Whom Sold	WELLS FARGO ST COVERED	MONEY MKT OBLIGS TR		TOTAL

# Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	\$	٠
Adjusted Net	13,481	13,481
	w	φ.
Net vestment	13,481	13,481
드	₩	₩.
Total	13,481	13,481
	S.	တ
Description	MANAGEMNT FEES	TOTAL

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose		0
•	₩	່ ຜ."
Adjusted Net	523	1,123
Ä	ᡐ	w
Net nvestment	523 600	1,123
Inve	w	ಳ
Total	523 600	1,123
	৵	တ
Description	TAXES IRS SETUP FEE	TOTAL

# Statement 4 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market Value	\$ 3,622,894 \$ 3,622,894
Basis of Valuation	COST
End of Year	\$ 2,961,766 \$ 2,961,766
Beginning of Year	w w
Description	TD AMERITRADE TOTAL

83-2759948	Federal Statements
<u> </u>	Form 990-PF, Part XV, Line 2b - Application Format and Required Contents
	Description
WRITTEN R	EQUEST
	Form 990-PF, Part XV, Line 2c - Submission Deadlines
	Description
NONE	
	Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
	Description
NONE	

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