_	0	oo	Detur	n of Ormonization Free			- <b>T</b>		L	OMB No. 1545-0047	
Form	9:	90	Retur	n of Organization Exe	mpt From In	com	elax			2019	
(Rev.	Januar	ry 2020)	Under section 501(	c), 527, or 4947(a)(1) of the Interna	al Revenue Code (e	except	private fou	ndations	;)	2013	
Depart	▶ Do not enter social security numbers on this form as it may be made public.									Open to Public	
		nue Service	► Go to	www.irs.gov/Form990 for instruct	tions and the lates	st infor	mation.			Inspection	
A F	or the	e 2019 calendar	year, or tax year begin	nning	, 2019, a	nd end	ling			, 20	
B	heck if a	applicable:	C Name of organization	IRD OF PRAY FOUNDATION				D Emplo	yer ide	ntification number	
A	ddress	change	Doing business as						47-	4774207	
<u> </u>	lame ch	ange	Number and street (or F	P.O. box if mail is not delivered to street address	s)	Room/s	uite	E Teleph	ione nur	nber	
L II	nitial retu	urn	PO BOX 50602						(40	6)839-2999	
E F	inal retu	urn/terminated	City or town, state or pro	ovince, country, and ZIP or foreign postal code				G Gross	receipts	3	
▲	mendec	d return	BILLINGS, MT 5					\$		335,223	
A	pplicatio	on pending	F Name and address of p	rincipal officer: <b>JEFFREY BISCOE</b>			H(a) Is this a	group return fo	or subordi		
			SAME AS C ABOV				H(b) Are all	subordinate	s includ	ed? Yes No	
			01(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527		-	attach a list			
-	Vebsite:	_	BIRDOFPRAY.ORG				H(c) Group				
		<u> </u>	prporation Trust As	sociation Other ►	L Year of formation	on: 20	15 M	State of lega	al domic	ile: <b>MT</b>	
Pa	T	Summary									
	1	•	•	sion or most significant activities:	TO BRING HOP	E TH	ROUGH HU	MANITZ	ARIA	N AID TO	
e		THOSE IN N	NEED IN OUR COM	MUNITY AND AROUND THE W	IORLD.						
anc											
ern											
Activities & Governance	2		-	n discontinued its operations or disp				1 1		_	
ي م	3		• •	<b>o , , ,</b>	••••					3	
ies	4			rs of the governing body (Part VI, lir						3	
tivit	5		Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5         Total number of volunteers (estimate if necessary)       6								
Act	6			.,						12	
	7a			Part VIII, column (C), line 12			• • • • •			0	
	b	Net unrelated t	ousiness taxable incom	e from Form 990-T, line 39		• • • •		. 7b		0	
							Prior Year			Current Year	
	8									335,223	
nue	9	•		ne 2g)						0	
Revenue	10		, ,	A), lines 3, 4, and 7d)						0	
R	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .	(4,795)			0			
	12			(must equal Part VIII, column (A), lin	,			4,412		335,223	
	13		• •	IX, column (A), lines 1-3)			90	5,489		225,567	
	14			X, column (A), line 4)		•				0	
ŝ	15			e benefits (Part IX, column (A), lines		•	55	5,948		74,118	
nse			<b>0</b> ( )	column (A), line 11e)		·				0	
Expenses			ng expenses (Part IX, co		11,042						
ш	17	•	s (Part IX, column (A), li	, ,				3,392		66,963	
	18			t equal Part IX, column (A), line 25)				5,829		366,648	
<i>"</i>	19	Revenue less e	expenses. Subtract line	18 from line 12	••••			3,583		(31,425)	
ts or	20	Total assets (D	lort V line 10				jinning of Curr			End of Year	
Net Assets or Fund Balances	20							5,662		213,597	
let A	21		(,,,			·		L,770		20,439	
Pa	22			t line 21 from line 20	• • • • • • • • • •	•	10.	3,892		193,158	
		Signature		urn, including accompanying schedules and sta	atomosts and to the best	of my kn	wlodgo and bo	liof it is			
				ficer) is based on all information of which prepa		ог тту кт	owiedge and be	liei, it is			
		L									
Sig	n		Y BISCOE					Det		-21-2020	
							5				
Her	e		Y BISCOE, EXECU	JTIVE DIRECTOR							
		<b></b>	nt name and title	Desperado sizo - tra-	Dete		1		DT'N'		
<b>D</b> - '	J	Print/Type prepare		Preparer's signature	Date		Check	L "	PTIN		
Paie		Fritz Mel	-		03-29-20	20		ployed	P0	0671003	
	pare		-	Tax & Accounting Inc			Firm's EIN 🕨				
Use	Only	<b>y</b> Firm's address	PO Box 2	2039			Phone no.				

May the IRS discuss this return with the preparer shown above? (see instruct	tions)
For Paperwork Reduction Act Notice, see the separate instructions.	

Billings MT 59103

No

406-254-2724

Form	1990 (2019) BIRD OF PRAY FOUNDATION	47-4774207	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. <u>x</u>
1	Briefly describe the organization's mission: TO BRING HOPE THROUGH HUMANITARIAN AID TO THOSE IN NEED IN OUR COMMUNITY A	ND AROUND THE WOR	LD.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X Yes 🗌 No	D
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗴 No	D
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	•	
4a	(Code:) (Expenses \$92,299 including grants of \$) (Revenue COMPASSION COFFEE IS A PROGRAM CREATED TO PROVIDE WORKPLACE TRAINING AND J ORPHANS THAT WERE NEVER ADOPTED. THE PROGRAM ALSO PROMOTES CHARITY WORK AN THROUGHOUT THE THEME, DESIGN, AND MARKETING OF THE COFFEESHOP AND IT GENER NONPROFITS PROVIDING FOR CHILDREN AND DISABLED INDIVIDUALS. ALL NET REVENUE DISTRIBUTED TO LOCAL SHELTERS AND NONPROFITS.	OB OPPORTUNITIES ID CHARITABLE GIVI MATES REVENUE FOR	NG
4b	(Code: ) (Expenses \$ 71,763 including grants of \$ ) (Revenue)	ue \$	)
4b	COMPASSION CARS PROGRAM PROVIDES SAFE, RELIABLE TRANSPORTATION TO ECONOMIC FAMILIES AND INDIVIDUALS AT NO TO LITTLE COST TO THEM. RELIABLE TRANSPORTA VITAL COMPONENT FOR SELF-SUFFICIENCY, THE CARE OF CHILDREN, STABLE EMPLOYM EDUCATION. IN DECEMBER 2019 A SHOP BUILDING WAS PURCHASED TO PROVIDE AN AR PREPARE PURCHASED VEHICLES FOR DISTRIBUTION TO THOSE IN NEED.	ALLY VULNERABLE ATION IN MONTANA I MENT, AND THE PURS	UIT OI
4c	(Code:) (Expenses \$71,507 including grants of \$) (Revenue BIRD OF PRAY FOUNDATION PROVIDED HUMANITARIAN SUPPORT THROUGH BUILDING RENCLEANING SUPPLIES, AND MOBILITY DEVICES TO HUNDREDS OF CHILDREN IN SHELTER ORPHANAGES, PROVIDED GRANTS TO DOMESTIC ORGANIZATIONS THAT ARE ASSISTING DEAND THE DISABLED.	NOVATIONS, FOOD BA	
4d	Other program services (Describe on Schedule O.)         (Expenses \$ 94,868 including grants of \$ 30,663 ) (Revenue \$	)	
4e	Total program service expenses     330,437	Form <b>990</b>	(2019)

Form	990 (2019) BIRD OF PRAY FOUNDATION 47-47742	07	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
a		110	77	
h	complete Schedule D, Part VI	11a	x	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form	990 (2019) BIRD OF PRAY FOUNDATION 47-4774	207	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b	)	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part L	. 25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 250		x
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			~
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	-		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b	,	х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	_ 28c	:	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	. 33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	-		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35</u> a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b	)	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
<b>07</b>	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	v	
Por		30	X	I
Par	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	103	110
b		0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
v	reportable gaming (gambling) winnings to prize winners?	. 1c	x	
		- ·		

		47-477420	7	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	•••••	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		.		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	••••	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		
ь.	organization solicit any contributions that were not tax deductible as charitable contributions?	· · · · · -  -	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		Ch		
7			6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а	and services provided to the payor?		7a		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		x
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
U	required to file Form 8282?.		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		x
9	Sponsoring organizations maintaining donor advised funds.		-		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		x
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	· · · · · · [ ·	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	[1	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	[1	14b		
15	Is the organization 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?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	[	16		x
	If "Yes," complete Form 4720, Schedule O.				

Form	990 (2019) BIRD OF PRAY FOUNDATION 47-477	4207	F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	or a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		х
6	Did the organization have members or stockholders?	. 6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c	x	
13	Did the organization have a written whistleblower policy?	. 13		х
14	Did the organization have a written document retention and destruction policy?	. 14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	x	
b	Other officers or key employees of the organization	. 15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	. 16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	. 16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEFFREY BISCOE (406)839-2999, PO BOX 50602, BILLINGS, MT 59105			

Form 990 (201	B) BIRD OF PRAY FOUNDATION	47-4774207	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's t	ax year.		
	the complete the leave of the stars discrete the stars (whether individuals are superior) as a selections.	a af amazint af	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and	Pos ck m s per	son is rector	han one s both an (trustee) employee employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JEFFREY BISCOE	50.00		+						
PRESIDENT/EXECUTIVE DIRECTOR		х		х			61,700	0	0
(2) JEREMY SITTE	5.00								
SECRETARY		х		х			0	0	0
(3) JUDY ADAMS	5.00								
VICE PRESIDENT/TREASURER		x		х			1,607	0	0
<u>(4)</u>									
(5)									
<u>(6)</u>									
[7]									
<u>(8)</u>									
<u>(9)</u>									
<u>(10)</u>									
(11)									
(12)									
(13)									
(14)									
									Form 000 (2010)

	90 (2019) BIRD OF PRAY FOUN	DATION								47-477	1207	P	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar	nd H	lighe	est Co	omp	ensated Employe	es (continued)			
	(A) Name and title	per week						n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	(F) ated amo of other mpensati rom the	
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization a	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal	•••••	•••	•••	•••	•••	•••	• •					
с с	Total from continuation sheets to Part VII, Sect		•••	•••	•••	•••	•••	• •	63,307	0			•
d 2	Total (add lines 1b and 1c)            Total number of individuals (including but not limit									0 of			0
2	reportable compensation from the organization		isicu a	0000	<i>,</i> , , , , , , , , , , , , , , , , , ,			ume		01			0
												Yes	No
3	Did the organization list any former officer, direct	tor, trustee,	key en	nploy	/ee,	or h	ighest	t con	npensated				
	employee on line 1a? If "Yes," complete Schedu										3		х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
5	individual	compensatio	on from	n any	unr	elate	ed org	aniza	ation or individual		4		x
	for services rendered to the organization? If "Yes	s," complete	Sched	lule .	J for	suc	h pers	son			5		х
	on B. Independent Contractors	te d'a des est				11				20 - (			
1	Complete this table for your five highest compensation from the organization. Report comp												
	(A) Name and business addres	55							(B) Description of service	ces	(C) Compens	ation	
								-					
2	Total number of independent contractors (includin	ig but not lim	ited to	thos	e lis	ted a	above	) wh	0				

►

received more than	∿ \$100 000 of	compensation from the organization	

Form §	90 (20	19) BIRD OF P	RAY FOUN	DA1	NOI			47-47742	07 Page 9
Part	VIII	Statement of Revenue	<del>)</del>						
		Check if Schedule O contains	a response	or n	ote to any line in thi	s Part VIII			[]
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		1a					
s, so	b	Membership dues		1b					
unts	c	Fundraising events		1c	5,346				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d					
	e	Government grants (contribution	ns)	1e					
inil, 0	f	All other contributions, gifts, gra	nts,						
er Si		and similar amounts not include	d above	1f	329,877				
othe	g	Noncash contributions included	in						
ndo		lines 1a-1f		1g	\$				
σσ	h	Total. Add lines 1a-1f				335,223			
					Business Code				
~	2a								
, ki	b								
Ser	c								
Program Service Revenue	d								
ŝ	e								
Ϋ́.	f	All other program service revenu	e	•••					
	g	Total. Add lines 2a-2f							
	3	Investment income (including div other similar amounts)							
	4	Income from investment of tax-ex	eds►						
	5	Royalties							
		6a         Gross rents         6a         (i) Real           b         Less: rental expenses         6b         6a			(ii) Personal				
		Rental income or (loss) 6c							
	a	Net rental income or (loss)	• • • • • •						
0		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities		(ii) Other				
anue		and sales expenses 7b							
eve		Gain or (loss) 7c							
<u>ہ</u>		Net gain or (loss)		· ·	···· ►				
Other Reve	od	Gross income from fundraising events (not including \$	F 246						
0		of contributions reported on line	5,346						
		1c). See Part IV, line 18		8a					
	h	Less: direct expenses		8b					
		Net income or (loss) from fundra			· · · · · · •				
		Gross income from gaming	ionig erenie	Ē					
		activities, See Part IV, line 19 .		9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from gamin							
		Gross sales of inventory, less	5						
	IUa	returns and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from sales of							
					Business Code				
S	11a								
nor	b								
ella ven	c								
Miscellanous Revenue	-	All other revenue							
Σ		Total. Add lines 11a-11d							
		Total revenue See instructions		•	•••••	335 223	0	0	0

BIRD OF PRAY FOUNDATION

Page 10

	on 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note to				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			35	
	and domestic governments. See Part IV, line 21	100,402	100,402		
2	Grants and other assistance to domestic	-			
	individuals. See Part IV, line 22	14,000	14,000		
3	Grants and other assistance to foreign	,			
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	111,165	111,165		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	63,307	49,360	13,947	
6	Compensation not included above, to disqualified			-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,000	5,000		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	5,811	4,649	1,162	
1	Fees for services (nonemployees):				
а					
b		1,779	1,779		
С	Accounting	1,250		1,250	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion	5,101	5,101		
3	Office expenses	12,489	6,245	6,244	
4	Information technology				
15	Royalties				
16		10,262	7,696	2,566	
7	Travel	19,999	19,999		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	12,674	1,632		11,04
20					,•_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,075	1,075		
23		1,042	1,042		
24	Other expenses. Itemize expenses not covered	1,012	1/012		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	652	652		
b	MISCELLANEOUS	191	191		
c	LICENSE AND FEES	449	449		
d					
u e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e.	366,648	330,437	25,169	11,04
.5 26	Joint costs. Complete this line only if the	300,040	330,437	20,109	11,04
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Form	990 (20	19) BIRD OF PRAY FOUNDATION	47	7-47742	07 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			· · · · · · · · □
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	282,269	1	16,579
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 197,962			
	b	Less: accumulated depreciation 10b 944	3,393	10c	197,018
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	285,662	16	213,597
	17	Accounts payable and accrued expenses	1,770	17	20,439
	18	Grants payable	180,000	18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	181,770	26	20,439
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	103,892	27	193,158
Bal	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
г. С		and complete lines 29 through 33.			
s ol	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	100 100
Ne	32	Total net assets or fund balances	103,892	32	193,158
	33	Total liabilities and net assets/fund balances	285,662	33	213,597

EEA

Form 990 (2019)

Form	990 (2019) BIRD OF PRAY FOUNDATION 4	7-477420	)7	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. x
1	Total revenue (must equal Part VIII, column (A), line 12)	1		335,	,223
2	Total expenses (must equal Part IX, column (A), line 25)	2		366,	,648
3	Revenue less expenses. Subtract line 2 from line 1	3		(31,	,425)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		103,	,892
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		120,	,691
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		193,	,158
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	<b>990</b> (	2019)

				Public Char	ity Status and F	Dublic (	Sunno	rt l	OMB No. 1545-0047
SCHEDULE A					501(c)(3) organization or a				<b>2019</b>
(Form 990 or 990-EZ) Department of the Treasury			••••••p••••• •••• ••• g•••	Attach to Form 990 or Form 990-EZ.					Open to Public
		venue Service	►	Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection
Name	of th	e organization						Employer identificati	on number
BIR	DO	F PRAY FOU						47-4774207	
Pa	rt I	Reason	for Public Charity	/ Status (All or	ganizations must co	omplete	this part	<ol> <li>See instructions.</li> </ol>	
The	orga	nization is not a	private foundation beca	ause it is: (For line	s 1 through 12, check onl	y one box.	)		
1	Ц				urches described in <b>sect</b>				
2	Ц				Schedule E (Form 990 c				
3	Ц	•		•	n described in section 1				
4			•	rated in conjunctio	n with a hospital describ	ed in secti	ion 170(b)	(1)(A)(iii). Enter the	
_		•	e, city, and state:	<i>с. с.</i> и					
5		•	•	-	university owned or opera	ated by a g	overnmen	tal unit described in	
~		•	)(1)(A)(iv). (Complete		unit also suite sul in sections	470/1-)/4)/	A \ /		
6 7	Н	-		0	init described in <b>section</b>			n the general nublic	
'		0	ection 170(b)(1)(A)(vi	•		/emmentai		in the general public	
8			rust described in secti						
9	Н				ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant colleg	e
Ŭ		•	-		see instructions). Enter the		•	• •	0
		university:	a non land grain cono	ge el agricaliale (l		o, o	<i>,</i> , and etai	e el lle conege el	
10	х		n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributio	ons, memb	ership fees, and gross	
		0		( )	subject to certain exception			1 0	
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess section	511 tax) f	rom businesses	
		acquired by the	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ted exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12		An organizatio	n organized and operat	ed exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	
		of one or more	publicly supported or	ganizations descrit	bed in section 509(a)(1)	or sectior	n 509(a)(2)	). See <b>section 509(a)(3</b>	s).
			•		e type of supporting orga				•
	а				ised, or controlled by its		-		g
			•		appoint or elect a major	rity of the d	irectors or	trustees of the	
		_ ·· •	•	•	IV, Sections A and B.	· · · · · · · · · · · · · · · · · · ·			
	b			•	ontrolled in connection w		-		
			on(s). You must comp		on vested in the same per	isons that t		nanage the supported	
	с	_ •	•		anization operated in cor	nection w	ith and fu	nctionally integrated wit	'n
	Ŭ				u must complete Part I				,
	d		<b>S</b>	,	g organization operated i	•			n(s)
					generally must satisfy a d				(-)
					e Part IV, Sections A a				
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally	y integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the numb	per of supported organi	zations					
	g	Provide the foll	owing information about	ut the supported or	ganization(s).			1	
	(	i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	• •	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									

(E)

		RAY FOUNDAT				47-47742	
Pa	IT II Support Schedule for Organiza						
	(Complete only if you checked th						lity under
0	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	ction A. Public Support	() 00 (5	(1) 00 (0	() 00/7	( 1) 00 ( 0)	() 22 (2	(0 T / I
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1							
	membership fees received. (Do not						
2	include any "unusual grants.") Tax revenues levied for the						
2							
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
Ũ	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support			1	1		
_	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7							
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s		·			12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ▶∐
Se	ction C. Computation of Public Suppo					1 1	
14	Public support percentage for 2019 (line 6, c		-			14	%
15	Public support percentage from 2018 Sched					15	%
16a	33 1/3% support test - 2019. If the organiza						
	box and <b>stop here.</b> The organization qualifie						
Ľ	<b>33 1/3% support test - 2018.</b> If the organization						
47-	this box and <b>stop here.</b> The organization qu			-			
17a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact			-	-		_
	organization						
r	0 10%-facts-and-circumstances test - 2018.						me
	15 is 10% or more, and if the organization m Explain in Part VI how the organization meet						lichy
	supported organization					-	· _
18	<b>Private foundation.</b> If the organization did r						
10	instructions						_
							···· - 🗋

Sche	dule A (Form 990 or 990-EZ) 2019 BIRD OF P.	RAY FOUNDAT	ION			47-47	74207	Page 3
Pa	art III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)				-
	(Complete only if you checked t	he box on line	10 of Part I	or if the organ	nization failed	to qualif	y unde	er Part II.
	If the organization fails to qualify						-	
Se	ction A. Public Support			•	•	,		
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	6,020	133,468	269,584	319,207	329,	877	1,058,156
2	Gross receipts from admissions, merchandise						_	
	sold or services performed, or facilities furnished in any activity that is related to the							
2	organization's tax-exempt purpose Gross receipts from activities that are not an							
3	1				6 500	_	246	11 0.00
4	unrelated trade or business under section 513. Tax revenues levied for the				6,522	5,	346	11,868
4								
	organization's benefit and either paid to							
F	or expended on its behalf The value of services or facilities							
5								
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	6,020	133,468	269,584	325,729	335,	223	1,070,024
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							1,070,024
_	ction B. Total Support				1			
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 201	9	(f) Total
9	Amounts from line 6	6,020	133,468	269,584	325,729	335,	223	1,070,024
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	6,020	133,468	269,584	325,729	335,	223	1,070,024
14	First five years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	section 5	501(c)(3	5)
	organization, check this box and stop here							► x
	organization, oneok the box and btop here							
Se	ction C. Computation of Public Suppor	rt Percentage						
	ction C. Computation of Public Suppor Public support percentage for 2019 (line 8, c			column (f))		15		%
15	ction C. Computation of Public Suppor Public support percentage for 2019 (line 8, c	olumn (f), divide	ed by line 13, o			15 16		
15 16	Ction C. Computation of Public Suppor Public support percentage for 2019 (line 8, c Public support percentage from 2018 Sched	olumn (f), divide ule A, Part III, li	ed by line 13, o ne 15 ....					<u>%</u> %
15 16	Ction C. Computation of Public Support Public support percentage for 2019 (line 8, c Public support percentage from 2018 Sched Ction D. Computation of Investment Inc	olumn (f), divide ule A, Part III, li come Percen	ed by line 13, o ne 15 ... <b>tage</b>					
15 16 Se	Ction C. Computation of Public Support Public support percentage for 2019 (line 8, c Public support percentage from 2018 Sched Ction D. Computation of Investment Income percentage for 2019 (line	olumn (f), divide ule A, Part III, li <b>come Percen</b> e 10c, column (f	ed by line 13, o ne 15 <b>tage</b> ), divided by lir		(f))	16		%
15 <u>16</u> <u>Sec</u> 17 18	Ction C. Computation of Public Support Public support percentage for 2019 (line 8, or Public support percentage from 2018 Sched Ction D. Computation of Investment Income Investment income percentage for 2019 (line Investment income percentage from 2018 Sched	olumn (f), divid ule A, Part III, li come Percen 10c, column (f chedule A, Part	ed by line 13, c ne 15 <b>tage</b> ), divided by lir III, line 17	ne 13, column	(f))	16 17 18	/3%. an	% %
15 <u>16</u> <u>Sec</u> 17 18	ction C. Computation of Public SupportPublic support percentage for 2019 (line 8, orPublic support percentage from 2018 Schedction D. Computation of Investment Income percentage for 2019 (lineInvestment income percentage for 2018 Sched33 1/3% support tests - 2019. If the organize	olumn (f), divide ule A, Part III, li come Percen a 10c, column (f chedule A, Part ation did not ch	ed by line 13, o ne 15 tage (), divided by lin III, line 17 neck the box on	ne 13, column	(f)) 	16 17 18 than 33 1		% % 1d line
15 <u>16</u> Sec 17 18 19a	ction C. Computation of Public SupportPublic support percentage for 2019 (line 8, orPublic support percentage from 2018 Schedction D. Computation of Investment Income percentage for 2019 (lineInvestment income percentage for 2019 (lineInvestment income percentage from 2018 Sched33 1/3% support tests - 2019. If the organiz17 is not more than 33 1/3%, check this box	olumn (f), divide ule A, Part III, li come Percen e 10c, column (f chedule A, Part cation did not ch and stop here.	ed by line 13, o ne 15 tage (), divided by lin III, line 17 neck the box on . The organizat	ne 13, column 	(f))	16 17 18 than 33 1 oported or	rganizat	% % nd line tion ► □
15 <u>16</u> Sec 17 18 19a	ction C. Computation of Public SupportPublic support percentage for 2019 (line 8, orPublic support percentage from 2018 Schedction D. Computation of Investment Income percentage for 2019 (lineInvestment income percentage for 2018 Sched33 1/3% support tests - 2019. If the organize	olumn (f), divide ule A, Part III, li come Percen a 10c, column (f chedule A, Part ation did not ch and stop here. ation did not ch	ed by line 13, o ne 15 tage ), divided by lin III, line 17 neck the box on . The organizat neck a box on l	ne 13, column n line 14, and li tion qualifies as ine 14 or line 1	(f))	16 17 18 than 33 1 pported of 5 is more	rganizat than 33	% % nd line ion ► □ 5 1/3%, and _

	<b>Supporting Organizations</b> (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	mplete		
ect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			1
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	0		
	organization was described in section $509(a)(1)$ or (2).	2		
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.0		
Ū	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
а				
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	Fo		
h	was accomplished (such as by amendment to the organizing document). <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already	5a		
D	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
Ŭ	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	00		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
•	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		_
)a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	0h		
~	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If</i> "Yes," <i>provide detail in</i> <b>Part VI</b> .	9c		
)2	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
Ja	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
	Schedule A (		or 990-F	<b>7</b> )

BIRD OF PRAY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019

Page 4

47-4774207

Sched	lule A (Form 990 or 990-EZ) 2019 BIRD OF PRAY FOUNDATION	47-4774207		Pa	age 5
Pa	rt IV Supporting Organizations (continued)				
			Y	′es	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and	d (c)			
	below, the governing body of a supported organization?	11	a		
b	A family member of a person described in (a) above?	11	b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail	in Part VI. 11	C		
Sec	tion B. Type I Supporting Organizations				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Y	′es	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times duri				
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervi	-			
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the su				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
	organizations and what condutors of restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	n in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated	d,			
	supervised, or controlled the supporting organization.	2	:		
Sec	tion C. Type II Supporting Organizations				
			Y	′es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the d				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how of	control			
	or management of the supporting organization was vested in the same persons that controlled or ma	anaged			
	the supported organization(s).	1			
Sec	tion D. All Type III Supporting Organizations				

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 BIRD OF PRAY FOUNDATION		47-477	4207 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explai	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organiz	zations	s must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
ection A - Aujusted Net Income		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	ated Type III supporting	organization (se

Schedule A (Form 990 or 990-EZ) 2019

Schedu	Ile A (Form 990 or 990-EZ) 2019 BIRD OF PRAY FOUNDATION		47-477	4207 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respons	live	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
-	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHED	DULE D
(Form	990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b				2	2019		
Department of the Treasury					Oper	to Public	
•	rtment of the Treasury nal Revenue Service		990 for instructions and the la	test information	_	-	ection
	e of the organization					tification number	
BTR	RD OF PRAY FOU	INDATION			47-47		
		tions Maintaining Donor Advised F	unds or Other Similar Fund	ds or Accounts		, 120,	
		if the organization answered "Yes" or			-		
			(a) Donor advised funds		(b)	Funds and other acc	ounts
1	Total number at er	nd of year			(-)	<u> </u>	
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		on inform all donors and donor advisors in v	riting that the assets held in don	or advised			
	-	anization's property, subject to the organizat				🗌 Ye	es 🗌 No
6	-	on inform all grantees, donors, and donor ac	-				
	-	purposes and not for the benefit of the done					
	conferring imperm	issible private benefit?				🗌 Ye	es 🗌 No
Pa	art II Conser	vation Easements.					
	Complete	e if the organization answered "Yes" o	n Form 990, Part IV, line 7.				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation of the second	of land for public use (e.g., recreation or edu	ucation)	eservation of a his	storically	important land a	irea
	Protection of r	natural habitat		eservation of a ce	rtified his	storic structure	
	Preservation of the second	of open space					
2	Complete lines 2a t	hrough 2d if the organization held a qualifie	d conservation contribution in the	form of a conser	vation		
	easement on the la	ast day of the tax year.			F	leld at the End o	f the Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage rest	tricted by conservation easements			2b		
C		vation easements on a certified historic stru	( )		2c		
d	Number of conser	vation easements included in (c) acquired a	fter 7/25/06, and not on a				
	historic structure lis	sted in the National Register			2d		
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminate	ed by the organiza	tion durir	ng the	
	tax year ►						
4		where property subject to conservation eas	-				
5	-	tion have a written policy regarding the peri		ling of		_	_
		orcement of the conservation easements it				🗌 Ye	
6	Staff and volunteer	r hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing	ng conservation ea	asements	during the year	
	▶						
7		es incurred in monitoring, inspecting, handli	ng of violations, and enforcing co	onservation easer	nents dur	ing the year	
_	▶\$						
8		vation easement reported on line 2(d) abov					□
	and section 170(h)					🗌 Ye	es 🗌 No
9		be how the organization reports conservation		•		h .	
		I include, if applicable, the text of the footno	te to the organization's financial s	statements that de	scribes t	ne	
Pa		ounting for conservation easements.	of Art Historical Trace	ures or Othe	r Simil	ar Ascots	
Гđ		izations Maintaining Collections			1 311111	ai ASSEIS.	
10		te if the organization answered "Yes"				worke	
id	-	elected, as permitted under FASB ASC 95 easures, or other similar assets held for pub					
						,	
b		Part XIII the text of the footnote to its final elected, as permitted under FASB ASC 95			hoot worl	ve of	
b	-	sures, or other similar assets held for public					
	an, maunual neas	ours, or other similar assets held for public	constituti, euroaliun, ur researci	i in future ance of	Public St		

provide the following amounts relating to these items:

	provide the following amounts relating to these items.
	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
b	Assets included in Form 990, Part X

Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Complete if the organization and gent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Ite         d       Additions during the year       Ite         c       Distributions during the year       Ite         d       Distributions during the year       Ite         c       Distributions during the year       Ite         c       Distributions during the year       Ite         d       Distributions during the year       Ite         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for score or a custodial account liability?       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         c       Net investment transpart, gains, and losses       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         c       Contributions <td< th=""><th></th><th>ule D (Form 990) 2019 BIRD OF PRAY FOUN</th><th></th><th></th><th></th><th>_</th><th></th><th>47-477</th><th></th><th>Page 2</th></td<>		ule D (Form 990) 2019 BIRD OF PRAY FOUN				_		47-477		Page 2		
collection tens (check all tet apply):         d          d          de collection tens (check all tet apply):         d          d          de collection tens (check all tet apply):         d          d          de collection tens (check all tet apply):         d          d          de collection tens (check all tet apply):         d          d          de collection tens (check all tet apply):         d          d          de collection tens (check all tet apply):         d          d          collection tens (check all tet apply):         d          d          de collection tens (check all tet apply):         de collectin tens (ch	Pai	rt III Organizations Maintaining Co	ollections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	Assets (C	ontinued)		
a  b b b b b b b b b b b b b b b b b b b	3	Using the organization's acquisition, accession, a	nd other records,	check any	of the follo	owing that ma	ake signi	ficant use of its				
Beginning balance     Sequent in Part XII check here if the explanation has been provided on Part XIII     Sequent in Part XII. Check here if the explanation has been provided on Part XIII     Sequent in Part XII. Check here if the explanation has been provided on Part XIII     Sequent in Part XII. Check here if the explanation that are held and administered for the     Sequent provide the estimated organizations     Sequent Part Part Part Part Part Part Part Par		collection items (check all that apply):										
Preservation for future generations     Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar     assets to be sold to raise interastient receive donations of art, historical treasures, or other similar     assets to be sold to raise interastient reaction and explain how they further the organization's exempt purpose in Part     Xili,     Souring the year, did the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form     900, Part X, line 21.     Is the organization angent rusbee, custoking or other intermetary for contributions or other assets not     included on Form 890, Part X2, line 21.     If Yes, 'explain the arrangement in Part XIII and complete the following table:         Beginning balance         Beginning diverse the arrangement in Part XIII and complete the following table:         Tere         Board Beginning of year balance         Beginning of year balance         Beginning diverse the arrangement in Part XIII.         Beginning diverse the termine the explanation has been provided on Part XIII.         Beginning diverse the arrangement is provided on the termine table of the organization answered "Yes" on Form 990, Part IV, line 10.         Corributions	а	Public exhibition		d [	Loan d	or exchange	program	IS				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.      During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		е [	Other							
XII.       5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.       If we is not collection?.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       If we is applied if the organization and the rustee, custodial account liability?       If we is applied if the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?       If we is applied if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       If we is applied if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning dryger balance       (a) Curren year       (b) Price was took       (a) Three yeas took       (a) For yeas took         2       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: applied and applied account liability?       Image: applied and applied account liability?       Image: applied account liability?         3       Complete if the organ	С	Preservation for future generations										
5       During the year, ddt the organization solitic or receive donations of art, historical treasures, or other similar assets to be solit or rate funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's collect	ions and explain	how they fu	urther the c	organization's	s exempt	purpose in Part				
assets to be seld to raise funds rather than to be maintained as part of the organization's collection?  Part IV Eccrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  I is the organization an answer the assets not included on Form 990, Part X?  I if "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Beginning of year balance  Beginning		XIII.										
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Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization angent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       N         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete if the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Contributions       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Contributions       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Permanent endowment *       %       Mesemanent for the organization state are held									. 🗌 Ye	s 🗌 No		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       is the organization an agent, trustee, oustadian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa				<u> </u>							
990, Part X, line 21.         1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Control 100, Control 1000, Control 100, Control 100, Control 100, Control 10				on Form	990. Pa	art IV. line	9. or re	eported an arr	nount on	Form		
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: The second secon				••••••			0,011			•••••		
included on Form 390, Part X?	1a		other intermedia	rv for contri	hutions or	other assets	not					
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       1d         d       Additions during the year       1d         d       Distributions during the year       1f         d       Distributions during the year       1f         d       Distributions during the year       1f         d       Distributions       1f         d       Enclowment Funds.       (d) Three years back       (e) Four years back         D       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         d       Garats or scholarships       1       1         d       Garats or scholarships       1       1       1         d       Garats or scholarships       1       1       1	iu									s 🗌 No		
c       Beginning balance       Image: Construction of the system	h						• • • •	••••	· · · [] le			
c       Beginning balance       1c         d       Additions during the year       1e         e       Distributions during the year       1e         f       Ending balance       1f         2a       Distributions during the year       1f         f       Ending balance       1f         2a       Dift Vec regainization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Vec N         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Twe years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Twe years back       (d) Three years back       (e) Four years back         d       Garats or scholarships       (a) Current year       (b) Prior year       (c) Twe years back       (e) Four years back         d       Garats or scholarships       (a) Current year       (b) Prior year       (c) Twe years back       (e) Four years back         f       Administrative expenditures for facilities and programs       (f) Administrative expenditures for facilities and programs       (f) Administrative expenditures for facilities and programs	b		complete the fold	owing table	-			•	marint			
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e       Distributions during the year       1e         f       Ending balance       1f         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       N         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year back       (d) Three years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Grants or scholarships       (a)       (b) Prior year       (c) Two years back       (d) Three years back         1a       Grants or scholarships       (a)       (a)       (a)       (a)         1a       Administrative exyenses       (a)       (a)       (a)       (a)         1												
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       N       N         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       If we spears back (e) Four years back four years back (e) Four years (e) Four years back (e) Four years back												
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Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e		-					-					
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.            a Beginning of year balance        (a) Current year        (b) Prior year        (c) Two years back        (d) Twree years back        (e) Four years back             b Contributions          (b) Prior year        (c) Two years back        (d) Twree years back        (e) Four years back        (e) Four years back        (e) Four years back        (e) Two years back        <			eck here if the exp	planation ha	as been pr	ovided on Pa	art XIII		• • • • •	<u> </u>		
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       Image: State	Pai			_								
1a       Beginning of year balance		Complete if the organization ans	swered "Yes"	on Form	990, Pa	art IV, line	10.					
b       Contributions			(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years back		
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
losses	b	Contributions										
d Grants or scholarships	С	Net investment earnings, gains, and										
e       Other expenditures for facilities and programs		losses										
programs	d	Grants or scholarships										
f       Administrative expenses	е	Other expenditures for facilities and										
g       End of year balance		programs										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         3a       Are there endowment hunds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other basis (other basis (other)         (a) Cost or other basis (investment)       (b) Cost or other basis (other)         (a) Book value       193,625         193,625       193,62         193,625       193,62         0       193,625         193,625       193,62         0       193,625         0       0	f	Administrative expenses										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment hunds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (or other basis (other)         (a) Cost or other basis (other)       (b) Cost or other basis (other)         (a) Cast or other basis (other)       (b) Accumulated depreciation         (a) Book value       (b) Book value         (a) Land       193,625         193,625       193,625         193,625       193,625         193,625       193,625         193,625 <th>g</th> <th>End of year balance</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	g	End of year balance										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-	Provide the estimated percentage of the current y	ear end balance	line 1q. co	lumn (a)) l	held as:						
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(ii) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(investment)</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li></ul>	а			0,	( )/							
c       Term endowment		• · · ·										
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiii) Related organizations</li> <li>(iiiii) Related organizations</li> <li>(iiiiii) Related organizations</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>												
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(iii) Related for other basis (other)</li> <li>(iii) Related for other basis (other)</li></ul>	Ū		aual 100%									
organization by:       Yes       Yes       Yes       N         (i) Unrelated organizations       3a(i)       3b       3b       3b       3a(i)       3b       3a(i)       3b       3a(i)       3b       3b       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3b       3b       3a(i)       3b       3b       3b       3a(i)       3b       3a(i)	3a			tion that are	held and	administered	for the					
(i)       Unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3b       3b       3b       3c(i)       3b       3c(i)       3b       3c(i)       3b       3c(i)       3b       3c(i)       3c(i)       3c(i)       3c(i)       3b       3c(i)       3c(i) </th <th>u</th> <th></th> <th></th> <th>and that are</th> <th></th> <th>aanninotoroa</th> <th></th> <th></th> <th></th> <th>Yes No</th>	u			and that are		aanninotoroa				Yes No		
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		• •							3a(i)			
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		., .										
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a       Land       193,625       193,625         b       Buildings       193,625       193,62         c       Leasehold improvements       4,337       944       3,39         e       Other       Other       Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2	<b>L</b>	() 0										
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       193,625       193,625         Land       193,625       193,62         Land       193,625       193,62         b Buildings       193,625       193,62         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         b Buildings       (b) Book value         b Buildings       193,625       193,62         c Leasehold improvements       4,337       944       3,39       e         e Other       Image: Colspan="4">Colspan="4"       Colspan="4" <th (a)="" (b)="" (c)="" (investment)="" (other)="" 10.="" 11a.="" 1a="" 990,="" accumulated="" basis="" colspan="2" cost="" depreciation="" description="" form="" image:="" iv,="" land="" line="" of="" on="" or="" other="" part="" property="" see="" x,="" yes"="">Image: Colspan="2"&gt;Image: Colspan="2" Colspan="2"&gt;Image: Colspan="2" Colspan=</th> <th></th> <th></th> <th></th> <th>wment tund</th> <th>s.</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Image: Colspan="2">Image: Colspan="2" Colspan="2">Image: Colspan="2" Colspan=					wment tund	s.					
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	Pal			on [	000 0-	wet 1\/ 15m -	110 0			no 10		
(investment)         (other)         depreciation           1a         Land												
1a       Land		Description of property	.,		.,				(d) Boo	k value		
b Buildings       193,625       193,62         c Leasehold improvements       4,337       944         d Equipment       4,337       944         e Other			(investme	ent)	(0	uner)	d	epreciation				
c         Leasehold improvements	1a											
d Equipment         4,337         944         3,39           e Other               3,39	b	-			-	193,625				193,625		
e Other	С	Leasehold improvements										
	d	Equipment				4,337		944		3,393		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	I. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Pa	rt X, colum	n (B), line	10c.)		►		197,018		

Page	3

Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on For	m 990 Part IV	ling 11b See Form	n 000 Part X line 12
	(a) Description of security or category	Tes UIFUI	(b) Book value		(c) Method of valuation:
	(including name of security)			Cost	or end-of-year market value
	d equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.,	) ►			
Part VIII	Investments - Program Related.				
	Complete if the organization answered	"Yes" on For	<u>m 990, Part IV,</u>	line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation:
				Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.,	) ►			
Part IX	Other Assets.			·	
	Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11d. See Forr	n 990, Part X, line 15.
	(a) Des	cription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 15.,	)			
Part X	Other Liabilities.			· · · · · · · · · · · · ·	
TurtX	Complete if the organization answered	"Yes" on For	m 990 Part IV	line 11e or 11f Se	e Form 990 Part X
	line 25.		in 550, i artiv,		
1		(b) D :	alua		
1. (1) Endered in	(a) Description of liability	(b) Book v	aiue		
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	) must equal Form 990, Part X, col. (B) line 25.) . ►				
2. Liability for u	ncertain tax positions. In Part XIII, provide the text	of the footnote to	the organization's	financial statements that	t reports the
organization's li	ability for uncertain tax positions under FASB ASC	740. Check here	e if the text of the fo	otnote has been provide	ed in Part XIII
EEA					Schedule D (Form 990) 20

	ule D (Form 990) 2019 BIRD OF PRAY FOUNDATION	47-477		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With F		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants         2c			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>			
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With		leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>			
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)	s OMB No. 1545-0047 2019				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.				
Department of the Treasury	<ul> <li>Attach to Form 990.</li> </ul>	Open to Public			
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection			
Name of the organization		Employer identification number			
BIRD OF PRAY FOU	INDATION	47-4774207			
Part I General	Information on Activities Outside the United States. Complete if the organization a	answered "Yes" on			
Form 99	0, Part IV, line 14b.				
1 For grantmake	rs. Does the organization maintain records to substantiate the amount of its grants and				
other assistance	, the grantees' eligibility for the grants or assistance, and the selection criteria used to				
award the grants	s or assistance?	X Yes 🗌 No			
-					

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

#### 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
RUSSIA AND					
(1)NEIGHBORING STATES			PROGRAM SERVICES	ORPHANAGES, SCHOOLS,	108,174
EAST ASIA AND THE					
(2) PACIFIC			PROGRAM SERVICES	SCHOOL BOOKS	3,000
(3) SOUTH ASIA			PROGRAM SERVICES	SCHOOL RENT AND AID	10,000
RUSSIA AND					
(4)NEIGHBORING STATES			PROGRAM SERVICES	MEDICAL TREATMENT	5,000
(5)SUB-SAHARAN AFRICA			PROGRAM SERVICES	MEDICAL TREATMENT	400
(6)					
_(7)					
_(8)					
_(9)					
<u>(</u> 10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
<u>(17)</u>					
<b>3a</b> Subtotal					126,574
b Total from continuation sheets to Part I					
<b>c</b> Totals (add lines 3a and 3b)					126,574

Schedule F (Form 990) 2019

BIRD OF PRAY FOUNDATION

#### 47-4774207

Page **2** 

Part II	Grants and Othe	r Assistance to C	rganizations or Entities	Outside the Unite	ed States. Comp	lete if the orga	nization answered	"Yes" on Fo	rm 990,
	Part IV, line 15, fo	or any recipient wh	o received more than \$5,0	00. Part II can be	duplicated if addi	tional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PURCHASE SCH	3,000	СНЕСК			
(2)			SOUTH ASIA	SCHOOL RENT	10,000	CHECK			
(3)			RUSSIA AND NEIGHBORING STATES	MEDICAL TREA	5,000	CHECK			
(4)			SUB-SAHARAN AFRICA	MEDICAL EXPE	400	CHECK			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by	the IRS, or for which the g	grantee or counsel has p	bove that are recognized as chan provided a section 501(c)(3) equi	valency letter					4_

Schedule F (Form 990) 2019

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
1)							
2)							
3)							
)							
)							
5)							
)							
)							
)							
0)							
)							
2)							
3)							
4)							
5)							
i)							
)							
3)							

Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule	F (Form 990) 2019 BIRD OF PRAY FOUNDATION 47-	4774207	7		Page <b>4</b>
Part	V Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	🗆	Yes	x	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	🗆	Yes	x	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	🗆	Yes	x	No
	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	🗆	Yes	x	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	🗆	Yes	x	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	🗆	Yes	x	No
EEA		Sched	ule F (Fo	orm 99	0) 2019

Schedule F (Form 990) 2019

Part V

BIRD OF PRAY FOUNDATION

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

47-4774207

Page 5

01. Use of grant monitoring procedures (Part I, line 2)

WHENEVER NECESSARY, BIRD OF PRAY FOUNDATION REQUIRES DOCUMENTATION AND CERTIFICATION

REGARDING THE CHARITABLE ACTIVITIES AND USE OF GRANT FUNDS. BIRD OF PRAY FOUNDATION MAY

ALSO WORK WITH THE RECIPIENTS TO VERIFY THAT FUNDS ARE USED EXCLUSIVELY FOR PROPER

CHARITABLE PURPOSES.

IN ADDITION, BIRD OF PRAY FOUNDATION MONITORS CHARITABLE ACTIVITIES OF RECEPIENT

ORGANIZATIONS AND INDIVIDUALS THROUGH VAROIUS MEDIA SEARCHES, INSPECTIONS, AND

COMMUNICATIONS.

SCHEDULE I			rants and Other				L	OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2019
Department of the Treasury		Comple		nswered "Yes" on For • Attach to Form 990.	m 990, Part IV, line 2 <sup>4</sup>	l or 22.	(	Open to Public
Internal Revenue Service				gov/Form990 for the l	atest information.			Inspection
Name of the organization							Employer identification	number
BIRD OF PRAY FOUND	ATION						47-4774207	
Part I General Ir	nformation on (	Grants and Assi	istance					
1 Does the organization	n maintain records to	substantiate the amo	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria u	used to award the gr	ants or assistance?						. 🗴 Yes 🗌 No
2 Describe in Part IV th	e organization's pro	cedures for monitorin	g the use of grant funds	in the United States.				
Part II Grants and	Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmen	ts. Complete if the	organization answered	"Yes" on Form 99	0,
Part IV, line	21, for any recipi	ent that received n	nore than \$5,000. Par	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and address or governme		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)ROCKY MOUNTAIN						ouner)		GRANT AND
PO BOX 11486								SUPPORT FOR
BOZEMAN, MT 59719		83-3282499	501(C)(3)	6,011				CHILDREN'S
(2)CATHOLIC SOCIAL	SERVICES MO							
PO BOX 907								COVER HOME
HELENA, MT 59601		81-0245570	501(C)(3)	7,700				STUDY
(3)DIRECT CONNECT	HUMANITARIAN							
PO BOX 37								PROGRAM
BELLEVUE, MI 49021		38-3424706	501(C)(3)	15,875				SUPPORT
(4) SACRED PORTIONS	CHILDREN'S							TO COVER HOME
PO BOX 11486								STUDY
BOZEMAN, MT 59719		81-0393190	501(C)(3)	7,700				EXPENSES
(5) TRACY'S CLOSET								RENOVATIONS
1069 CALICO AVE								AND PROGRAM
BILLINGS, MT 59105		83-2093884	501(C)(3)	22,840				SUPPORT
(6) DESTINY'S PROMI	SE HOMES FOR							
PO BOX 1951								SUPPLIES FOR
FRANKFORT, IL 6042	3	47-1941762	501(C)(3)	1,000				ORPHANAGE
(7)								
(8)								
(9)								
(10)								
2 Enter total number of	section 501(c)(3) ar	nd government organi	zations listed in the line 1	l table			· · · · · · ▶	6
3 Enter total number of	other organizations	listed in the line 1 tab	le					

,	orm 990) (2019)					DATION
Part III	Grants and	Other	' As	sistar	ice to	Domest

IRD OF PRAY FOUNDATION	47-4774207
her Assistance to Domestic Individuals.	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

## Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VEHICLES PROVIDED THROUGH THE					
1 COMPASSION CARS PROGRAM	3		14,000	NADA BOOK VALUE	REPAIRED RELIABLE VEHICLES
2					
3					
4					
5					
6					
7					
Part IV         Supplemental Information.         Provide	the information r	equired in Part I, lir	ne 2; Part III, columr	n (b); and any other add	litional information.
01. Monitoring procedures (Par	t I, line	2)			
THE BOARD MAINTAINS WRITTEN RECORDS OF G	RANTS AND ASS	SISTANCE TO FAMI	LIES IN NEED, IN	CLUDING THE AMOUNT	, GRANTEE'S

ELIGIBILITY, THAT THE FUNDS PROVIDED AND GRANTEE MEET THE SELECTION CRITERIA SET BY THE BOARD.

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Q

Employer identification number

47-4774207

#### BIRD OF PRAY FOUNDATION

## 01. Form 990 governing body review (Part VI, line 11)

THE BOARD REVIEWS AND APPROVES FORM 990 FOR FILING.

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

EVERY BOARD MEMBER IS GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY UPON JOINING THE

BOARD OF DIRECTORS ON AN ANNUAL BASIS, EACH BOARD MEMBER REVIEWS AND UPDATES THEIR

CONFLICT OF INTEREST DISCLOSURE FORM. THE CONFLICT OF INTEREST POLICY IS REVIEWED ON A

REGULAR BASIS AND SHOULD A BOARD MEMBER BE DETERMINED TO HAVE AN ACTUAL OR POTENTIAL

CONFLICT, THEY ARE RECUSED FROM VOTING ON THE CONFLICT ISSUE(S).

## 03. CEO, executive director, top management comp (Part VI, line 15a)

BOARD REVIEWS EXECUTIVE DIRECTOR'S SALARY SEMI-ANNUALLY TO DETERMINE THAT IT IS

REASONABLE.

04. Governing documents, etc, available to public (Part VI, line 19)

BIRD OF PRAY FOUNDATION MAKES AVAILABLE ALL DOCUMENTS TO THE PUBLIC THAT ARE REQUIRED

UNDER SECTION 501(C)(3) UPON REQUEST. 990S ARE AVAILABLE ON THEIR WEBSITE.

## 05. Significant program services not listed on prior year return (Part III, line 2)

THE ORGANIZATIONS COMPASSION CARS PROGRAM WAS CREATED IN 2019 AND NOT INCLUDED ON THE 2018

FORM 990.

#### 06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

\$120,691.00 OF PRIOR YEAR TEMPORARILY RESTRICTED NET ASSETS WERE USED IN THE COMPASSION

COFFEE PROGRAM AND INTERNATIONAL COMPASSION PROGRAM.

Form 4	562
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# **Depreciation and Amortization**

(Including Information on Listed Property)

► A1	ttach t	о у	our	tax	returr
------	---------	-----	-----	-----	--------

•	ment of the Treasury		Attach to your tax					Attachment
	I Revenue Service (99)	► Go to www.irs.go	v/Form4562 for instruc		this form relates	mation.	_	Sequence No. <b>179</b> ying number
	s) shown on return							
	O OF PRAY FOUNDAT			<u>1990 - 1</u>	-		47-	4774207
Fa		Expense Certain Pro			nloto Dort I			
1	•	nave any listed property,	· · · · · · · · · · · · · · · · · · ·	-	-		1	
2	•	nstructions)					2	
23		n 179 property before reduc	. ,				3	
4		Subtract line 3 from line 2. If a					4	
5	Dollar limitation for tax ye	ear. Subtract line 4 from line	1. If zero or less, enter -	0 If married	l filing			
6		ons					5	
6	( <b>a</b> ) De	escription of property	(b) Cost (b	ousiness use only	(C) Ele	cted cost		
7	Listed property. Enter the	e amount from line 29		7				
8		tion 179 property. Add amo					8	
9		ter the smaller of line 5 or l					9	
10		deduction from line 13 of yo					10	
11		on. Enter the smaller of busi					11	
12		duction. Add lines 9 and 10,	,	,			12	
13		deduction to 2020. Add lines			13			
Note	: Don't use Part II or Par	t III below for listed property	/. Instead, use Part V.					
Pa	rt II Special Dep	reciation Allowance	and Other Depred	iation (D	on't include l	isted proper	ty. See	e instructions.)
14	Special depreciation allo	wance for qualified property	(other than listed proper	ty) placed in	service			
	during the tax year. See	instructions					14	
15	Property subject to section	on 168(f)(1) election					15	
16		iding ACRS)					16	868
Pa	rt III MACRS De	preciation (Don't inc	lude listed property. S	See instruct	ions.)			
			Section A					
17		assets placed in service in ta					17	
8	, , ,	oup any assets placed in ser	0 ,		0			
	asset accounts, check he							
	(a) Classification of property	Assets Placed in Servi (b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method		<b>ystem</b> Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real	12-2019	193,625	5 39 yrs.	MM	S/L		207
	property				MM	S/L		
		sets Placed in Service	During 2019 Tax Ye	ear Using t	he Alternativ		tion S	ystem
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
		(See instructions.)						
21	Listed property. Enter an			••••••		21		
22		n line 12, lines 14 through 1						
<b>)</b> 2		iate lines of your return. Par				22		1,075
23		and placed in service durin outable to section 263A cost	-					

OMB No. 1545-0172

2019

	Statement of Program Service Accomplishments	2019 PG01
Name(s) as shown on return		Your Social Security Number
BIRD OF PRAY FO	DUNDATION	47-4774207
	FORM 990-PART III(A) Statement of Service Accomplishment	Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$52229
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	<b>\$</b> 0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

OUR INTERNATIONAL COMPASSION PROGRAM PROVIDED WHEELCHAIRS FOR DISABLED CHILDREN, REPLACED ROOFS ON HOMES AND BARNS, REPLACED HEATING SYSTEMS, PROVIDED EDUCATIONAL MATERIALS, VEHICLES, CLOTHING, WINTER GEAR, SHOES AND BOOTS, FOOD, BABY SUPPLIES, MEDICINE AND VITAMINS TO SHELTERS, ORPHANAGES, FOSTER FAMILIES, AND THE DISABLED IN BELARUS, UKRAINE, AND THE PHILIPPINES.

Statement of Program Service Accom	nplishments	2019 PG01
Name(s) as shown on return		Your Social Security Number
BIRD OF PRAY FOUNDATION		47-4774207
FORM 990-PART III(B)		Statement #4
Statement of Service Accomp	lishment	
PROGRAM SERVICE CODE		
PROGRAM SERVICE EXPENSES	\$30663	
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$30663	
PROGRAM SERVICES REVENUE	\$0	

## EXPLANATION

MONTANA COMPASSION GRANT PROGRAM AWARDED FUNDS TO TRACY'S CLOSET, A LOCAL 501(C)(3) THAT PROVIDES CLOTHING AND REFUGE FOR HIGH SCHOOL AGED GIRLS IN BILLINGS, MONTANA. FUNDS WERE AWARDED TO ROCKY MOUNTAIN MEDICAL FOUNDATION, A LOCAL 501(C)(3) THAT PROVIDES RESOURCES FOR INNOVATION TO IMPROVE MONTANA'S HEALTHCARE INDUSTRY. FUNDS WERE USED FOR THE MONTANA COMPASSION COFFEE PROGRAM.

	Statement of Program Service Accomplishments	2019 PG01
Name(s) as shown on return		Your Social Security Number
BIRD OF PRAY FO	UNDATION	47-4774207
	FORM 990-PART III(C) Statement of Service Accomplishment	Statement #4
PROGRAM SERVICE	CODE	

REACH OUT AND READ PROGRAM PROVIDES PARENTING AND CHILDREN'S BOOKS TO FAMILIES IN MONTANA, GIVING THEM TOOLS AND INFORMATION TO BETTER EQUIP THEM FOR THE MOST IMPORTANT JOB IN THE WORLD: RAISING CHILDREN. PROPER PARENTING ALONG WITH READING TO CHILDREN TRULY SERVES AS A CATALYST FOR HEALTHY CHILDHOOD DEVELOPMENT. OVER 250 PARENTING BOOKS WERE PROVIDED AT NO COST TO MONTANA FAMILIES IN

\$11976

\$0

\$0

PROGRAM SERVICE EXPENSES

PROGRAM SERVICES REVENUE

EXPLANATION

2019.

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE