### Federal Tax Return

**The Montana Opioid Abatement Trust** 

2023

ClavesVita Inc. Tax & Wealth Advisors 3012 4th Avenue N. Billings, MT 59101 Phone: (406) 248-5487 Fax: (406) 256-6260

## Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I — Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or Print The Montana Opioid Abatement Trust 88-3678874 Number, street, and room or suite no. If a P.O. box, see instructions. File by the 1597 Avenue D, STE 6 due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See Billings, MT 59102 instructions 04 Application Is For Return Application Is For Return Code Code 01 09 Form 990 or Form 990-EZ Form 4720 (other than individual) Form 4720 (individual) 03 Form 5227 10 Form 990-PF Λ4 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 5330 (individual) Form 990-T (trust other than above) 06 13 Form 990-T (corporation) Form 5330 (other than individual) 14 07 Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Rusty Gackle Telephone No. (406) 534-2024 Fax No. If the organization does not have an office or place of business in the United States, check this box...... • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) for the whole group, check this box . . . . . . If it is for part of the group, check this box. . . . . . . . . . . . . a list with the names and TINs of all members the extension is for. 11/15 , 20 24 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: calendar year 20 tax year beginning \_\_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_\_\_\_\_ , 20 \_\_\_\_ . X Initial return 2 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

## Form **990-PF**

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

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

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

OMB No. 1545-0047

Open to Public Inspection

For calendar year 2023 or tax year beginning and ending A Employer identification number Name of foundation The Montana Opioid Abatement Trust Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 88-3678874 1597 Avenue D 6 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code Billings MT 59102 (406) 534-2024 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here **G** Check all that apply: Initial return D 1. Foreign organizations, check here . . . . Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, Address change ☐ Name change check here and attach computation . . . . Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here . . . 9,684,392 (Part I, column (d), must be on cash basis.) line 16) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per purposes income books equal the amounts in column (a) (see instructions).) (cash basis only) 1 9.639.819 Contributions, gifts, grants, etc., received (attach schedule). 2 Check if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 23,393 23,393 4 Dividends and interest from securities . . . . . . 239,908 239.908 5a Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a b Capital gain net income (from Part IV. line 2) 7 8 Net short-term capital gain . . . . . Income modifications . . . Gross sales less returns and allowances 10a Less: Cost of goods sold . . . . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . 0 12 Total. Add lines 1 through 11 . 9,903,120 263,301 13 Compensation of officers, directors, trustees, etc. . Operating and Administrative Expenses 14 Other employee salaries and wages 85,269 85,269 Pension plans, employee benefits 15 16a Legal fees (attach schedule) . 40,823 40,823 Accounting fees (attach schedule) . . 923 923 Other professional fees (attach schedule) . . 19,159 19,159 17 **-**. . . . . . . . . . 18 Taxes (attach schedule) (see instructions) . . . . 7.408 7.408 19 Depreciation (attach schedule) and depletion . . . 20 20,404 20,404 21 22 Printing and publications . . . . . . . . . . . . 2,379 2,379 23 Other expenses (attach schedule) . . . . . . . 49,055 49,055 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . . . . 225,420 19,159 206,261 25 Contributions, gifts, grants paid . . . . . . . . 26 Total expenses and disbursements. Add lines 24 and 25. 225,420 19,159 0 206,261 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements . . . 9,677,700 Net investment income (if negative, enter -0-) . . 244,142 Adjusted net income (if negative, enter -0-) . . .

P	art II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	f vear
		24141100 0110010	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	47,027	740,250	740,250
	2		rary cash investments	,	,	,
	3	Accounts receivable	-			
		Less: allowance for				
	4	Pledges receivable				
		Less: allowance for				
	5	Grants receivable				
	6	Receivables due fro	om officers, directors, trustees, and other		<b>A</b>	
			s (attach schedule) (see instructions)			
	7	Other notes and loans	receivable (attach schedule)			
		Less: allowance for dou				
ţ	8	Inventories for sale	or use			
Assets	9	Prepaid expenses a	and deferred charges			
Ř	10a	Investments—U.S. and	state government obligations (attach schedule)			
	b	Investments—corpo	orate stock (attach schedule)			
	С	Investments—corpo	orate bonds (attach schedule)			
	11		ldings, and equipment: basis			
		Less: accumulated dep	reciation (attach schedule)			
	12		gage loans			
	13	Investments—other	(attach schedule)		8,944,142	8,944,142
	14	Land, buildings, and eq				
		•	reciation (attach schedule)			
	15	·	ribe Start-Up Expenditures	2,973		
	16		completed by all filers—see the			
			ee page 1, item I).............	50,000	9,684,392	9,684,392
	17		and accrued expenses	*		
S	18					
ij	19					
Liabilities	20		lirectors, trustees, and other disqualified persons	50.000		
Lia	21		er notes payable (attach schedule)	50,000	0.000	
	22	Other liabilities (des		50,000	6,692	
	23		d lines 17 through 22)	50,000	6,692	
Balances			follow FASB ASC 958, check here s 24, 25, 29, and 30			
an	24	-	donor restrictions			
Sal	25		or restrictions			
	25					
Net Assets or Fund			o not follow FASB ASC 958, check here 26 through 30 X			
F	26		principal, or current funds			
ō	27	•	irplus, or land, bldg., and equipment fund			
ets	28	· ·	ccumulated income, endowment, or other funds		9,677,700	
SSI	29	•	r fund balances (see instructions)	0	9,677,700	
۲۵	30		net assets/fund balances (see		2,211,122	
Š				50,000	9,684,392	
Pa	rt III	Analysis of Ch	anges in Net Assets or Fund Balances			
_			alances at beginning of year—Part II, column (a	), line 29 (must agree	with	•
			d on prior year's return)			0
2			line 27a			9,677,700
3	Other	increases not includ	led in line 2 (itemize)		3	
4	Add li	ines 1, 2, and 3			4	9,677,700
5		eases not included in			5	
6	Total	net assets or fund ba	alances at end of year (line 4 minus line 5)—Par	t II, column (b), line 2	9 <b>6</b>	9,677,700

Form 99	0-PF (2023) The Mon	tana Opioid Abatement Trust				88-367	78874	Page 3
Part I	V Capital Gains and	d Losses for Tax on Investr	ment Income					
		nd(s) of property sold (for example, real est use; or common stock, 200 shs. MLC Co.)	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo., day, y	uired /r.)	(d) Date : (mo., day	
1a	1,865,000 SH US Treasur	y NT		Р	2/22	/2023	11/3	30/2023
b								
С								
d								
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
а	1,865,000			1,865,000				0
b								
С								
d								
е								
	Complete only for assets sh	nowing gain in column (h) and owned	d by the foundation	n on 12/31/69.	(I) Ga	ins (Col. (h)	gain minus	
					, but not less osses (from	s than -0-) <b>o</b> col. (h))	r	
а								0
b								
С				$\overline{}$				
d								
е								
2	Capital gain net income or	TINAT CANITAL INSEL 1 T	also enter in Pa ), enter -0- in Pa		2			0
3	Net short-term capital gair	n or (loss) as defined in sections 1	1222(5) and (6):					
	If gain, also enter in Part I,	, line 8, column (c). See instructio	ns. If (loss), ente	er -0- in <b>\</b>				
	Part I, line 8			5	3			0
Part '	V Excise Tax Based of	on Investment Income (Section	4940(a), 4940(b)	), or 4948—see in	structions)			
1a	Exempt operating foundations desc	cribed in section 4940(d)(2), check here	and enter "N	N/A" on line 1.	)			
	Date of ruling or determination letter	er: (attach copy	of letter if necessa	ry—see instructions	) [	1		3,394
b		ns enter 1.39% (0.0139) of line 27b. I		ganizations, enter	<b> </b>			
2	` '	estic section 4947(a)(1) trusts and ta			0-)	2		0
3	Add lines 1 and 2				·	3		3,394
4	Subtitle A (income) tax (dom-	estic section 4947(a)(1) trusts and ta	axable foundations	only: others, enter -	-0-)	4		
5		t income. Subtract line 4 from line				5		3,394
6	Credits/Payments:							
а	2023 estimated tax payme	ents and 2022 overpayment credi	ted to 2023	6a				
b		ons—tax withheld at source		. <b>6b</b>				
С	Tax paid with application f	or extension of time to file (Form	8868)	6c				
d		eously withheld						
7		s. Add lines 6a through 6d			_	7		0
8		erpayment of estimated tax. Chec		if Form 2220 is		8		195
9		s 5 and 8 is more than line 7, ent			_	9		3,589
10		more than the total of lines 5 and				10		0
11	Enter the amount of line 10	to be: Credited to 2024 estimated	tax	Refur	nded	11		0

Form **990-PF** (2023)

Form 990-PF (2023) Th€ 88-3678874 Page **4** 

Part '	VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Χ
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		Χ
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		Χ
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Χ
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Χ
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
_	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
<b>L</b>	MT  If the angular is "Yea" to line 7, her the foundation furnished a case of Farm 000 DE to the Attempts Capacil			
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 <i>General Instruction G?</i> If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	OD	^	
9	4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If			
	"Yes," complete Part XIII	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	3		
10	names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		Χ
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address https://montanaopioid.org/			
14	The books are in care of Rusty Gackle Telephone no. (406) 534-	2024		
-	Leaded at 4507 Avenue D CTE C Dillings MT	EIELL.		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here			
. •	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other		Yes	No
. •	authority over a bank, securities, or other financial account in a foreign country?	16	. 30	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the	10		
	name of the foreign country			
	name of the folographing			

Part	VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		Х
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		Х
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		Х
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		Х
	(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)?	1a(5)		Х
	(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.)	1a(6)		Х
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	1b	N/A	
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	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 2023?	1d		Χ
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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2023? If "Yes," list the years	2a		Х
	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			
	<b>all</b> years listed, answer "No" and attach statement—see instructions.)	2b	N/A	
С	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	3a		Х
b	If "Yes," did it have excess business holdings in 2023 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 2023.)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		Х
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 2023?	4b		Х
		orm <b>99</b>	)-PF	
				()

Par	t VI-E	Statements Regarding Activities	for W	hich Form	4720 N	lay Be Re	quire	d (continued)			
5a		ng the year, did the foundation pay or incur any								Yes	No
		Carry on propaganda, or otherwise attempt to i			(section	4945(e))?			5a(1)		Χ
	<b>(2)</b>	Influence the outcome of any specific public ele	ection (	see section 4	955); or	to carry or	٦,				
	(	directly or indirectly, any voter registration drive	e?						5a(2)		Χ
	(3) F	Provide a grant to an individual for travel, study	y, or otl	ner similar pu	poses?				5a(3)		Χ
	(4) F	Provide a grant to an organization other than a	charita	able, etc., org	anizatio	n described	d in				
	5	section 4945(d)(4)(A)? See instructions							5a(4)		Χ
	(5) F	Provide for any purpose other than religious, cl	haritab	le, scientific, l	terary,	or educatio	nal				
		purposes, or for the prevention of cruelty to chi						🛦	5a(5)		Χ
b	If any	y answer is "Yes" to 5a(1)–(5), did <b>any</b> of the tr	ransact	tions fail to qu	alify und	der the exc	eptions	described in			
	Regu	ulations section 53.4945 or in a current notice r	regardi	ng disaster as	sistanc	e? See inst	truction		5b	N/A	
С	Orga	anizations relying on a current notice regarding	disast	er assistance	check	here					
d											
	because it maintained expenditure responsibility for the grant?							5d			
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).										
6a		the foundation, during the year, receive any fun	nds, dir	ectly or indire	ctly, to p	pay premiu	ms on a	personal			
	benefit contract?						6a		Х		
b		the foundation, during the year, pay premiums,	directl	y or indirectly	on a pe	ersonal ber	nefit cor	itract?	6b		Χ
_		es" to 6b, file Form 8870.							_		.,
7a		ny time during the tax year, was the foundation							7a	N1/A	Х
b		es," did the foundation receive any proceeds of		•			,		7b	N/A	
0	8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								V		
excess parachute payment(s) during the year?									Χ		
Гап	. V II	and Contractors	013, 11	usices, i o	unuati	on Mana	gers, i	ilgiliy Falu Lii	ibioaec	, ,	
1	List	all officers, directors, trustees, and foundat	ion ma	nagers and	heir co	mpensatio	n. See	instructions			
•	(b) Title, and average (c) Compensation (d) Contributions to (e) Expense account,										
		(a) Name and address		rs per week ted to position		ot paid,		oyee benefit plans erred compensation		llowand	
See A	ttache	1.5				ter -u-)		erred combensation i			
		ed Statement			ÇII	ter -0-)	and dei	erred compensation			
		ed Statement		.00	CII	0	and der	erred compensation			
		ed Statement	. (	.00	CII	,	and der	erreu compensation			
		ed Statement		.00		,	and der	erred compensation			
		ed Statement			- Cil	0	and der	erred compensation			
		ed Statement				0	and der	erred compensation			
		ed Statement		.00	Cii	0	and der	erred compensation			
				.00		0 0					
2	Com	npensation of five highest-paid employees (d	other t	.00		0 0			ne, ente	r	
2		npensation of five highest-paid employees (d	other t	.00		0 0		structions). If no	ne, ente	r	
2	Com "NO	npensation of five highest-paid employees (o	other t	.00 .00 han those ind	cluded (	0 0 0 0 on line 1—	see ins		ne, ente		ount,
2	Com "NO	npensation of five highest-paid employees (d	other t	.00 .00 .00 han those inc	cluded (	0 0	see ins	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe		
	Com "NOI	npensation of five highest-paid employees (on NE."	other t	.00 .00 han those inc (b) Title, and a hours per w devoted to po	cluded (verage leek sistion	0 0 0 0 on line 1—	see ins	tructions). If no  (d) Contributions to employee benefit	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those inc	verage eek esition rector	0 0 0 0 on line 1—	see ins	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."	other t	.00 .00 han those inc (b) Title, and a hours per w devoted to po	cluded (verage leek sistion	0 0 0 0 on line 1—	see ins	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those inc (b) Title, and a hours per w devoted to po	verage reek sition rector 40.00	0 0 0 0 on line 1—	see ins	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those inc (b) Title, and a hours per w devoted to po	verage eek esition rector	0 0 0 0 on line 1—	see ins	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those ind hours per w devoted to po	verage eek esition rector 40.00	0 0 0 0 on line 1—	see insusation	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those ind hours per w devoted to po	verage reek sition rector 40.00	0 0 0 0 on line 1—	see ins	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those ind hours per w devoted to po	verage eek esition rector 40.00	0 0 0 0 on line 1—	see insusation	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those ind hours per w devoted to po	verage eek esition rector 40.00	0 0 0 0 on line 1—	see ins  50,769  0	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	
Rusty	Com "NO! (a) Na	npensation of five highest-paid employees (on NE."  ame and address of each employee paid more than \$50,000	other t	.00 .00 han those ind hours per w devoted to po	verage eek esition rector 40.00	0 0 0 0 on line 1—	see ins  50,769  0	ctructions). If no  (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	

Part VII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five I	highest-paid independent contractors for professional services	. See instructions. If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		•	
_			
	r of others receiving over \$50,000 for professional services		
Part VIII-A	Summary of Direct Charitable Activities		T
	tion's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the number of	Expenses
	and other beneficiaries served, conferences convened, research papers produced, etc.		·
	t opioid remediation in Montana by granting funds to organizations		
	oroducts, treat or mitigate opioid use or related disorders, or mitigate	e other alleged effects of the opioid	005 400
abuse o	crisis.		225,420
2			
		<b>4</b>	
3			
		<b></b>	
4			
<b>-</b>			
Part VIII-B	Summary of Program-Related Investments (see ins	structions)	
	two largest program-related investments made by the foundation during the tax year or	•	Amount
1 NONE			
2			
All other prog	ram-related investments. See instructions.	·	
3			
Total. Add lir	nes 1 through 3		0

b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3	Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	า foun	dations,
purposes:  a Average monthly fair market value of securities b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) c Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 6 Minimum investment return. Enter 5% (0.05) of line 5 Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating loundations and certain foreign organizations, check here and do not complete this part.)  1 Minimum investment return from Part IX, line 6 1 Tax on investment income for 2022 from Part V, line 5 2 La 3,394 b Income tax for 2022. (This does not include the tax from Part V.) c Add lines 2a and 2b c Add lines 2a and 2b c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 A Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc.—total from Part I, oflumn (d), line 26 a Expenses, contributions, gifts, etc.—total from Part I, oflumn (d), line 26 b Program-related investments—total from Part I, oflumn (d), line 26 c Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes: a Expenses, contributions (gifts, etc.—total from Part I, oflumn (d), line 26 c Amounts paid to acquire assets used (or held for use) directly in carr		see instructions.)		
a Average monthly fair market value of securities b Average of monthly cash balances C Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 6 Minimum investment return. Enter 5% (0.05) of line 5 6 Minimum investment return. Enter 5% (0.05) of line 5 10 Information and certain foreign organizations, check here and do not complete this part.)  1 Minimum investment return from Part IX, line 6 2 Tax on investment income for 2022 from Part V, line 5 3 Distributable amount toge 22 from Part V, line 5 4 Recoveries of amounts treated as qualifying distributions 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 2 and 2b 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 5 Enter here and on Part XII, line 1 7 Incomplete 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc.—total from Part VII-B 7 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 5 Cash distribution test (attach the required schedule) 5 Adol distribution test (attach the required schedule) 5 About set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 5 Cash distribution test (attach the required schedule)	1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 6 Minimum investment return. Enter 5% (0.05) of line 5 6 Minimum investment return from Part IX, line 6 2a Tax on investment return from Part IX, line 6 2a Tax on investment income for 2022 from Part V, line 5 b Income tax for 2022. (This does not include the tax from Part V). 2 Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 7 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 1 Amounts paid including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc.—total from Part I, oflumn (d), line 26 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3 Botal Butter and the required schedule		purposes:		
c Fair market value of all other assets (see instructions)  d Total (add lines 1a, b, and c)  e Reduction claimed for blockage or other factors reported on lines 1a and 10 (attach detailed explanation)  2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 6 Minimum investment return. Enter 5% (0.05) of line 5 6 Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)  1 Minimum investment return from Part IX, line 6 1 Tax on investment income for 2022 from Part V, line 5 2 a 3,394 b Income tax for 2022. (This does not include the tax from Part V.) c Add lines 2a and 2b 1 Recoveries of amount before adjustments. Subtract line 2c from line 1 2 Recoveries of amounts treated as qualifying distributions 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 6 from line 5: Enter here and on Part XII, line 1 7 Part XI Qualifying Distributions (see instructions) 4 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc.—total from Part I, oflumn (d), line 26 b Program-related investments—total from Part I, oflumn (d), line 26 c Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3 b	а	Average monthly fair market value of securities	1a	0
d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  2 Acquisition indebtedness applicable to line 1 assets  3 Subtract line 2 from line 1d  4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)  5 Net value of noncharitable-use assets. Subtract line 4 from line 3  6 Minimum investment return. Enter 5% (0.05) of line 5  Part X  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)  1 Minimum investment return from Part IX, line 6  2a Tax on investment income for 2022 from Part V, line 5.  2 Add lines 2a and 2b  2 Add lines 2a and 2b  3 Distributable amount before adjustments. Subtract line 2c from line 1  4 Recoveries of amounts treated as qualifying distributions  4 Add lines 3 and 4  5 Deduction from distributable amount (see instructions)  1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26  b Program-related investments—total from Part Vill-B  2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  3 Subtract line 2 (attach the required schedule)  3 Death distribution test (attach the required schedule)	b	Average of monthly cash balances	1b	0
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3	С		1c	0
1c (attach detailed explanation)  2 Acquisition indebtedness applicable to line 1 assets  3 Subtract line 2 from line 1d  4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3  6 Minimum investment return. Enter 5% (0.05) of line 5  Part X  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)  1 Minimum investment return from Part IX, line 6  2a Tax on investment income for 2022 from Part V, line 5  Income tax for 2022. (This does not include the tax from Part V.)  c Add lines 2a and 2b  3 Distributable amount before adjustments. Subtract line 2c from line 1  4 Recoveries of amounts treated as qualifying distributions  Add lines 3 and 4  6 Deduction from distributable amount (see instructions)  1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  a Expenses, contributions (site instructions)  1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  a Expenses, contributions (gifts, etc.—total from Part I, odium (d), line 26  4 Program-related investments—total from Part I, odium (d), line 26  5 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes:  2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  3 Sultability test (prior IRS approval required)  5 Cash distribution test (attach the required schedule)  3 Discribitation test (attach the required schedule)	d		1d	0
2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 5 Net value of noncharitable-use assets. Subtract line 4 from line 3	е			
3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 5 Net value of noncharitable-use assets. Subtract line 4 from line 3				
Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3	2	· · · · · · · · · · · · · · · · · · ·		
instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3	3		3	
Solution	4			
6   Minimum investment return. Enter 5% (0.05) of line 5			-	
Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)  1 Minimum investment return from Part IX, line 6	5			0
and certain foreign organizations, check here and do not complete this part.)  1 Minimum investment return from Part IX, line 6  2a Tax on investment income for 2022 from Part V, line 5. 2b Jay		Minimum investment return. Enter 5% (0.05) of line 5	_	0
1 Minimum investment return from Part IX, line 6	Part		ns	
Tax on investment income for 2022 from Part V, line 5. 2a 3,394 b Income tax for 2022. (This does not include the tax from Part V.) 2b c Add lines 2a and 2b 2c 3,394 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 XII, line 1 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	1		1 1	
b Income tax for 2022. (This does not include the tax from Part V.).  c Add lines 2a and 2b				
c Add lines 2a and 2b			-	
Distributable amount before adjustments. Subtract line 2c from line 1  Recoveries of amounts treated as qualifying distributions  Add lines 3 and 4  Deduction from distributable amount (see instructions)  Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1  Part XI Qualifying Distributions (see instructions)  Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26  Program-related investments—total from Part VIII-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  Amounts set aside for specific charitable projects that satisfy the:  Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)  3  Distributions  4  4  4  5  6  Cash distribution test (attach the required schedule)			2c	3 394
Recoveries of amounts treated as qualifying distributions	-	Distributable amount before adjustments. Subtract line 2c from line 1	-	0,001
6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1  Part XI Qualifying Distributions (see instructions)  1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26  b Program-related investments—total from Part VIII-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  Amounts set aside for specific charitable projects that satisfy the:  a Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)  3 a		Recoveries of amounts treated as qualifying distributions	4	
Deduction from distributable amount (see instructions)		Add lines 3 and 4	5	0
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	6		6	<u> </u>
line 1	7			
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26			7	0
a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 b Program-related investments—total from Part VIII-B.  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  Amounts set aside for specific charitable projects that satisfy the:  a Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)  1a 206,26  1b  2  3a  5 Cash distribution test (attach the required schedule)	Part	XI Qualifying Distributions (see instructions)		
b Program-related investments—total from Part VIII-B	1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	206,261
purposes	b	Program-related investments—total from Part VIII-B	1b	
Amounts set aside for specific charitable projects that satisfy the:  a Suitability test (prior IRS approval required)	2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
<ul> <li>a Suitability test (prior IRS approval required)</li> <li>b Cash distribution test (attach the required schedule)</li> <li>3a</li> <li>3b</li> </ul>			2	
b Cash distribution test (attach the required schedule)	3			
	а		3a	
4 Qualifying distributions, Add lines 1a through 3b. Enter here and on Part XII. line 4 206.26	b			
Ladamynig dietheddieth da inice ta direction nels and entraryn, me T	4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	206,261

Form **990-PF** (2023)

Part	XII Undistributed Income	(see instructions	s)			
		`	(a) Corpus	(b) Years prior to 2022	(c) 2022	( <b>d)</b> 2023
1	Distributable amount for 2023 from	Part Y line 7	Corpue	reare prior to 2022	2022	2020
2	Undistributed income, if any, as of the					
a	Enter amount for 2022 only				0	
b		20 , 20			0	
3	Excess distributions carryover, if a					
а	From 2018	-				
b	From 2019					
C	From 2020					
d	From 2021				4	
e	From 2022					
f	Total of lines 3a through e		0			
4	Qualifying distributions for 2023 from					
	line 4: \$ 206,261	,				
а	Applied to 2022, but not more than	line 2a				
b	Applied to undistributed income of					
	(Election required—see instruction	s)				
С	Treated as distributions out of corp	us (Election				
	required—see instructions)					
d	Applied to 2023 distributable amou	nt				
е	Remaining amount distributed out	of corpus	206,261			
5	Excess distributions carryover app	lied to 2023				
	(If an amount appears in column (c	l), the same				
	amount must be shown in column	(a).)				
6	Enter the net total of each colum	n as				
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. S		206,261			
b	Prior years' undistributed income.			_		
	line 4b from line 2b			0		
С	Enter the amount of prior years' un					
	income for which a notice of deficie					
	been issued, or on which the section	on 4942(a)				
٨	tax has been previously assessed Subtract line 6c from line 6b. Taxal		_			
d	amount—see instructions					
е	Undistributed income for 2022. Sul					
	4a from line 2a. Taxable amount					
	instructions				0	
f	Undistributed income for 2023. Sul					
	4d and 5 from line 1. This amount					
	distributed in 2024					0
7	Amounts treated as distributions or					
	to satisfy requirements imposed by	section				
	170(b)(1)(F) or 4942(g)(3) (Election	n may be				
	required—see instructions)					
8	Excess distributions carryover from	n 2018 not				
	applied on line 5 or line 7 (see instr					
9	Excess distributions carryover to					
	Subtract lines 7 and 8 from line 6a		206,261			
10	Analysis of line 9:					
а	Excess from 2019					
b	Excess from 2020					
C	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023	206,261				

Part	XIII Private Operating Foundat	ions (see instruc	ctions and Part \	/I-A, question 9)		N/A
1a	If the foundation has received a ruling o	r determination lett	ter that it is a priva	te operating		
	foundation, and the ruling is effective for	2023, enter the d	ate of the ruling .			
b	Check box to indicate whether the foundation	n is a private operat	ing foundation descr	ribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		( ) = ( l
	income from Part I or the minimum investment return from Part IX for	(a) 2023	<b>(b)</b> 2022	(c) 2021	(d) 2020	(e) Total
	each year listed					0
b	85% (0.85) of line 2a					0
С	Qualifying distributions from Part XI,					
	line 4, for each year listed				<b>A</b>	0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon:				10	
а	"Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in		, , (			
	Part IX, line 6, for each year listed					0
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest,			Y		
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					0
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)	*	)			0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Part		(Complete this	nart only if th	e foundation ha	d \$5,000 or moi	
I ait	any time during the year—		•	c roundation na	ια ψο,σσο σι πισι	c iii assets at
1	Information Regarding Foundation M		<i>-</i> .,			
a	List any managers of the foundation wh		more than 2% of	the total contributio	ns received by the	foundation
	before the close of any tax year (but onl					
None					. , , , ,	
b	List any managers of the foundation who	o own 10% or more	e of the stock of a	corporation (or an	equally large portio	n of the
	ownership of a partnership or other entit					
None	. (/)					
2	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc.	., Programs:		
	Check here if the foundation on	ly makes contribut	ions to preselected	d charitable organiz	ations and does no	ot accept
	unsolicited requests for funds. If the four			ndividuals or organi	zations under othe	r
	conditions, complete items 2a, b, c, and	d. See instructions	S.			
а	The name, address, and telephone num	ber or email addre	ess of the person to	o whom application	s should be addres	sed:
Rusty	Gackle 1597 Avenue D STE 6 Billings, N					
b	The form in which applications should b	e submitted and in	formation and mat	terials they should i	nclude:	
051:	applications can be substitled at but and	/montonoon!=!=	alarant nartal			
	e applications can be submitted at https://	montanaopioid.org	g/grant-portal/			
<b>c</b> None	Any submission deadlines:					
	Any restrictions or limitations on awards	such as by deod	anhical areas cha	aritable fields kinds	of institutions or o	
u	factors.	, caon as by googi	aprilodi di odo, oric	anabio noido, miluo	o. montanono, or c	

Part	XIV Supplementary Information (continu	ued)			_
3	<b>Grants and Contributions Paid During t</b>		ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a	Paid during the year				
	Total			3a	0
b	Approved for future payment				
	Total	1		2h	_

Pa	rt XV	-A Analysis of Income-Producing Ac	tivities				<u> </u>
		ss amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 514	(e)
1	•	gram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
	a _ b _						
	c _						
	e f						
2		Fees and contracts from government agencies nbership dues and assessments				-	
3 4	Intere	est on savings and temporary cash investments . dends and interest from securities		23,393 239,908	- (		
5	Net r	rental income or (loss) from real estate: Debt-financed property					
6	<b>b</b> 1	Not debt-financed property			V		
7	Othe	er investment income		^			
9	Net i	income or (loss) from special events			D D		
11	Othe	er revenue: <b>a</b>					
	c _						
	d _ e _						
		total. Add columns (b), (d), and (e) II. Add line 12, columns (b), (d), and (e)		263,301		13 O	263,301
		sheet in line 13 instructions to verify calculations	.)				
	rt XV	<u> </u>					
Lin	e No.	Explain below how each activity for which incom accomplishment of the foundation's exempt purp	e is reported in cooses (other than	olumn (e) of Part A by providing funds	(V-A contributed s for such purpos	importantly to the ses). (See instruction	ons.)
		30					
		. (7)					
		<u> </u>					

#### Form 990-PF (2023) Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVI **Exempt Organizations**

1	Did the organization directly or indirectly engage in any of the following with any other organization described								scribed		Yes	No
			er than section 501(c)(3									
	orgai	nizations?										
а	Trans	sfers from the rep	orting foundation to a	noncharitable exemp	t organi	zation of:						
	(1) C	ash								1a(1)		Χ
	<b>(2)</b> C	other assets								1a(2)		Х
b	Othe	r transactions:										
	(1) S	ales of assets to	a noncharitable exemp	ot organization						1b(1)		Χ
	<b>(2)</b> P	urchases of asse	ts from a noncharitable	e exempt organizatio	n					1b(2)		Χ
	(3) R	ental of facilities,	equipment, or other as	ssets						1b(3)		Х
			rangements							1b(4)		Χ
			rantees							1b(5)		Х
	<b>(6)</b> P	erformance of se	rvices or membership	or fundraising solicita	ations .					1b(6)		Х
С	Sharing of facilities, equipment, mailing lists, other assets, or paid employees						1c		Х			
d	If the	answer to any of the	he above is "Yes," comp	lete the following sche	dule. Co	lumn (b) sh	ould always	show t	he fair market			
	value	of the goods, othe	er assets, or services give	ren by the reporting fou	ındation.	If the found	dation receive	ed less	than fair mark	et		
	value	in any transaction	or sharing arrangement	t, show in column <b>(d)</b> tł	ne value	of the good	s, other asse	ets, or	services receiv	ed.		
(a) Line	no.	(b) Amount involved	(c) Name of noncha	aritable exempt organization	n	(d) Desc	ription of transf	ers, tran	sactions, and sha	ring arran	gemen	its
							<i>7</i> )					
				<b>*</b> . ( )								
				4								
2a			tly or indirectly affiliate									
	desc	ribed in section 50	01(c) (other than section	on 501(c)(3)) or in se	ction 52	7?			🔲	Yes	X N	0
b	If "Ye	es," complete the	following schedule.									
		(a) Name of organi	ization	(b) Type of orga	anization			( <b>c</b> ) De	scription of relatio	nship		
		•										
			lare that I have examined this retur					nowledge	and belief, it is true,			
Sign	corre	ct, and complete. Declaration	on of preparer (other than taxpayer	r) is based on all information of v	vhich prepar	er has any know	ledge.		May the IR	S discuss t	his retur	rn
Here	1_				Truste	ee			with the pro	eparer show		w? No
	Sig	nature of officer or trus	tee	Date	Title				— See ilistrut	o.113. X		INO
ם יי		Print/Type preparer's	s name	Preparer's signature			Date		Check if	PTIN		
Paid	<b>40</b> F	Kelly B Rickard								P01257	<u> 31</u> 2	
Prepa		Firm's name Cla	avesVita Inc. Tax & We	ealth Advisors				Firm's	EIN 46-1482	596		
Use O	nıy	Firm's address	3012 4th Avenue N., E	Billings, MT 59101				Phone	no. (406) 24	8-5487		

## Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury

Attach to Form 990, 990-EZ, or 990-PF.

Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** Name of the organization 88-3678874 The Montana Opioid Abatement Trust Organization type (check one): Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
The Montana Opioid Abatement Trust

Employer identification number
88-3678874

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	National Opioid Abatement Trust II - Mallinckrodt Settle 310 Grant Street, Suite 1700  Pittsburgh PA 15219  Foreign State or Province: Foreign Country:	\$714,860	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	National Opioid Abatement Trust - Janssen Settlement 310 Grant Street, Suite 1700 Pittsburgh PA 15219 Foreign State or Province: Foreign Country:	\$3,356,893	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	National Opioid Abatement Trust - Distributors Settlem 310 Grant Street, Suite 1700  Pittsburgh PA 15219  Foreign State or Province: Foreign Country:	\$5,568,066	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization	Employer identification number
The Montana Onicid Abatement Trust	88_367887/

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <sub></sub>	

Name of org				Employer identification number
Part III	na Opioid Abatement Trust  Exclusively religious, charitable, etc., co	antributions to	organizations describe	88-3678874
rait iii	(10) that total more than \$1,000 for the y		_	
	the following line entry. For organizations of			
	contributions of \$1,000 or less for the year			
	Use duplicate copies of Part III if additional	space is need	ed.	
(a) No. from	(b) Purpose of gift	(6)	) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of glit	(0	) use or gift	(d) Description of now gift is field
	Opioid abatement in MT	Opioid abat	ement in MT	
11				
		(a) T	ransfer of gift	
		( <del>e</del> ) i	ransier or gift	
	Transferee's name, address, and 2	7IP + 4	Relationsh	ip of transferor to transferee
	The Montana Opioid Abatement Trust		T C I C I C I C I C I C I C I C I C I C	
	1597 Avenue D			
	Billings MT	59102		
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c)	) Use of gift	(d) Description of how gift is held
	Opioid abatement in MT	Opioid abat	ement in MT	
2				
			<b></b>	
		(a) T	ransfer of gift	
		(0)	ransier er girt	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	The Montana Opioid Abatement Trust		1101011011	
	1597 Avenue D			
	Billings MT	59102		
(a) No.	For. Prov. Country			
from	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held
Part I	Original shate we get in MT	Onicid chat	amantin MT	
3	Opioid abatement in MT	Opioid abail	ement in MT	
		/		
		(e) T	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee
	The Montana Opioid Abatement Trust			
	1597 Avenue D			
	Billings MT For. Prov. Country	59102		
(a) No.	For. Prov. Country			
from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
		(0) 1		
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	, ,			
	For. Prov. Country			

Form 8879-TE

Department of the Treasury

## **IRS E-file Signature Authorization**

, 2023, and ending \_\_\_\_\_, 20 \_\_\_\_, For calendar year 2023, or fiscal year beginning

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** The Montana Opioid Abatement Trust 88-3678874 Name and title of officer or person subject to tax Rusty Gackle Trustee Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . . . **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here . . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . . . . . . . . Form 1120-POL check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . . . Form 990-PF check here . . . . **5a Form 8868** check here . . . . 6a Form 990-T check here 7a Form 4720 check here . . . . . 7b **b** FMV of assets at end of tax year (Form 5227, Item D) . . . . . 8a Form 5227 check here . . . . . 8b 9a Form 5330 check here . . . . . 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 10a Form 8038-CP check here . . . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name Under penalties of perjury, I declare that | X | I am an officer of the above entity or , (EIN) 88-3678874 of entity) The Montana Opioid Abatement Trust and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize ClavesVita Inc. Tax & Wealth Advisors to enter my PIN 78874 as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 81144066330 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date

> **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** 

# IRS E-file Signature Authorization for a Tax Exempt Entity

•	•	
2022	and anding	

For calendar year 2023, or fiscal year beginning , 2023, and en

, and ending \_\_\_\_\_\_, 20 \_

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN OF SSN
The Montana Opioid Abatement Trust	88-3678874
Name and title of officer or person subject to tax	
Rusty Gackle	Trustee
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you of 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was black of 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the rapplicable line below. Do not complete more than one line in Part I.  1a Form 990 check here	neck the box on line 1a, 2a, 3a, 4a, ank, then leave line 1b, 2b, 3b, 4b, eturn, then enter -0- on the  1, line 12)
Part II Declaration and Signature Authorization of Officer or Person Subject	-
	ic return. I consent to allow my and to receive from the IRS (a) an essing the return or refund, and (c) iate an electronic funds withdrawal of the federal taxes owed on this e U.S. Treasury Financial Agent at nancial institutions involved in the ries and resolve issues related to n and, if applicable, the consent to
on the tax year 2023 electronically filed return. If I have indicated within this return that a a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authenter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my electronically filed return. If I have indicated within this return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return.	norize the aforementioned ERO to  v signature on the tax year 2023 being filed with a state agency(ies)
Signature of officer or person subject to tax	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.  do not  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically the selection of the 2023 electronically the 20	
that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-IRS e-file Providers for Business Returns.	File (MeF) Information for Authorized
ERO's signature Date	
ERO Must Retain This Form—See Instruction	 S
Do Not Submit This Form to the IRS Unless Requested	

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

			• • • • • • • • • • • • • • • • • • • •	1										
								Totals:	Gro	OSS	Cost or Other B	asis, Expenses,	Net (	Gain
	Amount								Sa	les	Depreciation ar	nd Adjustments	or L	_OSS
Long Term CG Distributions	0						C	Capital Gains/Losses		1,865,000		1,865,000		
Short Term CG Distributions	0							Other sales		0		0		
				Check "X" if										
		Check "X"		Purchaser							Expense of Sale			İ
		to include		is a	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gain
Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
1 1,865,000 SH US Treasury NT	912828U57	Χ			Р	2/22/2023	11/30/2023	1,865,000	1,865,000					

Part I, Line 16a (990-PF) - Legal Fees

			40,823	0	0	40,823
Ī						Disbursements
			Revenue and			for Charitable
			Expenses per	Net Investment	Adjusted Net	Purposes
		Description	Books	Income	Income	(Cash Basis Only)
	1	Legal Fees	40,823			40,823

Part I, Line 16b (990-PF) - Accounting Fees

	923	0	0	923
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Accounting Fees	923			923

Part I, Line 16c (990-PF) - Other Professional Fees

	19,159	19,159	0	0
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Investment Advisory Fees	19,159	19,159		0

Part I, Line 18 (990-PF) - Taxes

•	7,408	0	0	7,408
	Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
Description	per Books	Income	Net Income	Purposes
1 Payroll Taxes	7,408			7,408

Part I, Line 23 (990-PF) - Other Expenses

		49,055	0	0	49,055
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Liability Insurance	8,286	0		8,286
2	Office Expense	3,944	0		3,944
3	Bank Fees	3	0		3
4	Equipment Lease	14,839	0		14,839
5	Internet & TV Services	1,287	0		1,287
6	Memberships & Subscriptions	60	0		60
7	Office Supplies	6,034	0		6,034
8	Software & Apps	11,250	0		11,250
9	Parking	479	0		479
10	Work Comp Insurance	2,873	0		2,873

### Part II, Line 13 (990-PF) - Investments - Other

			0	8,944,142	8,944,142
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg. of Year	End of Year	End of Year
1	Allied Investment Account	FMV		7,920,749	7,920,749
2	Certificate of Deposit - Yellowstone Bank	FMV		1,023,393	1,023,393

### Part II, Line 15 (990-PF) - Other Assets

		2,973	0	0
		Book Value	Book Value	FMV End
	Asset Description	Beg of Year	End of Year	of Year
1	Start-Up Expenditures	2,973	0	0

### Part II, Line 21 (990-PF) - Mortgages and Other Notes Payable

			50,000	50,000	0								0	
				Balance	Balance								Fair Market	
		Check "X"	Original	Due	Due	Security	Date of	Maturity	Repayment	Interest	Purpose of		Value of	
Name of Lender	Title	if Business	Amount	Beg. of Year	End of Year	Provided	Note	Date	Terms	Rate	Loan	Description	Consideration	Relationship
1 Department of Justice		Χ	50,000	50,000	0	·								

### Part II, Line 22 (990-PF) - Other Liabilities

		0	6,692
		Beginning	Ending
	Description	Balance	Balance
1	Payroll Liabilities		6,692
	<u>'</u>		

### Part VII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Г		T			1	T	ı	T A 11	0	0	
		Check "X"		0''		7: 0 /	5 . 0 .	T10	Avg Hrs		D 5.	Expense
		if Business	Street	City	State		Foreign Country	Title	Per Week	Compensation	Benefits	Account
	Scott Malloy		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
1												
	Becky Rice		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
2												
	Steve Crawford		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
3												
	Philip Bain		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
4												
	Drenda Niemann		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
5												
	Maureen Ward		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
6												
Ť	Revecca de Camara		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
7												
-	Brenda Kneeland		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
8												
	Jake Strissel		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
9												
Ť	Will Selph		1597 Avenue D, STE 6	Billings	MT	59102		Trustee	2.00	0	0	0
10												
.,			I .	I		J.	1	I .	1			