2019 Exempt Org. Return prepared for:

CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

3805 VALLEY COMMONS DRIVE Suite #7 BOZEMAN, MT 59718

Rudd & Company PLLC 3805 Valley Commons Drive, Suite 7 Bozeman, MT 59718

RUDD & COMPANY PLLC 3805 VALLEY COMMONS DRIVE, SUITE 7 BOZEMAN, MT 59718 (406) 585-3393

December 1, 2020

CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK 3805 VALLEY COMMONS DRIVE Suite #7 BOZEMAN, MT 59718

Dear Client:

Your 2019 Federal Return of Private Foundation will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return. There is an overpayment of \$22,221, of which \$22,221 has been applied to your 2020 estimated tax.

Please be sure to call us if you have any questions.

Sincerely,

JOHN R CLARK, CPA

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal y	ear beginning	, 2019, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

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

Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

Name and title of officer

CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

83-0331707

JOHN R. CLARK

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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.

1 a Form 990 check here ▶ D Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3 b	
4a Form 990-PF check here ▶ X b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	29,607.
5 a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 processary to

Officer's PIN:	check	one	box	only	y
----------------	-------	-----	-----	------	---

ERO's signature

answer inquiries	and resolve issues related	n the processing of the electronic p to the payment. I have selected a p cable, the organization's consent to	ersonal identification nu	ımber (PIN) as my	
Officer's PIN: c	neck one box only				
X I authorize	RUDD & COMPANY PI	LLC ERO firm name	to enter my PIN	38955 Enter five numbers, do not enter all zeros	
a state ager		nically filed return. If I have indicated was part of the IRS Fed/State progran			
indicated wi	thin this return that a copy o	r my PIN as my signature on the orgar f the return is being filed with a sta rn's disclosure consent screen.	nization's tax year 2019 el le agency(ies) regulating	lectronically filed retuge charities as part of	urn. If I have of the IRS Fed/State
Officer's signature	·		Date ►		
Part III Cert	ification and Authentic	ation			
ERO's EFIN/PIN	I. Enter your six-digit electro	nic filing identification			
number (EFIN)	followed by your five-digit se	If-selected PIN			81172253393
					Do not enter all zeros
above. I confirm		PIN, which is my signature on the 2 in accordance with the requirements Returns.			

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

Date ▶

BAA For Paperwork Reduction Act Notice, see instructions.

JOHN R CLARK, CPA

Form **8879-EO** (2019)

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► 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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

**************************************	we me providerate me for charmes and non prom				
Automati	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).		
	ions required to file an income tax return other th 004 to request an extension of time to file income TName of exempt organization or other filer, see instructions.				nd trusts must
Type or print	CROSS CHARITABLE FOUNDATION,			83-03317	
File by the due date for filing your return. See instructions. ATTN: JOHN R. CLARK Number, street, and room or suite number. If a P.O. box, see instructions. 3805 VALLEY COMMONS DRIVE #7 City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOZEMAN, MT 59718					
Enter the R	eturn Code for the return that this application is fo	or (file a se	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B	BL	02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other than individual)		09
Form 990-P	PF	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
If the orIf this is check the	reganization does not have an office or place of but for a Group Return, enter the organization's four box	siness in th digit Group	Exemption Number (GEN) . If	this is for the	whole group,
for the ► ∑ ► [2] 2 If the	est an automatic 6-month extension of time until e organization named above. The extension is for calendar year 20 19 or tax year beginning , 20 tax year entered in line 1 is for less than 12 months angle in accounting period	the organiz	ng, 20	zation return al return	
3a If this	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3a\$	29,607.
b If this	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	6069, enter	any refundable credits and estimated	3 b \$	51,887
c Balan EFTP:	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment instructions	with this form, if required, by using	3c \$	0.
Caution: If payment in:	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	53-EO and Fo	rm 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection For calendar year 2019 or tax year beginning , 2019, and ending Employer identification number CROSS CHARITABLE FOUNDATION, INC. 83-0331707 В ATTN: JOHN R. CLARK Telephone number (see instructions) (406) 585-3393 3805 VALLEY COMMONS DRIVE #7 BOZEMAN, MT 59718 С If exemption application is pending, check here.. > G Check all that apply: Initial return Initial return of a former public charity **D** 1 Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change \overline{X} Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here. Fair market value of all assets at end of year Accounting method: Cash Accrual (from Part II, column (c), line 16) X Other (specify) MODIFIED CASH F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶\$ (Part I, column (d), must be on cash basis.) 50,493,656. Part I Analysis of Revenue and (d) Disbursements Adjusted net Expenses (The total of amounts in (a) Revenue and (b) Net investment for charitable expenses per books income ińcome columns (b), (c), and (d) may not purposes necessarily equal the amounts in (cash basis only) column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule). . 1,099,226 2 Check ► if the foundation is not required to attach Sch. E Interest on savings and temporary cash investments. 71,185 71,185 71,185 Dividends and interest from securities. 061,312 061,312 061,312 5 a Gross rents 553,335 1,553,335 553,335 **b** Net rental income or (loss) 1,553,335. **6 a** Net gain or (loss) from sale of assets not on line 10. 838,588 b Gross sales price for all assets on line 6a..... 19,594,557 838,588. Capital gain net income (from Part IV, line 2) . . . 0 10a Gross sales less returns and allowances . **b** Less: Cost of Other income (attach schedule) 524,420 623,646 2,685,832 Total. Add lines 1 through 11. . . . 120,000. 30,000. 13 Compensation of officers, directors, trustees, etc. 90,000. Operating and Administrative Expenses 14 Other employee salaries and wages...... 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . . \boldsymbol{b} Accounting fees (attach sch) . . . SEE . ST. . 19,773 9,773. \boldsymbol{c} Other professional fees (attach sch). . SEE , ST , 2226,331 221,733. 4,598. 17 Interest..... 18 Taxes (attach schedule)(see instrs). . . SEE . . S.TM . . 3 89,670 6,327 83,343. Depreciation (attach schedule) and depletion . 296,812 296,812 20 Travel, conferences, and meetings..... 21 666 666. Other expenses (attach schedule) SEE STATEMENT 4 18,751. 8,842. 9,909. 24 Total operating and administrative expenses. Add lines 13 through 23. 563,714. 198,289. 762,003. 2,599,500 2,599,500. Total expenses and disbursements. Add lines 24 and 25 3,361,503 563,714. 2,797,789. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 1,262,143. 2,960,706. **b** Net investment income (if negative, enter -0-). . .

2,685,832.

Par	t II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of	<u>, </u>
	1	Cash — non-interest	-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
	2		ary cash investments	1,642,104.	2,001,442.	2,306,546.
		Accounts receivable	_	1,042,104.	2,001,442.	2,300,340.
		Less: allowance for				
	4	Pledges receivable.				
		Less: allowance for				
	5					
	6	Receivables due from offic	cers, directors, trustees, and other			_
		disqualified persons (attac	ch schedule) (see instructions)			
	7	Other notes and loans rec				
	_	Less: allowance for				
	8		or use			
	9	·	nd deferred charges			
Assets	10 a	Investments – U.S. obligations (attach s	and state government chedule)			
SS	Ł		stock (attach schedule)	30,257,537.	36,435,750.	36,130,647.
4		•	bonds (attach schedule)	33723173311	00/100/1001	00/100/01:1
	11	Investments - land,	buildings, and			
		equipment: basis	13,389,834.			
		Less: accumulated deprec	jation SEE STMT 5 ► 1,804,794.	11,879,452.	11,585,040.	11,573,040.
	12	Investments – morto	gage loansgage loans	11,075,452.	11,303,040.	11,373,040.
	13		(attach schedule)			
	14		equipment: basis ►			
		Loce: accumulated depres	iation			
	15	Other assets (descri	be SEE STATEMENT 6	630,600.	483,424.	483,423.
	16	Total assets (to be o	completed by all filers — Also, see page 1, item I)	·	·	
	17		nd accrued expenses	44,409,693. 122,177.	50,505,656. 296,665.	50,493,656.
	18	· -		122,111.	290,003.	
ΥΩ	19	, ,				
<u>ë</u>	20		tors, trustees, & other disqualified persons			
Liabilities	21		s payable (attach schedule)			
E.	22	Other liabilities (des	cribe •)			
	22	Total liabilities (add		100 177	200 005	
' A	23		lines 17 through 22)	122,177.	296,665.	
8		and complete lines	llow FASB ASC 958, check here			
ā	24	•	lonor restrictions	11 207 E16	50,208,991.	
Bal	24	Net assets without a	orior restrictions	44,287,516.	30,200,991.	
귳	25	Net assets with done	or restrictions			
Net Assets or Fund Balanc		Foundations that do a and complete lines	not follow FASB ASC 958, check here > 26 through 30.			
ō	26	•	principal, or current funds			
뜅	27		or land, bldg., and equipment fund			
SS	28	Retained earnings, accumu	ulated income, endowment, or other funds			
μ¥	29		fund balances (see instructions)	44,287,516.	50,208,991.	
Ž	30		net assets/fund balances	44,409,693.	50,505,656.	
Par	t III	·	ges in Net Assets or Fund Balance		30,303,030.	
		•	alances at beginning of year – Part II, colu		aree with	
	end-	of-year figure reported	d on prior year's return)		<u>1</u>	44,287,516.
_	Ente	r amount from Part I,	line 27a		2	1,262,143.
3	Other	increases not included in li	ne 2 (itemize) <u>SEE STATEMENT 7</u>		3	4,659,332.
4	Daara	aaaa makimaludad in lina 0 (Glomina 🔈		-	50,208,991.
5	Decrea	ases not included in line 2 (alances at end of year (line 4 minus line 5)	_ Part II column (b) II	ne 29 6	EO 200 001
Ö	roldi	i net assets of fully Da	arances at end or year (inte 4 minus ime 5)	— raitii, coluillii (b), ll	115 43 0	50,208,991.

Pai	t IV Capital Gains and I	Losses for Tax on Investmer	it Income			
		the kind(s) of property sold (for examp arehouse; or common stock, 200 sh		(b) How acquire P — Purchase D — Donation	(mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	SEE STATEMENT 8					
)					
	<u> </u>					
		(f) Depreciation allowed	(g) Cost or other bas	is	(h) Gain or	(loss)
	(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) m	
á	1					
ŀ)					
	:					
	1					
•	Olata and of a second about		f			
		g gain in column (h) and owned by the	(k) Excess of col. (i)		(I) Gains (Col gain minus col. (k), b	. (h) out not less
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any		han -0-) or Losses (f	
á	1					
ŀ)					
(:					
(d					
•	9					
2	Capital gain net income or (ne	t capital loss) If gain, also If (loss), en	enter in Part I, line 7	2		838,588.
3	Net short-term capital gain or	(loss) as defined in sections 1222(5) and (6):			
	If gain, also enter in Part I, lin in Part I, line 8	e 8, column (c). See instructions. If	(loss), enter -0-	3		-46,932.
Pai	t V Qualification Unde	r Section 4940(e) for Reduce	d Tax on Net Investme	ent Incom	9	.,
(For	optional use by domestic private f	oundations subject to the section 4940	(a) tax on net investment inco	ome.)		
If se	ction 4940(d)(2) applies, leave t	this part blank.				
\ \ /oc	the foundation liable for the co	etion 4042 toy on the distributable s	mount of any year in the he	aca pariad?	□vas	V No
		ction 4942 tax on the distributable a fy under section 4940(e). Do not co	, ,	ase periou?	Yes	X No
		each column for each year; see the in:		entries.		
•	(a)	(b)	(c)		(d)	
	Base period years Calendar year (or tax year	Adjusted qualifying distributions	Net value of noncharitable-use ass	etc	Distribution (col. (b) divided	
	beginning in)		Honenariable ase ass	ClS	(coi. (b) divided	by coi. (c))
	2018	1,986,626.	46,140			0.043056
	2017	2,033,480.	45,918			0.044285
	2016	1,922,560.	39,298			0.048922
	2015 2014	1,898,781. 1,375,125.	40,433			0.046961 0.050446
	2014	1,373,123.	21,233	0,013.		0.030446
2	Total of line 1, column (d)			2		0.233670
3	Average distribution ratio for the	5-year base period – divide the total of	on line 2 by 5.0, or by the			0 046724
	number of years the foundation	n has been in existence if less than	5 years			0.046734
4	Enter the net value of nonchar	itable-use assets for 2019 from Par	t X, line 5	4	4	6,690,456.
5	Multiply line 4 by line 3			5		2,182,032.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		29,607.
7					1	
						2,211,639.
8		rom Part XII, line 4		J.		2,797,789.
		t 7	1b, and complete that part us	cina a 10/ tav	rata Saa tha	

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see inst	ructions	5)		- 3 -
	a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter 'N/A' on line 1.		-,		
	Date of ruling or determination letter: (attach copy of letter if necessary — see instructions)				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,			29 6	507.
	check here. ► X and enter 1% of Part I, line 27b				,,,,
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
	_				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-).				0.
3				20 6	507.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-). 4	_		<i>2 3</i> , (0.
5			-	20 6	507.
6				<u> </u>	,07.
	a 2019 estimated tax pymts and 2018 overpayment credited to 2019				
	b Exempt foreign organizations — tax withheld at source				
	c Tax paid with application for extension of time to file (Form 8868)				
	d Backup withholding erroneously withheld				
	Total credits and payments. Add lines 6a through 6d.			E 1 C	387.
8				JI, (59.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.				0.
10				22 2	221.
11				ZZ, Z	
	Enter the amount of line 10 to be: Credited to 2020 estimated tax 22,221. Refunded 11 rt VII-A Statements Regarding Activities				0.
				Yes	No
1:	a 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?	ŀ	1 a	162	Х
			ı u		Λ
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1 b		Х
					Λ
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.				
	c Did the foundation file Form 1120-POL for this year?	ľ	1 c		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		. •		
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$	0.			
(e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
_	foundation managers •\$ 0.	1			1,,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	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	H	_		1,,
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	L	3		X
		ļ.	4 a	NT.	X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	L	5	IN.	/A
Э	If 'Yes,' attach the statement required by <i>General Instruction T</i> .		3		X
6					
0	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	Χ	
7			7	Χ	
8	a Enter the states to which the foundation reports or with which it is registered. See instructions				
	WY				
- 1	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	}	ζ.	17	
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	i i	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494	12(j)(5)	_		37
	for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete Par	ιΛΙV.	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.		10		Х

BAA Form **990-PF** (2019)

Pai	t VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity		Yes	No
11	within the meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions	11		Χ
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
1/1	Website address. ► CROSSCHARITABLEFOUNDATION.ORG The books are in care of ► TOWN CLARK CRA			
	The books are in care of ► JOHN CLARK, CPA Located at ► 3805 VALLEY COMMONS DRIVE, #7 BOZEMAN MT ZIP + 4 ► 59718			/ <u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N./.£	A . ►	∐ N/A
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	•		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No.	,		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(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.)	,		
ŀ	If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 6		37
	Organizations relying on a current notice regarding disaster assistance, check here	1b		X
(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?	1 c		Х
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)):			
á	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20			
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.).	2b	N	/A
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20 , 20 , 20 , 20			
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	,		
ŀ	olf 'Yes,' did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to			
	determine if the foundation had excess business holdings in 2019.)	3 b	N	/A
4 8	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could			
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for tweel, study, or other similar purposes?	5 a During the year, did the foundation pay or incur ar	ny amount to:				Yes	No
on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section \$495(0)(4)(A)? See instructions. (5) Provide a grant to an organization other than a charitable, etc., organization described in section \$495(0)(4)(A)? See instructions. (6) Provide a grant to an organization other than a charitable, etc., organization described in section \$495(0)(4)(A)? See instructions. (7) Provide a grant to an organization other than a charitable, etc., organization described in section \$495(0)(4)(A)? See instructions. (8) Provide a grant to an organization other than a charitable, etc., organization described in section \$495(0)(4)(A)? See instructions. (9) Provide a grant to an organization other than a charitable, etc., organization described in section \$495(0)(4)(A)? See instructions. (1) Provide a grant to an organization other than a charitable, etc., organization described in section \$495(0)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	n (section 4945(e))?	Yes X	No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?.	(2) Influence the outcome of any specific public election (see section 4955); or to carry						
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(0)(4)(2) See instructions.							
in section 4945(0)(4)(A)? See instructions.				res X	NO		
educational purposes, or for the prevention of cruelty to children or animals?	in section 4945(d)(4)(A)? See instructions			Yes X	No		
See instructions	(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No		
Organizations relying on a current notice regarding disaster assistance, check here. c If the answer is "Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expendituitly for the grant? If 'Yes,' attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No bif 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? N/A. 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter-0-) O. 2AROL GONNELLA SECRETARY 30,000. O. 2AROL GONNELLA SECRETARY 30,000. O. 2AROL GONNELLA SECRETARY 30,000. O. 2AROL COMMONS DR. STE 7 3.00 SEES STATEMENT 30,000. O. 2BOX 1226 JACKSON, WY 83001 JOHN R. CLARK TREASURER 30,000. O. PO BOX 437 RIGBY, TD 83442 TYAN KIRKHAM VICE PRESIDEN 30,000. O. PO BOX 1789 WEST YELLOWSTONE, MT 59758 OR OITHIE, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the promonent of the pro	b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in a contract of the section 54.4945 or in a contract of the section	the transactions fail to current notice regarding d	qualify under the excepsisaster assistance?	otions		27	/7
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?					5b	N,	/ A
tax because it maintained expenditure responsibility for the grant?		-					
on a personal benefit contract? Yes X No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6 b If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 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(s) during the year? Yes X No Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors SEE STATEMENT 9 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. See instructions. (e) Expense account of the recompensation of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter 'NONE' (c) Contributions to employee benefit plans and deferred compensation of the highest-paid employee (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter 'NONE' (e) Expense accounter allowance of the remployee benefit plans and deferred compensation of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter 'NONE' (e) Expense accounter allowance of the ransaction? N/A	tax because it maintained expenditure respons	sibility for the grant?		N/A Yes	No		
Tyes to 6b, file Form 8870. Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	6 a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or indi	rectly, to pay premium	S Yes X	No		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No blif 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? N/A. 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Yes X No Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors SEE STATEMENT 9 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter -0.) (c) Compensation (ff not paid, enter -0.) (d) Contributions to employee benefit plans and deferred compensation. On the position of the plans and deferred compensation. On the position of the plans and deferred compensation. On the position of the plans and deferred compensation. On the position of the plans and deferred compensation. On the position of the plans and deferred compensation. On the plans and deferred plans and	b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal bene	fit contract?	6b		Χ
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?	•						
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, SEE STATEMENT 9 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Tritle, and average hours per week devoted to position (If not paid, enter 0-) PO BOX 1226 JACKSON, WY 83001 JOHN R. CLARK 3805 VALLEY COMMONS DR. STE 7 BOZEMAN, MT 59718 CHARLES FOLLAND PRESIDENT 3.00 PRESIDENT 3.00 PRESIDENT 3.00 PO BOX 437 RIGBY, ID 83442 RYAN KIRKHAM VICE PRESIDEN 3.00 WEST YELLOWSTONE, MT 59758 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE' (e) Expense account other allowance of the remaindent of the plans and deferred compensation. (c) Compensation (d) Contributions to employee benefit of the plans and deferred compensation. (e) Expense account of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE' (e) Expense account other allowance of the plans and deferred compensation.							
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, SEE STATEMENT 9 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (ff not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account of the rallowance of					1/A 7b		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors SEE STATEMENT 9 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week and foundation managers and their compensation. See instructions. (c) Compensation (f) Rot paid, employee benefit plans and deferred compensation of employee benefit plans and deferred compensation. (a) Name and address (b) Title, and average hours per week devoted to position (f) not paid, employee benefit plans and deferred compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (d) Contributions to employee benefit plans and deferred compensation. (e) Expense accoundate to employee of the than those included pn line 1 – see instructions). If none, enter 'NONE' (e) Expense accoundate the plans and deferred compensation. (e) Expense accoundate the plans and deferred compensation. (a) Name and address of each employee plans and deferred compensation. (b) Title, and average hours per week devoted to position.	•				No.		
Tist all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not paid							
List all officers, directors, trustees, and foundation managers and their compensation. See instructions.					Employee	s,	
(a) Name and address (b) Title, and average hours per week devoted to position (lf not paid, enter -0-) (lf not paid, ent	1 List all officers, directors, trustees, and found	dation managers and th	eir compensation. See	instructions.			
PO BOX 1226 JACKSON, WY 83001 JOHN R. CLARK 3805 VALLEY COMMONS DR. STE 7 BOZEMAN, MT 59718 CHARLES FOLLAND PO BOX 437 RIGBY, ID 83442 RYAN KIRKHAM P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 2 Compensation of five highest-paid employees (other than those included point in a compensation of five highest-paid employee hours per week devoted to position (c) Compensation (a) Name and address of each employee paid more than \$50,000 TREASURER 30,000. 0. 30,000. 0. 30,000. 10. 10. 10. 10. 11. 12. 13. 13. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred			
JACKSON, WY 83001 JOHN R. CLARK 3805 VALLEY COMMONS DR. STE 7 BOZEMAN, MT 59718 CHARLES FOLLAND PRESIDENT 3.00 PO BOX 437 RIGBY, ID 83442 RYAN KIRKHAM P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 Charles of each employee paid more than \$50,000 P.O. Box 1789 WEST YELLOWSTONE, MT 59758 Charles of each employee hours per week devoted to position (c) Compensation (c) Compensation (e) Expense account of the Indicator of Indicator	CAROL GONNELLA		30,000.				0.
JOHN R. CLARK 3805 VALLEY COMMONS DR. STE 7 BOZEMAN, MT 59718 CHARLES FOLLAND PO BOX 437 RIGBY, ID 83442 RYAN KIRKHAM P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 Charles of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (e) Expense account of the plants and deferred compensation (e) Expense account other allowance other allo		3.00					
3805 VALLEY COMMONS DR. STE 7 BOZEMAN, MT 59718 CHARLES FOLLAND PRESIDENT 30,000. O. PO BOX 437 RIGBY, ID 83442 RYAN KIRKHAM VICE PRESIDEN 30,000. O. P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 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 hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account other allowance other other allowance other other allowance other ot	•	MD H A CLID HD	20.000	2			
BOZEMĀN, MT 59718 CHARLES FOLLAND PO BOX 437 RIGBY, ID 83442 RYAN KIRKHAM VICE PRESIDEN 30,000. P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 Compensation of five highest-paid employees (other than those included pn 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 other allowance other allowance compensation			30,000.	0.			0.
CHARLES FOLLAND PO BOX 437 RIGBY, ID 83442 RYAN KIRKHAM P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 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 other allowance of the compensation of the result of the compensation of the result of		3.00					
PO BOX 437		PRESIDENT	30,000.	0.			0.
RYAN KIRKHAM VICE PRESIDEN 30,000. P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 Compensation of five highest-paid employees (other than those included pn 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 other allowance of the results of the resul			33,333				•
P.O. BOX 1789 WEST YELLOWSTONE, MT 59758 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 allowance other allowance of the compensation of the results of the compensation of the results o							
WEST YELLOWSTONE, MT 59758 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 allowance other allowance of the result of the	RYAN_KIRKHAM	VICE PRESIDEN	30,000.	0.			0.
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowance other allowance of the compensation of the compensat		3.00					
(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 allowance other allowance to the compensation of t					<u> </u>		
hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation other allowance			on line 1 – see instruction	(d)Contributions to			
NONE	paid more than \$50,000	hours per week	(c) Compensation	plans and deferred			
	NONE						
Total number of other employees paid over \$50,000	Total number of other employees paid over \$50,000			<u> </u>			0

Total. Add lines 1 through 3.

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FOR 1990-PF (2019) CROSS CHARTTABLE FOUNDATION, INC.		83-033	
Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)			mployees,
3 Five highest-paid independent contractors for professional services. See	instructions. If none, ente	r 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of serv	vice	(c) Compensation
WELLS FARGO CLEARING SERVICES, LLC			
2801 MARKET STREET			
SAINT LOUIS, MO 63103	INVESTMENT	ADVISORY	108,469.
ROBER W. BAIRD & CO. INC.			
777 EAST WISCONSIN AVENUE			440.606
MILWAUKEE, WI 53202	INVESTMENT	ADVISORY	110,686.
Total number of others receiving over \$50,000 for professional services			0
Part IX-A Summary of Direct Charitable Activities			
Turtive Activities		T	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the numb	er of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.			
1 <u>N/A</u>			
2			
3			
4			
Part IX-B Summary of Program-Related Investments (see instru	,		
Describe the two largest program-related investments made by the foundation during the	he tax year on lines 1 and 2		Amount
1 <u>N/A</u>			
2			
All other program related investments. Can instructions			
All other program-related investments. See instructions.			
3			

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see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities. 1 a 35,566,820. **b** Average of monthly cash balances..... 1 b 259,618. c Fair market value of all other assets (see instructions) 1 c 575,040 d Total (add lines 1a, b, and c). 1 d 401, e Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets. 2 Subtract line 2 from line 1d. 3 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 711,022 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4...... 5 690,456 Minimum investment return. Enter 5% of line 5..... 6 334,523 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.) Minimum investment return from Part X, line 6..... 1 2,334,523. 2a Tax on investment income for 2019 from Part VI, line 5...... 2a **b** Income tax for 2019. (This does not include the tax from Part VI.)..... 2b 2 c 29,607 Distributable amount before adjustments. Subtract line 2c from line 1..... 3 304,916 Recoveries of amounts treated as qualifying distributions. 4 5 304, Deduction from distributable amount (see instructions)..... 6 **Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1......... $304,91\overline{6}$ 7 Part XII | Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 a 2,797,789. **b** Program-related investments — total from Part IX-B..... 1 b 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)...... 3 a **b** Cash distribution test (attach the required schedule)..... 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 2,797,789 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions..... 5 Adjusted qualifying distributions. Subtract line 5 from line 4. 6 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.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				2 204 016
line 7				2,304,916.
a Enter amount for 2018 only			462,802.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from Part				
XII, line 4: \$ 2,797,789.				
a Applied to 2018, but not more than line 2a			462,802.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2019 distributable amount				2,304,916.
e Remaining amount distributed out of corpus.	30,071.			, ,
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the				
same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	30,071.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed	1	<u> </u>		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		Ţ,		
amount — see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	30,071.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019 30,071.				
BAA				Form 990-PF (2019)

Part XIV	Private Operating Foundat					N/A
1 a If the for	undation has received a ruling or dete	rmination letter that	it is a private opera	ting foundation, and th	e ruling	
	tive for 2019, enter the date of the box to indicate whether the foundati	-			4942(j)(3) or	4942(j)(5)
	ie lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
income	from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	ent return from Part X for ar listed	(4)	(2)	(9) == 11	(4)	
	line 2a					
line 4, f	ng distributions from Part XII, or each year listed					
for active	ncluded in line 2c not used directly conduct of exempt activities.					
for activ	ng distributions made directly re conduct of exempt activities. t line 2d from line 2c					
	te 3a, b, or c for the ive test relied upon:					
	alternative test — enter:					
` '	ue of all assets					
sec	ue of assets qualifying under tion 4942(j)(3)(B)(i)					
minimum	nt' alternative test — enter 2/3 of investment return shown in Part X, each year listed					
c 'Suppor	t' alternative test - enter:					
inve divi on s	al support other than gross street income (interest, dends, rents, payments securities loans (section (a)(5)), or royalties)					
(2) Supp	ort from general public and 5 or exempt organizations as provided ction 4942(j)(3)(B)(iii)					
	gest amount of support from exempt organization					
	ss investment income					
Part XV	Supplementary Information	(Complete this	part only if the	e foundation had	\$5,000 or more	in
	assets at any time during the tion Regarding Foundation Manage		istructions.)			
	managers of the foundation who have		han 2% of the total of	contributions received I	ov the foundation bef	ore the
close of NONE	any tax year (but only if they have	contributed more	than \$5,000). (See	e section 507(d)(2).)		
La contra	60.6.15	100/			E 611	1: (
a partne NONE	managers of the foundation who own ership or other entity) of which the	foundation has a 1	0% or greater inte	on (or an equally large rest.	portion of the owner	'snip of
0.17	dan banandar o da da da da da	Na 1 0 ! !	Lin and D			
Check h	tion Regarding Contribution, Grant, Contribution in Grant, Contribution only makes for funds. If the foundation makes and de San instructions	kes contributions to	preselected charitat	ole organizations and o		
	, and d. See instructions. ne, address, and telephone number or	email address of th	ne person to whom a	applications should be	addressed:	
	, ,					
SEE S	STATEMENT 10					
b The form	n in which applications should be s	submitted and infor	rmation and materi	ials they should inclu	de:	
	STATEMENT FOR LINE 2A					
c Any sub	omission deadlines:					
	STATEMENT FOR LINE 2A					
d Any res	trictions or limitations on awards, s	such as by geograp	phical areas, charit	able fields, kinds of i	nstitutions, or other	factors:
CEE (יייא ייי דאר פאר דייי פאריייייי מייי					

3	Grants and Contributions Paid During the Y	ear or Approved for Ful	ure Paymen	nt	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	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				
	STATEMENT 11				
SEE	STATEMENT II				
	Total				2,599,500.
h	Approved for future payment				, ,
_	, pp. o. ou io. Tutulo puyo				
			<u> </u>		
	Total			▶ 3k	ol

Part XV	I-A Analysis of Income-Producing A	ctivities				
	ss amounts unless otherwise indicated.		ed business income	Excluded	by section 512, 513, or 514	(-)
· ·		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)
1 Prog	gram service revenue:			code		(555 1154 454 5151)
a						
b						
С						
d						
e						
f						
g Fees	s and contracts from government agencies					
2 Mem	nbership dues and assessments					
3 Interest	est on savings and temporary cash investments			14	71,185.	
4 Divid	dends and interest from securities			14	1,061,312.	
	rental income or (loss) from real estate:					
	t-financed property					
b Not	debt-financed property					
	ental income or (loss) from personal property			3	1,553,335.	
7 Othe	er investment income					
	or (loss) from sales of assets other than inventory			14	838,588.	
	income or (loss) from special events					
10 Gros	ss profit or (loss) from sales of inventory					
11 Othe	er revenue:					
a						
b						
С						
d						
е						
12 Subt	total. Add columns (b), (d), and (e)				3,524,420.	
12 Subt13 Tota	total. Add columns (b), (d), and (e)				3,524,420.	3,524,420.
13 Tota (See work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculatio	ns.)			13	3,524,420.
13 Tota (See work	al. Add line 12, columns (b), (d), and (e)	ns.)			13	3,524,420.
13 Tota (See work	al. Add line 12, columns (b), (d), and (e)	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	3,524,420. y to the structions.)
13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
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13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
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13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	
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13 Tota (See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the	ns.) Accompl	ishment of Exemp	t Purpo	oses 13	

Form 990-PF (2019) CROSS CHARITABLE FOUNDATION, INC. 83-0331707 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

							Yes	No
des	d the organization directorial directors of the scribed in section 501 (ating to political organ	(c) (other than secti	gage in any of the following wi on 501(c)(3) organizations) or	th any other organizati in section 527,	ion			
	0 ,		noncharitable exempt organiz	ation of:				
		•				1 a (1)		X
						1 a (2)		X
b Otl	ner transactions:							
(1)	Sales of assets to a	noncharitable exem	pt organization			1 b (1)		Χ
(2)	Purchases of assets	from a noncharitab	le exempt organization			1 b (2)		Χ
` '		• •	assets			1 b (3)		Χ
						1 b (4)		X
						1 b (5)		X
٠,		·	or fundraising solicitations			1 b (6)		X
c Sn	aring of facilities, equi	pment, mailing lists	s, other assets, or paid employ	ees		1 c		X
d If the	he answer to any of the goods, other assets, or transaction or sharin	ne above is 'Yes,' co services given by the garrangement, sho	omplete the following schedule e reporting foundation. If the four ow in column (d) the value of the	. Column (b) should all ndation received less that goods, other assets	lways show the fair nan fair market value in an services receive	narket valu d.	ue of	
(a) Line r			noncharitable exempt organization		ansfers, transactions, and		gement	s
N/A								
			with, or related to, one or more to on 501(c)(3)) or in section 527	ax-exempt organizations		. Yes	X	No
b IT	Yes,' complete the foll (a) Name of organize		(b) Type of organization		(c) Description of rela	tionohin		
N/A	(a) Name or organi.	Zation	(b) Type of Organization		(c) Description of fela	itionsnip		
IV/ A								
l	Under penalties of perjury, I de	eclare that I have examine	ed this return, including accompanying so an taxpayer) is based on all information of	hedules and statements, and	to the best of my knowledge	and belief, it	is true,	
Sign	correct, and complete. Declara	ation of preparer (other the	an (axpayer) is based on all illionnation (in which preparer has any kno	wieuge.	May the IF	RS discu	JSS
Here			I	TREASURER		this return preparer s	with the	е
	Signature of officer or truste	ee	Date	Title		See instru	ictions Yes	No
	Print/Type preparer's		Preparer's signature	Date	Check if	PTIN	1 63	NO
Paid	JOHN R CLA	ARK . CPA	JOHN R CLARK, CP.	A 12/01/20		P00427	328	
Prepar		RUDD & COME	•	1 12/01/20		167399	J <u></u> U	
Jse Oi		3805 VALLEY		TE 7	02 0	101377		
- JU OI	,	BOZEMAN, MT	•	,	Phone no. (406) 585-3	3393	
BAA		,			, (230	Form 990		2019)
							`	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organiza	CROSS CHARITABLE FOUNDATION, INC.	Employer identification number
	ATTN: JOHN R. CLARK	83-0331707
Organization typ	(check one):	
Filers of:	Section:	
Form 990 or 990	EZ	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
Form 990-PF	527 political organization	
	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	zation is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
1221	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling try) from any one contributor. Complete Parts I and II. See instructions for determining a contribution	• • •
Special Rules		
under s	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin I from any one contributor, during the year, total contributions of the greater of (1) \$5,000 (0, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
during	organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that receive year, total contributions of more than \$1,000 exclusively for religious, charitable, scients, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during \$1,000 charita	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions exclusively for religious, charitable, etc., purposes, but no such confit this box is checked, enter here the total contributions that were received during the yeale, etc., purpose. Don't complete any of the parts unless the General Rule applies to this ed nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during to	tributions totaled more than r for an exclusively religious, organization because
	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Sched	

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

Name of organization Employer identification number

CROSS CHARITABLE FOUNDATION, INC.

83-0331707

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	C WALKER CROSS LIVING TRUST PO BOX 1789 WEST YELLOWSTONE, MT 59758	\$1,087,226.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CROSS CHARITABLE FOUNDATION, INC.

83-0331707

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		 \$	
(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
		(oce instructions.)	
		 \$	

Employer identification number 83-0331707

Part III	Exclusively religious, charitable, et					
	or (10) that total more than \$1,000 for the	he year from any one contrib	outor. Comple	te columns (a) through (e) and		
	the following line entry. For organizations contributions of \$1,000 or less for the year.	ompleting Part III, enter the total	al of <i>exclusive</i>			
	Use duplicate copies of Part III if additional	space is needed.	ee iristructior	ns.) \$N/A		
(a) No. from Part I		(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(e) Transfer of gift				
	Transferee's name, addres	Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
	<u> </u>		 			

Underpayment of Estimated Tax by Corporations
► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2019

Department of the Treasury Internal Revenue Service

Name	CROSS CHARITABLE FOUNDATION, INC.				Employer id	dentification i	number
	ATTN: JOHN R. CLARK				83-033	31707	
Note	: Generally, the corporation is not required to file Form 2220	(see F	Part II below for exce	ptions) because the	IRS will fig	ure any pe	nalty
owe	d and bill the corporation. However, the corporation may still 38, on the estimated tax penalty line of the corporation's	use Fo	rm 2220 to figure the	penalty. If so, enter	the amour	nt from pag	je 2,
Pai		HICOH	ne tax return, but u	o not attach i onni	2220.		
rai	Required Aimuai r ayment						
1	Total tax (see instructions)					1	29,607.
	,					-	29,007.
	Personal holding company tax (Schedule PH (Form 112 on line 1			2 a			
ŀ	Look-back interest included on line 1 under section 460 long-term contracts or section 167(g) for depreciation u forecast method	nder tl	he income	2 b			
(Credit for federal tax paid on fuels (see instructions)			2 c			
	d Total. Add lines 2a through 2c					2 d	
3	Subtract line 2d from line 1. If the result is less than \$5 does not owe the penalty					3	29,607.
4	Enter the tax shown on the corporation's 2018 income t						
	zero or the tax year was for less than 12 months, skip					4	59,539.
5	Required annual payment. Enter the smaller of line 3 center the amount from line 3					5	29,607.
Pai	t II Reasons for Filing — Check the boxes b	pelow	that apply. If a	ny boxes are cl	necked,	the corp	oration must
	file Form 2220 even if it does not owe a	pena	alty. See instruc	ctions.			
6	The corporation is using the adjusted seasonal insta	allmen	t method.				
7	The corporation is using the annualized income inst	tallmeı	nt method.				
8	\overline{X} The corporation is a "large corporation" figuring its first	require	ed installment based	on the prior year's t	ax.		
Pai	t III Figuring the Underpayment						
			(a)	(b)	(0	c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	5/15/19	6/15/19	9/1	5/19	12/15/19
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25)	10		- 100			- 100
11	of line 5 above in each column Estimated tax paid or credited for each period. For	10	7,401.	7,402.		7,402.	7,402.
••	column (a) only, enter the amount from line 11 on line 15. See instructions.	11	11,887.				40,000.
	Complete lines 12 through 18 of one column before going to the next column.						-0,000
12	Enter amount, if any, from line 18 of the preceding column	12		4,486.			
	Add lines 11 and 12	13		4,486.			40,000.
14	Add amounts on lines 16 and 17 of the preceding column	14				2,916.	10,318.
15 16	Subtract line 14 from line 13. If zero or less, enter -0	15	11,887.	4,486.		0.	29,682.
. •	2.5 204.11 017 1110 13 15 2010, 34541401 1110 13 110111	1			1		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

16

17

18

line 14. Otherwise, enter -0-.....

Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18

18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the

4,486

2,916.

2,916

7,402

Par	t IV Figuring the Penalty					
19	Enter the date of payment or the 15th day of the 4th		(a)	(b)	(c)	(d)
15	month after the close of the tax year, whichever is earlier. (<i>C corporations with tax years ending June 30 and S corporations:</i> Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers:</i> Use 5th month instead of 4th month.) See instructions	19		9/30/19	9/30/19	
20	Number of days from due date of installment on line 9 to the date shown on line 19.	20		107	15	
21	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21		15		
22	Underpayment on line 17 Number of days on line 21 × 6% (0.06)	22		7.19		
23	Number of days on line 20 after 6/30/2019 and before 10/1/2019	23		92	15	
24	Underpayment on line 17 Number of days on line 23 × 5% (0.05)	24		36.75	15.21	
25	Number of days on line 20 after 9/30/2019 and before 1/1/2020.	25				
26	Underpayment on line 17 Number of days on line 25 x 5% (0.05)	26				
27	Number of days on line 20 after 12/31/2019 and before 4/1/2020.	27				
28	Underpayment on line 17	28				
29	Number of days on line 20 after 3/31/2020 and before 7/1/2020.	29				
30	Underpayment x Number of days on line 17 Number of days 366	30				
31	Number of days on line 20 after 6/30/2020 and before 10/1/2020.	31				
32	Underpayment on line 17 Number of days on line 31 x*%	32				
33	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33				
34	Underpayment x Number of days on line 17 Number of days 366	34				
35	Number of days on line 20 after 12/31/2020 and before 3/16/2021.	35				
36	Underpayment on line 17 Number of days on line 35 365 X*%	36				
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37		43.94	15.21	
38	Penalty. Add columns (a) through (d) of line 37. Enter the comparable line for other income tax returns					59.

^{*}Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

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FEDERAL STATEMENTS

PAGE 1

CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

83-0331707

STATEMENT 1	
FORM 990-PF, PART I, LINE 16	В
ACCOUNTING FEES	

	EXP PER	(A) PENSES BOOKS	(B) NET INVESTMENT INCOME	 (C) USTED <u>INCOME</u>	C	(D) CHARITABLE PURPOSES
ACCOUNTING FEESTOTAL	\$ \$	9,773. 9,773.	\$ 0.	\$ 0.	\$ \$	9,773. 9,773.

STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES

	-	(A) EXPENSES ER BOOKS	I	(B) NET NVESTMENT INCOME	AD. NET	(C) JUSTED INCOME		(D) CHARITABLE PURPOSES
INVESTMENT FEES	\$	221,733. 4,598. 226,331.	\$	221,733. 221,733.	\$	0.	\$ \$	4,598. 4,598.

STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES

	_	(A) XPENSES ER BOOKS	I	(B) NET NVESTMENT INCOME	 (C) JUSTED INCOME	((D) CHARITABLE PURPOSES
FEDERAL TAXES PAIDFOREIGN TAXES	\$	83,343. 6,327.	Ś	6,327.		\$	83,343.
TOTAL	\$	89,670.	\$	6,327.	\$ 0.	\$	83,343.

STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	_	(A) EXPENSES PER BOOKS	_	(B) NET INVESTMENT INCOME	A NET	(C) DJUSTED I INCOME	_	(D) CHARITABLE PURPOSES
INSURANCE LICENSES & FEES	\$	817. 250.					\$	817. 250.
MEETINGSSOFTWARE		10,384. 7,300.		\$ 5,192. 3,650.				5,192. 3,650.
TOTAL	\$	18,751.	5	\$ 8,842.	\$	0.	\$	9,909.

FEDERAL STATEMENTS

CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

PAGE 2 83-0331707

STATEMENT 5 FORM 990-PF, PART II, LINE 11 INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASI	IS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
FURNITURE AND FIXTURES BUILDINGS LAND MISCELLANEOUS	10,472 2,271 12	1,000. \$ 2,279. 1,555. 2,000. 0,834. \$	563,271. 1,241,523. 0. 1,804,794.	\$ 70,729. 9,230,756. 2,271,555. 12,000. \$ 11,585,040.	\$ 70,729. 9,230,756. 2,271,555. 0. \$ 11,573,040.

STATEMENT 6 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

	 BOOK VALUE	F.	AIR MARKET VALUE
RENTS RECEIVABLE ROUNDING	\$ 483,423.	\$	483,423.
ROUNDING. TOTAL	\$ 483,424.	\$	483,423.

STATEMENT 7 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

STATEMENT 8 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	(2) 2222222	(B) HOW	(C) DATE	(D) DATE
ITEM	(A) DESCRIPTION	ACQUIRED	ACQUIRED	SOLD
1	WF ACCT #1194 ST COVERED	PURCHASED	VARIOUS	12/31/2019
2	WF ACCT #1194 ST NON COVERED	PURCHASED	VARIOUS	12/31/2019
3	WF ACCT #1194 LT COVERED	PURCHASED	VARIOUS	12/31/2019
4	WF ACCT #1194 LT NON COVERED	PURCHASED	VARIOUS	12/31/2019
5	WF ACCT #1194 ST	PURCHASED	VARIOUS	12/31/2019
6	WF ACCT #5456-1194 ST COVERED	PURCHASED	VARIOUS	12/31/2019
7	WF ACCT#3620 LT COVERED	PURCHASED	VARIOUS	12/31/2019
8	WF ACCT #3620 LT NON COVERED	PURCHASED	VARIOUS	12/31/2019
9	WF ACCT #3620 LT	PURCHASED	VARIOUS	12/31/2019
10	WF ACCT #2128-5811 SHORT TERM	PURCHASED	VARIOUS	12/31/2019
11	WF ACCT #2128-5811 ST NON COVERED	PURCHASED	VARIOUS	12/31/2019
12	WF ACCT #5811 LT COVERED	PURCHASED	VARIOUS	12/31/2019
13	WF ACCT #2128-5811 SHORT TERM	PURCHASED	VARIOUS	12/31/2019
14	WF ACCT #2128-5811 LONG TERM	PURCHASED	VARIOUS	12/31/2019
15	WF ACCT #1194 LT	PURCHASED	VARIOUS	12/31/2019
16	BAIRD ACCT #3146-4427 SHORT TERM	PURCHASED	VARIOUS	12/31/2019
17	BAIRD ACCT #3146-4427 ST NON COVERED	PURCHASED	VARIOUS	12/31/2019

FEDERAL STATEMENTS

CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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STATEMENT 8 (CONTINUED) FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u>ITEM</u> 18 19 20	BAIRD ACCT BAIRD ACCT SIESTA PENO	#3146-442 #3146-442	7 LT NON CO	R OVERED	(B) ACOU PURCE PURCE PURCE	<u>IRED</u> <u>AC</u> HASED HASED	C) DATE COUIRED VARIOUS VARIOUS /01/2012	(D) DATE SOLD 12/31/2019 12/31/2019 5/07/2019
ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	(E) GROSS SALES 2111172. 12,877. 5307837. 130,493. 2,894. 1,045. 32,427. 30,373. 6,183. 75,794. 7950000. 61,185. 3,515. 286,127. 45. 374,549. 0. 3143966. 62,575. 1,500.	(F) DEPREC. ALLOWED	(G) COST BASIS 2047488. 12,667. 4647504. 122,417. 2,355. 899. 46,263. 10,502. 3,559. 63,642. 7950000. 55,370. 3,477. 299,415. 33. 498,168. 82. 2982528. 0. 9,600.	(H) GAIN (LOSS) 63,684. 210. 660,333. 8,076. 539. 14613,836. 19,871. 2,624. 12,152. 0. 5,815. 3813,28813,288123,61982. 161,438. 62,5758,100.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69		(L) GAIN (LOSS) \$ 63,684. 210. 660,333. 8,076. 539. 14613,836. 19,871. 2,624. 12,152. 0. 5,815. 3813,28813,288123,61982. 161,438. 62,5758,100. \$ 838,588.

STATEMENT 9 FORM 990-PF, PART VIII **COMPENSATION EXPLANATION**

WELLS FARGO CLEARING SERVICES, LLC

FINANCIAL ADVISORY FEES PAID TO INVESTMENT MANAGEMENT COMPANY.

ROBER W. BAIRD & CO. INC.

FINANCIAL ADVISORY FEES PAID TO INVESTMENT MANAGEMENT COMPANY.

STATEMENT 10 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM: GRANTS MUST BE COMPLETED ONLINE NAME: CROSS CHARITABLE FOUNDATION

DIRECTORS CARE OF: STREET ADDRESS: CITY, STATE, ZIP CODE: PO BOX 1789

WEST YELLOWSTONE, MT 59758

406-585-3393 TELEPHONE:

E-MAIL ADDRESS: CROSSCHARITABLEFOUNDATION.ORG FORM AND CONTENT: SUBMITTED ELECTRONICALLY ONLINE

SUBMISSION DEADLINES: AUGUST 1ST ANNUALLY

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

RESTRICTIONS ON AWARDS: GRANTS ARE FOCUSED IN MONTANA, IDAHO, UTAH, AND WYOMING.

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
OGDEN-WEBER ATC FOUNDATION 2389 WASHINGTON BLVD SUITE 210 OGDEN UT 84201	NONE	PC	CONSTRUCTION OF SCHOOL BUILDING	\$ 30,000.
CLIMB WYOMING 1001 WEST 31ST STREET CHEYENNE WY 82001	NONE	PC	GENERAL FUND	20,000.
WESTERN WATERSHEDS P.O. BOX 1770 HAILEY ID 83333	NONE	PC	GENERAL FUND	25,000.
BIG SKY YOUTH EMPOWERMENT 301 EAST MAIN STREET BOZEMAN MT 59715	NONE	PC	GENERAL FUND	20,000.
OGDEN NATURE CENTER 966 WEST 12TH STREET OGDEN UT 84404	NONE	PC	GENERAL FUND	5,000.
WEST RIDGE ACADEMY 5500 BAGLEY PARK ROAD WEST JORDAN UT 84081	NONE	PC	GENERAL FUND	30,000.
UTAH ANIMAL ADOPTION CENTER 1955 NORTH REDWOOD ROAD SALT LAKE CITY UT 84116	NONE	PC	GENERAL FUND	10,000.
ANIMAL ADOPTION CENTER 175 NORTH GLENWOOD STREET JACKSON WY 83001	NONE	PC	GENERAL FUND	25,000.
ABILITY FOUND 5236 S GREENPINE DRIVE SALT LAKE CITY UT 84123	NONE	PC	GENERAL FUND	10,000.
JR ACHIEVEMENT OF UTAH 515 E 100 S #200 SALT LAKE CITY UT 84102	NONE	PC	GENERAL FUND	10,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SOUTH VALLEY SANCTUARY PO BOX 1028 WEST JORDAN UT 84084	NONE	PC	GENERAL FUND	\$ 20,000.
HENRY'S FORK FOUNDATION 606 MAIN ST. ASHTON ID 83420	NONE	PF	GENERAL FUND	20,000.
WEST YELLOWSTONE FOUNDATION PO BOX 255 WEST YELLOWSTONE MT 59758	NONE	PF	GENERAL FUND	30,000.
THE NATURE CONSERVANCY 4245 NORTH FIARFAX DRIVE, SUITE 100 ARLINGTON VA 22203	NONE	PC	GENERAL FUND	25,000.
GREATER YELLOWSTONE COALITION 215 S. WALLACE BOZEMAN MT 59715	NONE	PC	GENERAL FUND	35,000.
BEST FRIENDS 5001 ANGEL CANYON ROAD KANAB UT 84741	NONE	PC	GENERAL FUND	30,000.
HELP CENTER, INC. 421 E. PEACH STREET BOZEMAN MT 59715	NONE	PC	GENERAL FUND	7,500.
HEART OF THE VALLEY ANIMAL SHELTER 1549 E. CAMERON BRIDGE RD BOZEMAN MT 59718	NONE	PC	GENERAL FUND	25,000.
AMERICAN RIVERS 1101 14TH STREET NW, SUITE 1400 WASHINGTON DC 20005	NONE	PC	GENERAL FUND	10,000.
BLACKFOOT CHALLENGE INC. 405 MAIN STREET OVANDO MT 59854	NONE	PC	GENERAL FUND	25,000.
HUMANE SOCIETY OF UTAH PO BOX 573659 MURRAY UT 84157	NONE	PC	GENERAL FUND	20,000.
INTERMOUNTAIN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY UT 84124	NONE	PC	GENERAL FUND	20,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
MONTANA CONSERVATION CORPS 206 N. GRAND BOZEMAN MT 59715	NONE	PC	GENERAL FUND	\$ 25,000.
MONTANA WILDERNESS ASSOCIATION 80 SOUTH WARREN ST. HELENA MT 59601	NONE	PC	GENERAL FUND	10,000.
NATIONAL PARKS CONSERVATION ASSOC. 777 6TH STREET NW SUITE 700 WASHINGTON DC 20001	NONE	PC	GENERAL FUND	15,000.
SNAKE RIVER ANIMAL SHELTER 430 PARK AVE IDAHO FALLS ID 83402	NONE	PC	GENERAL FUND	100,000.
THRIVE 400 E. BABCOCK ST. BOZEMAN MT 59715	NONE	PC	GENERAL FUND	20,000.
TROUT UNLIMITED'S MONTANA WATER PROJECT 321 EAST MAIN STREET SUITE 411 BOZEMAN MT 59715	NONE	PC	GENERAL FUND	15,000.
ALLLIANCE HOUSE 1724 S MAIN ST SALT LAKE CITY UT 84115	NONE	PC	GENERAL FUND	10,000.
EARTHFIRE INSTITUTE W 550 N TETONIA ID 83452	NONE	PC	GENERAL FUND	10,000.
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN MT 59717	NONE	PC	GENERAL FUND	15,000.
NATIONAL WILDLIFE FEDERATION 2995 BASELINE ROAD SUITE 300 BOULDER CO 80303	NONE	PC	GENERAL FUND	25,000.
YCC FAMILY CRISIS CENTER 2261 ADAMS AVENUE OGDEN UT 84401	NONE	PC	GENERAL FUND	25,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS ID 83422	NONE	PC	GENERAL FUND	\$ 100,000.
STAFFORD ANIMAL SHELTER 3 BUSINESS PARK ROAD LIVINGSTON MT 59047	NONE	PC	GENERAL FUND	25,000.
YMCA OF NORTHERN UTAH 3216 E. HIGHLAND DR #200 SALT LAKE CITY UT 84106	NONE	PC	GENERAL FUND	7,500.
YELLOWSTONE TO YUKON CONSERV. INITIATIVE P.O. BOX 157 BOZEMAN MT 59771	NONE	PC	GENERAL FUND	30,000.
THE SIERRA CLUB FOUNDATION 85 SECOND STREET, SUITE 750 SAN FRANCISCO CA 94105	NONE	PF	GENERAL FUND	20,000.
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N. FIARFAX DRIVE, SUITE 100 ARLINGTON VA 22203	NONE	PC	GENERAL FUND	10,000.
CLARK FORK COALITION 140 S 4TH ST W MISSOULA MT 59801	NONE	PC	GENERAL FUND	20,000.
CENTER FOR LARGE LANDSCAPE CONSERVATION 303 W. MENDENHALL ST #4 BOZEMAN MT 59715	NONE	PC	GENERAL FUND	15,000.
AMERICAN PRAIRIE RESERVE 7 E BEALL ST 3100 BOZEMAN MT 59715	NONE	PC	GENERAL FUND	50,000.
PARK COUNTY COMMUNITY FOUNDATION PO BOX 2199 LIVINGSTON MT 59047	NONE	PC	GENERAL FUND	15,000.
CENTENNIAL VALLEY ASSOCIATION PO BOX 240077 DELL MT 59724	NONE	PC	GENERAL FUND	15,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
COMMUNITY LEADERSHIP & DEVELOPMENT, INC. 109 1/S S 32ND ST BILLINGS MT 59101	NONE	PC	GENERAL FUND	\$ 7,500.
EARTHWORKS 350 POLLYWOG LN BELGRADE MT 59714	NONE	PC	GENERAL FUND	15,000.
HEART OF THE ROCKIES INITIATIVE 1790 E. 2000 S DRIGGS ID 83422	NONE	PC	GENERAL FUND	15,000.
IDAHO ZOOLOGICAL SOCIETY 3101 AVENUE OF THE CHIEFS POCATELLO ID 83204	NONE	PC	GENERAL FUND	5,000.
JEFFERSON LAND TRUST 1033 LAWRENCE ST. PORT TOWNSEND WA 98368	NONE	PC	GENERAL FUND	100,000.
MONTANA FOOD BANK NETWORK, INC. 5625 EXPRESSWAY MISSOULA MT 59808	NONE	PC	GENERAL FUND	5,000.
MOUNTAIN HOME MONTANA 2606 SOUTH AVE. W MISSOULA MT 59804	NONE	PC	GENERAL FUND	100,000.
MUSEUM OF IDAHO 200 N. EASTERN AVE IDAHO FALLS ID 83402	NONE	PC	GENERAL FUND	100,000.
NATIONAL FOREST FOUNDATION 27 FORT MISSOULA RD. #3 MISSOULA MT 59804	NONE	PC	GENERAL FUND	25,000.
NATURAL RESOURCES DEFENSE COUNCIL 317 E. MENDENHALL ST. BOZEMAN MT 59715	NONE	PC	GENERAL FUND	15,000.
NUZZLES & CO. 6699 N. LANDMARK DR. #103 PARK CITY UT 84098	NONE	PC	GENERAL FUND	20,000.
PRICKLY PEAR LAND TRUST 40 W. LAWRENCE ST. A HELENA MT 59601	NONE	PC	GENERAL FUND	15,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE	FOUND- ATION	PURPOSE OF	AMOUNT
NAME AND ADDRESS SUMMIT LAND CONSERVANCY 1650 PARK AVE #200 PARK CITY UT 84060	RELATIONSHIP NONE	STATUS PC	GRANT GENERAL FUND	\$ 15,000.
TAUTPHAUS PARK ZOOLOGICAL SOCIETY PO BOX 51794 IDAHO FALL ID 83405	NONE	PC	GENERAL FUND	100,000.
THE VITAL GROUND FOUNDATION 20 FORT MISSOULA RD. MISSOULA MT 59804	NONE	PC	GENERAL FUND	25,000.
BOISE RESCUE MISSION PO BOX 1494 BOISE ID 83701	NONE	PC	GENERAL FUND	15,000.
CENTER VALLEY ANIMAL RESCUE 11900 CENTER ROAD QUILCENE WA 98376	NONE	PC	GENERAL FUND	15,000.
EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO CA 94111	NONE	PC	GENERAL FUND	100,000.
GALLATIN VALLEY LAND TRUST 212 S. WALLACE #102 BOZEMAN MT 59715	NONE	PC	GENERAL FUND	25,000.
KIDS ON THE MOVE 475 HOSPITAL DR. OREM UT 84057	NONE	PC	GENERAL FUND	7,500.
LANDER PET CONNECTION 120 CHITTIM RD. LANDER WY 82520	NONE	PC	GENERAL FUND	10,000.
LITTLE RANGERS LEARNING CENTER 520 YELLOWSTONE AVE. WEST YELLOWSTONE MT 59758	NONE	PC	GENERAL FUND	5,000.
PROGRESSIVE ANIMAL WELFARE SOCIETY PO BOX 1037 LYNNWOOD WA 98046	NONE	PC	GENERAL FUND	100,000.
SAGEBRUSH STEPPE LAND TRUST 109 N. ARTHUR AVE SUITE 300 POCATELLO ID 83204	NONE	PC	GENERAL FUND	100,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
UNIVERSITY WOMEN'S FOUNDATION PO BOX 934 PORT TOWNSEND WA 98368	NONE	PF	GENERAL FUND	\$ 12,000.
WASATCH ADAPTIVE SPORTS 9385 S. SNOWBIRD CENTER DRIVE SNOWBIRD UT 84092	NONE	PC	GENERAL FUND	7,500.
WILD EARTH GUARDIANS 516 ALTO STREET SANTA FE NM 87501	NONE	PC	GENERAL FUND	20,000.
WYOMING WILDERNESS ASSOCIATION 44 S MAIN ST SHERIDAN WY 82801	NONE	PC	GENERAL FUND	10,000.
CENTER FOR BIOLOGICAL DIVERSITY P.O. BOX 710 TUCSAN AZ 85702	NONE	PC	GENERAL FUND	20,000.
CHILDREN'S SERVICE SOCIETY OF UTAH 655 E4500 S SUITE #200 SALT LAKE CITY UT 84107	NONE	PC	GENERAL FUND	5,000.
ECOLOGY PROJECT INTERNATIONAL 315 S 4TH ST E MISSOULA MT 59801	NONE	PC	GENERAL FUND	10,000.
FAMILY PROMISE OF GALLATIN COUNTY 429 E STORY ST BOZEMAN MT 59715	NONE	PC	GENERAL FUND	100,000.
GALLATIN VALLEY YMCA 3673 LOVE LN BOZEMAN MT 59718	NONE	PC	GENERAL FUND	15,000.
GARDEN CITY HARVEST, INC. 1657 RIVER RD MISSOULA MT 59802	NONE	PC	GENERAL FUND	5,000.
GRAND TETON NATIONAL PARK FOUNDATION 115 E PEARL AVE #201 JACKSON WY 83001	NONE	PC	GENERAL FUND	25,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SMITHSONIAN INSTITUTION 600 MARYLAND AVE SW WASHINGTON DC 20002	NONE	PC	GENERAL FUND	\$ 20,000.
WASATCH COMMUNITY GARDENS 824 400 W #B127 SALT LAKE CITY UT 84101	NONE	PC	GENERAL FUND	10,000.
WESTERN RIVERS CONSERVANCY 1228 15TH ST #409 DENVER CO 80202	NONE	PC	GENERAL FUND	30,000.
YWCA OF UTAH 322 E 300 SOUTH SALT LAKE CITY UT 84111	NONE	PC	GENERAL FUND	5,000.
LANTERN HOUSE 269 W 33RD ST OGDEN UT 84401		PC	GENERAL FUND	30,000.
MONTANA AQUATIC RESOURCES SERVICES 108 NORTH 2ND STREET, SUITE 201 LIVINGSTON MT 59047		PC	GENERAL FUND	15,000.
MOUNTAIN HUMANE 101 CROY CREEK RD HAILEY ID 83333		PC	GENERAL FUND	15,000.
NORTHERN ROCKY MOUNTAIN ECONOMIC DEVELOP 311 W MAIN ST #311 BOZEMAN MT 59715		PC	GENERAL FUND	25,000.
SAE FOUNDATION 400 COMMONWEALTH DRIVE WARRENDALE PA 15096		PC	GENERAL FUND	25,000.
SAFE HARBOR 222 S MAIN ST, SUITE 500 SALT LAKE CITY UT 84101		PC	GENERAL FUND	10,000.
SUMMIT INDEPENDENT LIVING CENTER, INC 700 SW HIGGINS, SUITE 101 MISSOULA MT 59803		PC	GENERAL FUND	15,000.
TELLER WILDLIFE REFUGE 1288 EASTSIDE HIGHWAY CORVALLIS MT 59840		PC	GENERAL FUND	5,000.

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CROSS CHARITABLE FOUNDATION, INC. ATTN: JOHN R. CLARK

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NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION	PURPOSE OF	AMOUNT
NAME AND ADDRESS THE FELLOWSHIP CENTER 813 S BURNSIDE AVE GONZALES LA 70737	RELATIONSHIP	STATUS PC	GENERAL FUND	\$ 5,000.
THE INN BETWEEN 1216 E 1300 S SALT LAKE CITY UT 84105		PC	GENERAL FUND	7,000.
THE ROAD HOME 210 SOUTH RIO GRANDE STREET SALT LAKE CITY UT 84101		PC	GENERAL FUND	5,000.
TRACY AVIARY 589 E 1300 S SALT LAKE CITY UT 84105		PC	GENERAL FUND	5,000.
WHITEFISH LEGACY PARTNERS 525 RAILWAY ST STE 206 WHITEFISH MT 59937		PC	GENERAL FUND	25,000.
WILDERNESS WATCH PO BOX 9175 MISSOULA MT 59807		PC	GENERAL FUND	10,000.
YOUNG PARENTS EDUCATION CENTER 2400 CENTRAL AVE GREAT FALLS MT 59401		PC	GENERAL FUND	10,000.
YOUTH HOMES PO BOX 7616 MISSOULA MT 59807		PC	GENERAL FUND	7,500.
YWCA MISSOULA 1130 W BROADWAY ST MISSOULA MT 59802		PC	GENERAL FUND	15,000.
ABOVE AND BEYOND THE CLASSROOM 189 N MAIN ST, STE 112 DRIGGS ID 83422		PC	GENERAL FUND	6,000.
ADVOCATES FOR SURVIVORS OF DOMESTIC VIOL PO BOX 3216 HAILEY ID 83333		PC	GENERAL FUND	15,000.
AID FOR FRIENDS 210 E CENTER SUITE B POCATELLO ID 83205		PC	GENERAL FUND	20,000.

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STATEMENT 11 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ASSISTANCE LEAGUE OF SOUTHERN UTAH PO BOX 910728 ST GEORGE UT 84791		PC	GENERAL FUND	\$ 7,500.
CENTER POLE 13255 SOUTH GARRYOWEN RD GARRYOWEN MT 59031		PC	GENERAL FUND	10,000.
DOVE HOUSE ADVOCACY SERVICES 1045 10TH ST PORT TOWNSEND WA 98368		PC	GENERAL FUND	5,000.
DRESS FOR SUCCESS BILLINGS 304 N 29TH ST BILLINGS MT 59101		PC	GENERAL FUND	7,000.
EAGLE MOUNT BOZEMAN 6901 GOLDSTEIN LN BOZEMAN MT 59715		PC	GENERAL FUND	10,000.
HABITAT FOR HUMANITY FLATHEAD VALLEY 2535 HIGHWAY 93 SOUTH KALISPELL MT 59901		PC	GENERAL FUND	10,000.
HAVEN 615 S 16TH AVE BOZEMAN MT 59715		PC	GENERAL FUND	15,000.

TOTAL \$ 2,599,500.