

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

Name of foundation BROWNING KIMBALL FOUNDATION C/O FOUNDATION MANAGEMENT INC		A Employer identification number 94-2766079	
Number and street (or P.O. box number if mail is not delivered to street address) 1024 E BRITTON RD STE 200		Room/suite	B Telephone number (see instructions) (405) 755-5571
City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73131		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 24,560,113		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	254,170	254,170		
	4 Dividends and interest from securities . . . . .	375,446	375,446		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	291,836			
	b Gross sales price for all assets on line 6a _____ 6,681,565				
	7 Capital gain net income (from Part IV, line 2) . . . . .		291,836		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	921,452	921,452		
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	137			137
	b Accounting fees (attach schedule) . . . . .	4,399			4,399
	c Other professional fees (attach schedule) . . . . .	225,032	98,845		126,187
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	24,259	6,259		
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	16,027			16,027
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	588			588
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	270,442	105,104		147,338
	25 Contributions, gifts, grants paid . . . . .	896,373			896,373
	26 Total expenses and disbursements. Add lines 24 and 25	1,166,815	105,104		1,043,711
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-245,363			
	b Net investment income (if negative, enter -0-)		816,348		
c Adjusted net income (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	833,329	946,383	946,383
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	13,379,972	17,744,635	17,744,635
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	7,221,584	5,869,095	5,869,095
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	21,434,885	24,560,113	24,560,113	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	21,434,885	24,560,113	
<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	21,434,885	24,560,113		
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	21,434,885	24,560,113		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	21,434,885
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-245,363
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	3,370,591
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	24,560,113
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	24,560,113

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	291,836
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<b>3</b>	-13,208

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	997,422	21,979,774	0.045379
2017	1,041,285	22,101,489	0.047114
2016	1,106,117	20,894,170	0.052939
2015	903,353	20,593,658	0.043866
2014	876,277	20,476,391	0.042795

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.232093
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.046419
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	22,652,537
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,051,508
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	8,163
<b>7</b> Add lines 5 and 6	<b>7</b>	1,059,671
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	1,043,711

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	16,327
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2.	<b>3</b>	16,327
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	16,327
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	14,125
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	10,000
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	24,125
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	46
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	7,752
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 7,752 <b>Refunded</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

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

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.FMIOKC.COM/CLIENTS/BROWNING-KIMBALL/</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>FOUNDATION MANAGEMENT INC</u> Telephone no. ► <u>(405) 755-5571</u>			

Located at ► 1024 E BRITTON ROAD SUITE 200 OKLAHOMA CITY OKZIP+4 ► 73131

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part 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.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	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? . . . . . <input type="checkbox"/>	<b>1c</b>	
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <input type="checkbox"/>	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . <input type="checkbox"/>	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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?	<b>4b</b>	<b>No</b>

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FOUNDATION MANAGEMENT INC 1024 E BRITTON ROAD SUITE 200 OKLAHOMA CITY, OK 73131	MANAGEMENT SVCS	117,187
DA DAVIDSON & COMPANY PO BOX 5015 GREAT FALLS, MT 59403	PORTFOLIO MGMT	98,845
Total number of others receiving over \$50,000 for professional services. . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	22,107,643
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	889,856
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	22,997,499
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	22,997,499
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	344,962
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	22,652,537
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	1,132,627

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	1,132,627
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	16,327
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	16,327
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	1,116,300
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,116,300
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,116,300

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,043,711
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,043,711
<b>5</b>	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. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,043,711

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				1,116,300
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			244,483	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>1,043,711</u>				
<b>a</b> Applied to 2018, but not more than line 2a			244,483	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				799,228
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				317,072
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

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

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

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

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

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

**1 Information Regarding Foundation Managers:**

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

BARBARA COWAN

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

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

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

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

KARI BLAKLEY REPRESENTATIVE  
1024 E BRITTON RD STE 200  
OKLAHOMA CITY, OK 73131  
(405) 755-5571

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

APPLICATION PACKAGE CONTAINS ALL REQUIREMENTS

**c** Any submission deadlines:

LETTER OF INQUIRY DUE: MARCH 1ST GRANT APPLICATIONS DUE: JULY 12TH

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

N/A

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	896,373
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	254,170	
<b>4</b> Dividends and interest from securities. . . .			14	375,446	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	291,836	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .				921,452	
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		921,452

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

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

- (1) Cash. . . . .
- (2) Other assets. . . . .

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

- |    |    |
|----|----|
| 1c | No |
|----|----|

[illegible]

- b** If "Yes," complete the following schedule.

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

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

Print/Type preparer's name  CLAYTON D COLLUM	Preparer's Signature	Date  2020-11-04	Check if self-employed <input type="checkbox"/>	PTIN  P00656506
Firm's name ► ROBISON GARY JOHNSON & ASSOCIATES PLLC				Firm's EIN ► 46-1765638
Firm's address ► 14220 BARBOUR AVE  OKLAHOMA CITY, OK 73134				Phone no. (405) 507-3905

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
PUBLICLY TRADED SECURITIES 1159	D	2014-05-14	2019-11-04
PUBLICLY TRADED SECURITIES 8550	D	2019-05-21	2019-06-05
PUBLICLY TRADED SECURITIES 8550	D	2014-09-09	2019-06-28
PUBLICLY TRADED SECURITIES 9092	D	2019-09-16	2019-11-20
PUBLICLY TRADED SECURITIES 9092	D	2016-03-31	2019-11-01
PUBLICLY TRADED SECURITIES 9105	D	2017-12-31	2019-03-07
PUBLICLY TRADED SECURITIES 9110	D	2018-09-21	2019-02-11
PUBLICLY TRADED SECURITIES 9110	D	2017-03-30	2019-08-19

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,148,309		1,115,024	33,285
65,610		58,763	6,847
1,772,560		1,561,818	210,742
158,084		182,870	-24,786
504,971		458,345	46,626
475,066		489,043	-13,977
542,691		537,960	4,731
2,003,756		1,985,906	17,850

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			33,285
			6,847
			210,742
			-24,786
			46,626
			-13,977
			4,731
			17,850

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BARBARA COWAN	DIRECTOR 000.00	0	0	0
PO BOX 2607 HAVRE, MT 59501				
MICHELLE COWAN	DIRECTOR 000.00	0	0	0
PO BOX 2607 HAVRE, MT 59501				
WILLIAM COWAN	DIRECTOR 000.00	0	0	0
PO BOX 2607 HAVRE, MT 59501				
WILLIAM B COWAN	PRESIDENT 000.00	0	0	0
PO BOX 2607 HAVRE, MT 59501				
BRETT HUESTIS	DIRECTOR 000.00	0	0	0
PO BOX 2607 HAVRE, MT 59501				
LISA COWAN HUESTIS	DIRECTOR 000.00	0	0	0
PO BOX 2607 HAVRE, MT 59501				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
A READING ROOM1717 WINCHESTER ARDMORE, OK 73401	NONE	501C3	PARTIAL PAYMENT FOR READING	5,000
ACCESS UNLIMITED305 POPLAR DR BOZEMAN, MT 59718	NONE	501C3	ACCESS UNLIMITED	20,000
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	501C3	GENERAL SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				896,373



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN NATIONAL CATTLEWOMEN INC COLLEGIATE BEEF ADVOCACY CENTENNIAL, CO 80112	NONE	501C3	AMERICAN NATIONAL CATTLEWOMEN	10,000
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP MONICA, CA 90405	NONE	501C3	MONTANA PROGRAMS	5,000
ARDMORE ANIMAL CARE INC 321 CAROL BROWN BLVD ARDMORE, OK 73401	NONE	501C3	GENERAL SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				896,373

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BEAR PAW VOLUNTEER FIRE DEPT PO BOX 11 HAVRE, MT 59501	NONE	501C3	TURNOUT GEAR FOR FIREFIGHTERS	15,000
BENEFIS HEALTH SYSTEM FOUNDATION PO BOX 7008 GREA GREAT FALLS, MT 59406	NONE	501C3	PEACE HOSPICE	20,000
BIG BROTHERBIG SISTER HELENAGREAT 30 W 6TH AV HELENA, MT 59601	NONE	501C3	HIGH SCHOOL MENTORING 2019/2020	10,000
<b>Total . . . . . ▶ 3a</b>				896,373

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BIG SKY YOUTH EMPOWERMENT PROJECT PO BOX 6757 BOZEMAN, MT 59771	NONE	501C3	EMPOWERMENT EXPANSION	20,000
BOYS AND GIRLS CLUB OF THE HI-LINE P O BOX 6 HAVRE, MT 59501	NONE	501C3	HEALTH & LIFE SKILLS PROGRAM	20,000
BOZEMAN ART MUSEUMPO BOX 10547 BOZEMAN, MT 59719	NONE	501C3	PROGRAMMING SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				896,373

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CASA OF HILL COUNTY INC 2229 5TH AVENUE SUITE 13 HAVRE, MT 59501	NONE	501C3	VOLUNTEER RECRUITMENT	7,500
CASA-CAN-325 2ND AVE N GREA GREAT FALLS, MT 59401	NONE	501C3	CASA-CAN	12,000
CENTER FOR MUSIC- PEOPLE W DISABILI 415 WEST CENTRAL AVE MISSOULA, MT 59801	NONE	501C3	MUSIC AND DANCE STUDIOS	5,000
<b>Total . . . . . ▶ 3a</b>				896,373

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTRAL MONTANA YOUTH MENTORING PRO PO BOX 532 LE LEWISTOWN, MT 59457	NONE	501C3	YOUTH MENTORING	2,000
CM RUSSELL MUSEUM 400 13TH STREET NORTH GRE GREAT FALLS, MT 59401	NONE	501C3	CHALLENGE GRANT	65,000
COMMUNITY CHILDRENS SHELTER AND FAM AND FAMILY SERVICE CENTER ARDMORE, OK 73402	NONE	501C3	GENERAL SUPPORT	2,000
<b>Total . . . . . ▶ 3a</b>				896,373

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EAGLE-MOUNT GREAT FALLS P O BOX 2866 GREA GREAT FALLS, MT 59403	NONE	501C3	MAKE IT HAPPEN	10,000
FAMILY PROMISE OF GALLATIN VALLEY PO BOX 475 BOZEM BOZEMAN, MT 59771	NONE	501C3	INTERFAITH HOSPITALITY NETWORK	2,500
FLORENCE CRITTENTON HOME & SERVICES 901 N HARRIS HELENA, MT 59601	NONE	501C3	RESIDENTIAL SERVICES SUPPORT	7,500
<b>Total . . . . . ▶ 3a</b>				896,373

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOOD AND RESOURCE CENTER OF SOUTH C OF SOUTH CENTRAL OK 801 ARDMORE, OK 73402	NONE	501C3	GENERAL SUPPORT	2,000
FORT ASSINNIBOINE PRESERVATION ASSN PO BOX 86 HAVRE, MT 59501	NONE	501C3	DISCRETIONARY GRANT - BARBARA COWAN	5,000
GARDEN CITY HARVEST INC PO BOX 205 M MISSOULA, MT 59806	NONE	501C3	FARM TO SCHOOL FIELD TRIPS	7,500
<b>Total . . . . . ▶ 3a</b>				896,373

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREAT FALLS CHILDRENS RECEIVING HOM P O BOX 1061 GRE GREAT FALLS, MT 59403	NONE	501C3	SPECIFIC ASSISTANCE TO CHILDREN	10,000
GREAT FALLS CLINIC LEGACY FOUNDATIO 3010 15TH AVE S GRE GREAT FALLS, MT 59405	NONE	501C3	HAROLD & CARMEN POULSEN LEGACY HOUSI	20,000
GREAT FALLS SYMPHONY ASSOCIATION I PO BOX 1078 GRE GREAT FALLS, MT 59403	NONE	501C3	DISCRETIONARY GRANT - BARBARA COWAN	2,500
<b>Total . . . . . ▶ 3a</b>				896,373



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<b>a</b> <i>Paid during the year</i>				
GREAT FALLS-RESCUE MISSION P O BOX 129 GRE GREAT FALLS, MT 59403	NONE	501C3	BEACON OF HOPE	15,000
GREAT FALLS-SENIOR CENTER 1004 CENTRAL AVE GRE GREAT FALLS, MT 59401	NONE	501C3	AFFORDABLE MEALS PROGRAM	3,500
GREAT NORTHERN FAIR FOUNDATION 9679 BULLHOOK ROA HAVRE, MT 59501	NONE	501C3	GAZEBO BENCHES	1,600
<b>Total . . . . . ▶ 3a</b>				896,373

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<b>a</b> <i>Paid during the year</i>				
HAVRE BENEATH THE STREETS PO BOX 160 HAVRE, MT 59501	NONE	501C3	DISCRETIONARY GRANT - BARBARA COWAN	2,500
HAVRE BENEATH THE STREETS PO BOX 160 HAVRE, MT 59501	NONE	501C3	UNDERGROUND IMPROVEMENTS	1,000
HE & M TURNER CLACK MEMORIAL MUSEUM P O BOX 149 HAVRE, MT 59501	NONE	501C3	HAVRE HISTORY CENTER	10,000
<b>Total . . . . . ▶ 3a</b>				896,373

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<b>a</b> <i>Paid during the year</i>				
HILL COUNTY 4-H FOUNDATION 315 4TH S HAVRE, MT 59501	NONE	501C3	HILL COUNTY 4-H CHUCKWAGON	9,350
HUDSON DAVID MCNEEL MEMORIAL FUND 2534 22ND COURT NE I ISSAQUAH, WA 98029	NONE	501C3	OPENING PATHWAYS	45,268
INTERMOUNTAIN DEACONESS CHILDREN'S CHILDRENS SERVICES 500 S HELENA, MT 59601	NONE	501C3	OPERATIONAL SUPPORT	20,000
<b>Total . . . . . ▶ 3a</b>				896,373

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<b>a</b> <i>Paid during the year</i>				
LEWIS & CLARK FNDPO BOX 398 GRE GREAT FALLS, MT 59403	NONE	501C3	FESTIVAL AND FIELD INVESTIGATIONS	6,500
MAKE-A-WISH MONTANA 1015 MOUNT AVE SUITE C MISSOULA, MT 59801	NONE	501C3	WISHMAKER	10,000
MENTAL HEALTH AMERICA MONTANA P O BOX 88 BOZEMAN, MT 59771	NONE	501C3	MONTANA YOUTH CONNECTION LINE	20,000
<b>Total . . . . . ▶ 3a</b>				896,373

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<b>a</b> <i>Paid during the year</i>				
MONTANA FFA FOUNDATION 502 SOUTH 19TH AVE SUITE BOZEMAN, MT 59718	NONE	501C3	EMERGE PROJECT	10,000
MONTANA FOOD BANK NETWORK (V) 5625 EXPRESSWAY M MISSOULA, MT 59808	NONE	501C3	MAIL-A-MEAL	15,000
MONTANA METH PROJECT P O BOX 8944 M MISSOULA, MT 59807	NONE	501C3	2019 ASK ME CAMPAIGN	15,000
<b>Total . . . . . ▶ 3a</b>				896,373

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MONTANA METH PROJECT P O BOX 8944 M MISSOULA, MT 59807	NONE	501C3	DISCRETIONARY GRANT - BRETT HUESTIS	10,000
MONTANA SCHOOL DEAF & BLIND FOUNDA PO BOX 6576 3911 CENTRAL FALLS, MT 59406	NONE	501C3	STATEWIDE LENDING LIBRARY: TECHNOLOG	20,000
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 59717	NONE	501C3	BEARPAW EXCELLENCE IN AGRICULTURE SC	31,579
<b>Total . . . . . ▶ 3a</b>				896,373

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MONTANA STATE UNIVERSITY NORTHERN A ALUMNI FOUNDATION 300 11T COWAN, MT 59717	NONE	501C3	AGRICULTURE OPERATIONS TECHNOLOGY IM	10,000
MUSEUM OF THE ROCKIES 600 W KAGY BLVD BOZEMAN, MT 59717	NONE	501C3	OPENING DOORS FOR MTSCHOOLCHILREN	10,000
NEIGHBORHOOD HOUSING SERVICES INC GREATER FALLS DBA NEIGHBO FALLS, MT 59401	NONE	501C3	HIGH SCHOOL HOUSE PROJECT	20,000
<b>Total . . . . . ▶ 3a</b>				896,373

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

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OAK HALL ESPICOPAL SCHOOL 2815 MT WASHINGTON RD ARDMORE, OK 73401	NONE	501C3	2019-2020 OPERATIONAL BUDGET	65,000
OAK HALL ESPICOPAL SCHOOL 2815 MT WASHINGTON RD ARDMORE, OK 73401	NONE	501C3	MICHELLE COWAN	7,500
OAK HALL ESPICOPAL SCHOOL 2815 MT WASHINGTON RD ARDMORE, OK 73401	NONE	501C3	BILL COWAN	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				896,373



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OGDEN NATURE CENTER 966 WEST 12TH STREE OGDEN, UT 84404	NONE	501C3	PROGRAMS FOR PRESCHOOLERS AND SCHOOL	5,000
OKLAHOMA HEART HOSPITAL RESEARCH FN 4200 W MEMORIAL AVE SUI CITY, OK 73120	NONE	501C3	BILL COWAN - DISCRETIONARY	10,000
ONE MONTANA 280 WEST KAGY BLVD SUIT BOZEMAN, MT 59715	NONE	501C3	YOUNG ENTREPRENEURS OF MONTANA	10,000
<b>Total . . . . . ▶ 3a</b>				896,373


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<b>a</b> Paid during the year				
OPERATION WARM PO BOX 822431 PHILADELPH PHILADELPHIA, PA 19182	NONE	501C3	NEW WINTER COATS	5,000
PEACE PLACE 1315 CENTRAL AVENUE GREA FALLS, MT 59401	NONE	501C3	RESPITE CARE	5,000
ROCKY BOY VETERANS CENTER 46 VETERANS PARK ROAD BO ELDER, MT 59521	NONE	501C3	SUPPORT SERVICES	10,000
Total . . . . . ▶ 3a				896,373

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<b>a</b> <i>Paid during the year</i>				
SAINT DOMINIC SAVIO ACADEMY INC 550 W WARNER RD CHANDLER, AZ 85225	NONE	501C3	VIDEO MONITORING	45,000
SCOTTISH RITE CHILDHOOD LANGUAGE DI LANGUAGE DISORDERS CLINIC GREAT FALLS, MT 59405	NONE	501C3	GENERAL SUPPORT	10,000
SCOTTISH RITE CHILDHOOD LANGUAGE DI LANGUAGE DISORDERS CLINIC GREAT FALLS, MT 59405	NONE	501C3	CHILDHOOD LANGUAGE DISORDERS CLINIC	10,000
<b>Total . . . . .</b> ► <b>3a</b>				896,373

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCOTTISH RITE CHILDHOOD LANGUAGE DI LANGUAGE DISORDERS CLINIC GREAT FALLS, MT 59405	NONE	501C3	CHILDHOOD LANGUAGE DISORDERS CLINIC	10,000
SCOTTISH RITE CHILDHOOD LANGUAGE DI LANGUAGE DISORDERS CLINIC GREAT FALLS, MT 59405	NONE	501C3	CHILDHOOD LANGUAGE DISORDERS CLINIC	10,000
SCOTTISH RITE CHILDHOOD LANGUAGE DI LANGUAGE DISORDERS CLINIC GREAT FALLS, MT 59405	NONE	501C3	CHILDHOOD LANGUAGE DISORDERS CLINIC	10,000
<b>Total . . . . .</b>	<b>3a</b>			896,373

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Name and address (home or business)				
<b>a</b> Paid during the year				
SPECIAL K RANCH P O BOX 479 34 SPECIAL K COLUMBUS, MT 59019	NONE	501C3	TUITION & DAY PROGRAM SUPPORT	35,576
ST PHILLIPS CHURCH 517 MCLISH AVE SW ARDMORE, OK 73401	NONE	501C3	MICHELLE COWAN	2,500
ST PHILLIPS CHURCH 517 MCLISH AVE SW ARDMORE, OK 73401	NONE	501C3	BILL COWAN	2,000
<b>Total . . . . . ▶ 3a</b>				896,373

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WESTERN SUSTAINABILITY EXCHANGE PO BOX 1448 LIV LIVINGSTON, MT 59047	NONE	501C3	HEALTHY SUSTAINABILITY EXCHANGES	5,000
WESTERN SUSTAINABILITY EXCHANGE PO BOX 1448 LIV LIVINGSTON, MT 59047	NONE	501C3	LISA HUESTIS	5,000
YCC FAMILY CRISIS CENTER 2261 ADAMS AVENUE OGDEN, UT 84401	NONE	501C3	CRISIS CENTER GENERAL OPERATIONS	40,000
<b>Total . . . . . ▶ 3a</b>				896,373

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Name and address (home or business)				
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YOUNG PARENTS EDUCATION CENTER 2400 CENTRAL AVE GREA GREAT FALLS, MT 59401	NONE	501C3	EDUCATION SUPPORT	10,000
<b>Total</b> . . . . .  <b>3a</b>				896,373

**TY 2019 Accounting Fees Schedule**

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC

**EIN:** 94-2766079

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,399			4,399



**TY 2019 Investments Corporate Bonds Schedule**

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC

**EIN:** 94-2766079

**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
DA DAVIDSON 9110	4,687,572	4,687,572
DA DAVIDSON 1159	1,181,523	1,181,523

**TY 2019 Investments Corporate Stock Schedule**

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC  
**EIN:** 94-2766079

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
DA DAVIDSON 9105	3,305,083	3,305,083
DA DAVIDSON 8550	9,326,943	9,326,943
DA DAVIDSON 9092	5,112,609	5,112,609

# TY 2019 Legal Fees Schedule

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC

**EIN:** 94-2766079

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	137			137

**TY 2019 Other Expenses Schedule**

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC

**EIN:** 94-2766079

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
TELEPHONE	588			588

**TY 2019 Other Increases Schedule**

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC

**EIN:** 94-2766079

Description	Amount
UNREALIZED GAINS	3,345,517
BOND AMORTIZATION	25,074

**TY 2019 Other Professional Fees Schedule**

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC  
**EIN:** 94-2766079

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
DA DAVIDSON 1159	7,385	7,385		
DA DAVIDSON 8550	42,125	42,125		
DA DAVIDSON 9092	18,483	18,483		
DA DAVIDSON 9105	9,494	9,494		
DA DAVIDSON 9110	21,358	21,358		
MANAGEMENT FEES	117,187			117,187
CONSULTING FEES	9,000			9,000

**TY 2019 Taxes Schedule**

**Name:** BROWNING KIMBALL FOUNDATION  
C/O FOUNDATION MANAGEMENT INC

**EIN:** 94-2766079

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID 8550	361	361		
FOREIGN TAX PAID 9105	5,615	5,615		
FOREIGN TAX PAID 9092	283	283		
EXCISE TAX	18,000			