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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

2009Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning **APR 1, 2009**, and ending **MAR 31, 2010**

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type See Specific Instructions	Name of foundation MARSHALL AND MARY BRONDUM SPECIAL ASSISTANCE FOUNDATION, INC.		A Employer identification number 36-3700887
	Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number 406-549-4148
	City or town, state, and ZIP code MISSOULA, MT 59806		C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,069,804. (Part I, column (d) must be on cash basis)		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	43.	43.		STATEMENT 1
	4 Dividends and interest from securities	27,829.	27,829.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<104,725.>			
	b Gross sales price for all assets on line 6a	475,615.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	5,249.	5,249.		STATEMENT 3	
12 Total Add lines 1 through 11	<71,604.>	33,121.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 4	12,759.	3,190.		9,569.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 5	295.	0.		0.
	19 Depreciation and depletion	100.	100.		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
23 Other expenses STMT 6	16,483.	331.		16,152.	
24 Total operating and administrative expenses Add lines 13 through 23	29,637.	3,621.		25,721.	
25 Contributions, gifts, grants paid	169,733.			169,733.	
26 Total expenses and disbursements Add lines 24 and 25	199,370.	3,621.		195,454.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<270,974.>				
b Net investment income (if negative, enter -0-)		29,500.			
c Adjusted net income (if negative, enter -0-)			N/A		

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MARSHALL AND MARY BRONDUM
SPECIAL ASSISTANCE FOUNDATION, INC.

36-3700887

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

				Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing		7,587.	14,090.	14,090.
	2	Savings and temporary cash investments		11,223.	88,622.	88,622.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges			105.	105.
	10a	Investments - U.S. and state government obligations STMT 7		4,725.	0.	0.
	b	Investments - corporate stock STMT 8		201,215.	0.	0.
	c	Investments - corporate bonds STMT 9		50,005.	50,005.	46,370.
Liabilities	11	Investments - land, buildings and equipment basis ▶	695.			
		Less: accumulated depreciation ▶	448.	347.	247.	247.
	12	Investments - mortgage loans				
	13	Investments - other STMT 10		3,212,638.	3,063,375.	2,919,576.
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation ▶				
	15	Other assets (describe ▶ STATEMENT 11)		870.	794.	794.
	16	Total assets (to be completed by all filers)		3,488,610.	3,217,238.	3,069,804.
	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶ EXCISE TAX PAYABLE)		398.	0.	
	23	Total liabilities (add lines 17 through 22)		398.	0.	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31				
	24	Unrestricted		3,488,212.	3,217,238.	
	25	Temporarily restricted				
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances		3,488,212.	3,217,238.	
	31	Total liabilities and net assets/fund balances		3,488,610.	3,217,238.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,488,212.
2	Enter amount from Part I, line 27a	2	<270,974.>
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	3,217,238.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,217,238.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b SEE ATTACHED STATEMENTS					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e 475,615.		580,340.	<104,725.>		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e			<104,725.>		
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	<104,725.>	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	N/A	

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col. (c))
2008	203,144.	2,982,460.	.068113
2007	251,061.	4,005,269.	.062683
2006	108,960.	3,809,252.	.028604
2005	201,697.	3,595,138.	.056103
2004	170,269.	3,447,564.	.049388

2 Total of line 1, column (d)	2	.264891
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.052978
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,752,648.
5 Multiply line 4 by line 3	5	145,830.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	295.
7 Add lines 5 and 6	7	146,125.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	195,454.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	295.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		3	295.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	295.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		6a	400.
6 Credits/Payments:		6b	
a 2009 estimated tax payments and 2008 overpayment credited to 2009		6c	
b Exempt foreign organizations - tax withheld at source		6d	
c Tax paid with application for extension of time to file (Form 8868)		7	400.
d Backup withholding erroneously withheld		8	
7 Total credits and payments. Add lines 6a through 6d		9	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		10	105.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		11	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> 105. Refunded <input type="checkbox"/>			

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> NONE		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

**MARSHALL AND MARY BRONDUM
SPECIAL ASSISTANCE FOUNDATION, INC.**

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► JCCS, PC Telephone no. ► 406-549-4148
 Located at ► PO BOX 16237, MISSOULA, MT ZIP+4 ► 59808

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	<u>N/A</u>	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	<u>N/A</u>	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	<u>N/A</u>	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

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

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

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

0

Form 990-PF (2009)

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

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

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B**Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Form 990-PF (2009)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,729,276.
b	Average of monthly cash balances	1b	65,290.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,794,566.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,794,566.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,918.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,752,648.
6	Minimum investment return. Enter 5% of line 5	6	137,632.

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

1	Minimum investment return from Part X, line 6	1	137,632.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	295.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	295.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	137,337.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	137,337.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	137,337.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	195,454.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	195,454.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	295.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	195,159.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				137,337.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				12,856.
f Total of lines 3a through e	12,856.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$	195,454.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				137,337.
e Remaining amount distributed out of corpus	58,117.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	70,973.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	70,973.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008	12,856.			
e Excess from 2009	58,117.			

Form **990-PF** (2009)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year GRANTS APPROVED - SEE ATTACHED SCHEDULE				169,733.
Total			► 3a	169,733.
b Approved for future payment NONE				
Total			► 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	43.	
4 Dividends and interest from securities			14	27,829.	
5 Net rental income (or (loss)) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income (or (loss)) from personal property					
7 Other investment income					5,249.
8 Gain or (loss) from sales of assets other than inventory			18	<104,725.>	
9 Net income (or (loss)) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		<76,853.>	5,249.
13 Total. Add line 12, columns (b), (d), and (e)					<71,604.>

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		Yes	No
	1a(1)		X
	1a(2)		X
	1b(1)		X
	1b(2)		X
	1b(3)		X
	1b(4)		X
	1b(5)		X
	1b(6)		X
	1c		X

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee <u>Ken Caruso</u>		Date <u>12-1-10</u>	Title <u>President</u>
	Preparer's signature <u>[Signature]</u>		Date <u>6-29-10</u>	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code <u>JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC</u> <u>P.O. BOX 16237</u> <u>MISSOULA, MT 59808</u>			Preparer's identifying number <u>406-549-4148</u>
	EIN <u>13-1000000</u>			Phone no. <u>406-549-4148</u>

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	5000 MONT ST BOH MULTIFAM HSG BOND		11/08/94	02/01/10
b	WR ADVISORS CORE INVESTMENT A 16049.383 SH.		VARIOUS	05/12/09
c	ALCOA INC. 1640 SH.		12/05/08	11/03/09
d	BANK OF AMERICA 1100 SH.		12/05/08	11/03/09
e	DUPONT DE DENEMOURS 625 SH.		VARIOUS	11/03/09
f	DUPONT DE DENEMOURS 85 SH.		12/05/08	11/03/09
g	GENERAL ELECTRIC 770 SH.		VARIOUS	11/03/09
h	GENERAL ELECTRIC SH.		12/05/08	11/03/09
i	JP MORGAN CHASE 645 SH.		VARIOUS	11/03/09
j	KRAFT FOODS 600 SH.		12/05/08	11/03/09
k	MERCK & CO 600 SH.		12/05/08	11/03/09
l	PHIZER INC. 1050 SH.		VARIOUS	11/03/09
m	SBC COMMUNICATIONS 585 SH.		VARIOUS	11/03/09
n	VERIZON COMMUNICATIONS 525 SH.		VARIOUS	11/03/09
o	WR ADVISORS US GOVT 4416.961 SH.		VARIOUS	05/18/09

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,000.		4,725.	275.
b 65,000.		95,993.	<30,993.>
c 20,690.		16,194.	4,496.
d 16,549.		15,894.	655.
e 20,101.		22,557.	<2,456.>
f 2,734.		1,972.	762.
g 11,108.		28,115.	<17,007.>
h 3,318.		4,028.	<710.>
i 27,605.		15,505.	12,100.
j 16,034.		15,946.	88.
k 18,440.		16,312.	2,128.
l 17,787.		27,909.	<10,122.>
m 14,853.		17,664.	<2,811.>
n 15,382.		19,119.	<3,737.>
o 25,000.		25,064.	<64.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			275.
b			<30,993.>
c			4,496.
d			655.
e			<2,456.>
f			762.
g			<17,007.>
h			<710.>
i			12,100.
j			88.
k			2,128.
l			<10,122.>
m			<2,811.>
n			<3,737.>
o			<64.>

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	WR ADVISORS US GOVT 7220.217 SH.		VARIOUS	06/11/09
b	WR ADIVSORS US GOVT 2826.86 SH.		VARIOUS	08/31/09
c	WR ADVISORS CONTINENTAL 3536.068 SH.		VARIOUS	08/25/09
d	WR ADVISORS RETIREMENT 20930.225 SH.		VARIOUS	06/26/09
e	CAPITAL GAINS DIVIDENDS			
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 40,000.		40,969.	<969.>
b 16,000.		15,991.	9.
c 25,000.		24,343.	657.
d 114,340.		172,040.	<57,700.>
e 674.			674.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<969.>
b			9.
c			657.
d			<57,700.>
e			674.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	<104,725.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
INTEREST INCOME	43.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	43.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDEND INCOME	28,503.	674.	27,829.
TOTAL TO FM 990-PF, PART I, LN 4	28,503.	674.	27,829.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REFUNDS	5,249.	5,249.	
TOTAL TO FORM 990-PF, PART I, LINE 11	5,249.	5,249.	

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	12,759.	3,190.		9,569.
OTHER PROFESSIONAL FEES	0.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	12,759.	3,190.		9,569.

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX	295.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	295.	0.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MISC	2,186.	331.		1,855.	
CLERICAL SERVICES	14,297.	0.		14,297.	
TO FORM 990-PF, PG 1, LN 23	16,483.	331.		16,152.	

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
GOVERNMENT OBLIGATIONS	X		0.	0.	
TOTAL U.S. GOVERNMENT OBLIGATIONS					
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS					
TOTAL TO FORM 990-PF, PART II, LINE 10A			0.	0.	

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 10B	0.	0.

FORM 990-PF	CORPORATE BONDS	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	50,005.	46,370.
TOTAL TO FORM 990-PF, PART II, LINE 10C	50,005.	46,370.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	COST	3,063,375.	2,919,576.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,063,375.	2,919,576.

FORM 990-PF	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST RECEIVABLE	870.	794.	794.
TO FORM 990-PF, PART II, LINE 15	870.	794.	794.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
KEN CARUSO MISSOULA MONTANA	PRESIDENT 0.00	0.	0. 0.
KATHY FLYNN MISSOULA MONTANA	TRUSTEE 0.00	0.	0. 0.
SABRINA WHITE MISSOULA MONTANA	TREASURER 0.00	0.	0. 0.
ANNA MARTELLO MISSOULA MONTANA	TRUSTEE 0.00	0.	0. 0.
JAMES E CONGDON MISSOULA MONTANA	TRUSTEE 0.00	0.	0. 0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0. 0.

**MARSHALL & MARY BRONDUM
SPECIAL ASSISTANCE FOUNDATION, INC.**

PO Box 3106
Missoula, MT 59806-3106

GRANT APPLICATION _____
(Foundation use only)

* Please attach supporting information if necessary. If sufficient space is not available continue on additional paper.

Name _____

Address _____

City, State, Zip Code _____

Phone (Work) _____ (Home) _____

Caseworker (if applicable) who can be contacted _____ Phone Number _____

Agency _____ Address _____

Has your Organization received a 501(c)(3) exemption? Yes _____ No _____ NA _____

Brief Description of purpose and need of project for which contribution is requested _____

Estimated Project Period _____ to _____

Are you eligible for Federal or State aid? _____ Briefly describe ineligibility condition _____

Total Cost \$ _____ Amount requested from M & MBSAF \$ _____
For building modifications, including ramps, that exceed \$3,000.00, please submit two (2) estimates.

Total family monthly income \$ _____ Total family monthly obligations \$ _____

Total assets available \$ _____

Amount & source of pledges/commitments to date _____

Other funding sources (and amounts) applied to for this grant \$ _____

I hereby certify that all information stated on this form is true to the best of my knowledge. I also grant permission to investigate the accuracy of this request.

PRIOR PURCHASES OR DEBT ACQUIRED BY INDIVIDUALS ARE NOT FUNDED.

Signature _____ Date _____

The Foundation considers grant allocations at its quarterly meeting. Applicants will be notified by mail of approval or denial of their applications.

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

Please submit vendor quote or bid with application (Updated 4-28-10)

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Abbott	N/A	N/A	Financial assistance	\$300 00
Siri			None	\$0.00
Missoula MT			None	\$0 00
Anderle	N/A	N/A	Assistive equipment/devi	\$299.00
Gary			None	\$0.00
Columbia Fal MT			None	\$0.00
Anderson	N/A	N/A	Medical/dental rehab	\$319.90
Colleen			None	\$0.00
Missoula MT			None	\$0 00
Beebee	N/A	N/A	Accessible housing	\$100 00
Patricia			None	\$0 00
Missoula MT			None	\$0.00
Bigart	N/A	N/A	Assistive equipment/devi	\$3,598.99
Tracy			None	\$0 00
Missoula MT			None	\$0.00
Bitterroot Therapeutic Riding	N/A	N/A	Local support	\$2,200.00
			None	\$0.00
Corvallis MT			None	\$0.00
Boyd	N/A	N/A	Cap improve/equip	\$1,170.00
Jonathan			None	\$0.00
Poplar MT			None	\$0.00
Brickman	N/A	N/A	Assistive equipment/devi	\$410.00
Charles			None	\$0 00
Billings MT			None	\$0 00
Bridger	N/A	N/A	Assisted living	\$1,302.20
Joel			None	\$0.00
Missoula MT			None	\$0 00

MIMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Buck	N/A	N/A	Assistive equipment/devi	\$899.00
Sue			None	\$0.00
Great Falls MT			None	\$0.00
Butte Emergency Food Bank	N/A	N/A	Local support	\$3,739.00
Joanne Cortese			None	\$0.00
Butte MT			None	\$0.00
Byram	N/A	N/A	Computers	\$1,005.80
Kristin			None	\$0.00
Billings MT			None	\$0.00
Center for Mental Health Foundation	N/A	Public	Local support	\$1,000.00
Joan Higgins-Smith			None	\$0.00
Helena MT			None	\$0.00
Center for Music by People Disabilities	N/A	N/A	Local support	\$1,000.00
Devan Kartha			None	\$0.00
Missoula MT			None	\$0.00
Cerovski	N/A	N/A	Assistive equipment/devi	\$1,064.83
Rose			None	\$0.00
Missoula MT			None	\$0.00
Charette	N/A	N/A	Cap improve/equip	\$580.00
Roberta "Missy"			None	\$0.00
Wolf Point MT			None	\$0.00
Christmas 2009	N/A	N/A	Local support	\$3,500.00
			None	\$0.00
			None	\$0.00
Claire	N/A	N/A	Assistive equipment/devi	\$850.00
Adrienne			None	\$0.00
Missoula MT			None	\$0.00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Clark	N/A	N/A	Assisted living	\$2,600 00
Holly			None	\$0 00
Missoula MT			None	\$0 00
Clincher	N/A	N/A	Accessible housing	\$794 20
Steve			None	\$0.00
Poplar MT			None	\$0 00
Cobban	N/A	N/A	Assistive equipment/devi	\$3,893.71
Linda			None	\$0.00
Missoula MT			None	\$0 00
Connelley	N/A	N/A	Assistive equipment/devi	\$405 00
Myles			None	\$0.00
Whitefish MT			None	\$0.00
Cook	N/A	N/A	Assisted living	\$1,588 08
Gail			None	\$0.00
Missoula MT			None	\$0.00
Creech	N/A	N/A	Accessible housing	\$3,000 00
Angelo			None	\$0 00
Billings MT			None	\$0.00
Danzer	N/A	N/A	Assistive equipment/devi	\$3,598 99
Joseph			None	\$0.00
Missoula MT			None	\$0 00
Davis	N/A	N/A	Cap improve/equip	\$1,400.00
Bertha			None	\$0.00
Billings MT			None	\$0.00
Davis	N/A	N/A	Assistive equipment/devi	\$559.00
Jeffery			None	\$0.00
Hamilton MT			None	\$0.00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Dawson	N/A	N/A	Computers	\$295.00
Wyonna Avis			None	\$0 00
Hot Springs MT			None	\$0.00
Deserly	N/A	N/A	Assistive equipment/devi	\$219 00
Jodahna			None	\$0 00
Wolf Point MT			None	\$0.00
Dowden	N/A	N/A	Assistive equipment/devi	\$3,964.19
Lenora			Computers	\$0.00
Hamilton MT			None	\$0.00
Dreese	N/A	N/A	Cap improve/equip	\$1,200.00
Glenna			None	\$0.00
Florence MT			None	\$0 00
Enderlin	N/A	N/A	Assistive equipment/devi	\$2,395 00
Sheri			None	\$0.00
Missoula MT			None	\$0.00
Enderlin	N/A	N/A	Assistive equipment/devi	\$2,395.00
Darlene			None	\$0.00
Missoula MT			None	\$0.00
Endicott	N/A	N/A	Hearing	\$950 00
Stephanie			None	\$0.00
Billings MT			None	\$0.00
Englert	N/A	N/A	Assistive equipment/devi	\$454.80
Leslie			None	\$0 00
Brdger MT			None	\$0.00
Forshey	N/A	N/A	Computers	\$860.00
Carol			None	\$0.00
Missoula MT			None	\$0.00

MIMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Fry	N/A	N/A	Financial assistance	\$1,425.00
Wynona "Kelly"			None	\$0 00
Missoula MT			None	\$0 00
Gates	N/A	N/A	Assistive equipment/devi	\$1,500 00
Danny			None	\$0.00
Billings MT			None	\$0.00
Goivich	N/A	N/A	Financial assistance	\$2,500.00
Zane			None	\$0 00
Missoula MT			None	\$0.00
Grand	N/A	N/A	Medical/dental rehab	\$720.00
Doug			None	\$0 00
Missoula MT			None	\$0.00
Greene	N/A	N/A	Assistive equipment/devi	\$2,200.00
Russel			None	\$0 00
Plains MT			None	\$0.00
Halland	N/A	N/A	Computers	\$980 00
Madison			None	\$0.00
Florence MT			None	\$0.00
Hampton	N/A	N/A	Assistive equipment/devi	\$879.99
Nancy			None	\$0.00
Great Falls MT			None	\$0.00
Hawley	N/A	N/A	Assistive equipment/devi	\$3,098.99
Tesche			None	\$0 00
Havre MT			None	\$0 00
Heavy Runner	N/A	N/A	Medical/dental rehab	\$1,264.88
Barbara			None	\$0 00
Missoula MT			None	\$0 00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Henry	N/A	N/A	Financial assistance	\$480.00
Carol			None	\$0.00
Missoula MT			None	\$0.00
Hutter	N/A	N/A	Medical/dental rehab	\$579.99
Robin			None	\$0.00
Missoula MT			None	\$0.00
Jackson	N/A	N/A	Assistive equipment/devi	\$615.63
Sherry			None	\$0.00
Noxon MT			None	\$0.00
Jeffries	N/A	N/A	Financial assistance	\$500.00
Dakota			None	\$0.00
Missoula MT			None	\$0.00
Jeffries	N/A	N/A	Financial assistance	\$250.00
Dakota			None	\$0.00
Missoula MT			None	\$0.00
Johnston	N/A	N/A	Financial assistance	\$350.00
Glenn			None	\$0.00
Superior MT			None	\$0.00
Jolliffe	N/A	N/A	Assistive equipment/devi	\$409.72
Jerry			None	\$0.00
Missoula MT			None	\$0.00
Jones	N/A	N/A	Assistive equipment/devi	\$425.00
Andy			None	\$0.00
Polson MT			None	\$0.00
Jordan	N/A	N/A	Computers	\$479.99
Jackie			None	\$0.00
Missoula MT			None	\$0.00

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 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Kelly	N/A	N/A	Assistive equipment/devi	\$1,470 00
Richard			None	\$0.00
Billings MT			None	\$0 00
Kemmer	N/A	N/A	None	\$500.00
Evelyn Joyce			None	\$0.00
Missoula MT			None	\$0 00
Kendall	N/A	N/A	Assistive equipment/devi	\$2,300.00
Hillary			None	\$0 00
Missoula MT			None	\$0.00
Kester	N/A	N/A	Sight	\$805.00
Betty			None	\$0 00
Hamilton MT			None	\$0 00
Kohlman	N/A	N/A	Computers	\$996.75
Kimberly			None	\$0.00
Havre MT			None	\$0 00
Lake	N/A	N/A	Assistive equipment/devi	\$961 75
James			None	\$0 00
Ronan MT			None	\$0 00
LeBrun	N/A	N/A	Hearing	\$2,425 00
Raymond			None	\$0 00
Ronan MT			None	\$0.00
Lemke	N/A	N/A	Cap improve/equip	\$1,500.00
Joe			None	\$0 00
Wolf Point MT			None	\$0 00
Lenhardt	N/A	N/A	Financial assistance	\$5,000.00
Sheri Ann			None	\$0.00
Laurel MT			None	\$0.00

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 GRANTS AND CONTRIBUTIONS
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Recipient	Relati- onship	Fdn Status	Purpose	Amount
Lewis	N/A	N/A	Assistive equipment/devi	\$499.98
Candace			None	\$0.00
Clinton MT			None	\$0.00
Lucas	N/A	N/A	Computers	\$599.99
Karen			None	\$0.00
Missoula MT			None	\$0.00
Lund	N/A	N/A	Cap improve/equip	\$875.00
Charles			None	\$0.00
Billings MT			None	\$0.00
MacGrady	N/A	N/A	Financial assistance	\$504.42
Roberta "Robbie"			None	\$0.00
Missoula MT			None	\$0.00
Marshall	N/A	N/A	Cap improve/equip	\$749.97
Steve			None	\$0.00
Missoula MT			None	\$0.00
Martinez	N/A	N/A	Hearing	\$2,750.00
Yolanda			None	\$0.00
Missoula MT			None	\$0.00
McClammy	N/A	N/A	Assistive equipment/devi	\$834.00
George			None	\$0.00
Wolf Point MT			None	\$0.00
McClammy	N/A	N/A	Cap improve/equip	\$1,113.27
George			None	\$0.00
Wolf Point MT			None	\$0.00
Meagher County Senior Center	N/A	N/A	Local support	\$2,000.00
Beth Hunt			None	\$0.00
White Sulphre MT			None	\$0.00

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 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Merwin	N/A	N/A	Assistive equipment/devi	\$2,900.00
Rick			None	\$0.00
Hamilton MT			None	\$0.00
Miller	N/A	N/A	Assistive equipment/devi	\$2,395.00
Phyllis			None	\$0 00
Great Falls MT			None	\$0.00
Missoula Aging Services	N/A	N/A	Local support	\$5,000.00
Susan Kohler			None	\$0 00
Missoula MT			None	\$0 00
Montana Conservation Science Institute	N/A	N/A	Local support	\$2,500 00
Beth Underwood			None	\$0 00
Missoula MT			None	\$0.00
Moore	N/A	N/A	Medical/dental rehab	\$600 00
Patricia			None	\$0 00
Missoula MT			None	\$0.00
Moran	N/A	N/A	Medical/dental rehab	\$694.00
Patricia			None	\$0.00
Missoula MT			None	\$0.00
Morgan	N/A	N/A	Medical/dental rehab	\$998.40
Robert			None	\$0 00
Missoula MT			None	\$0.00
Morris	N/A	N/A	Assistive equipment/devi	\$1,188.00
Barbara			None	\$0.00
Missoula MT			None	\$0.00
National Camps for Blind Children	N/A	N/A	Local support	\$2,100 00
Ed Horan			None	\$0 00
Lewistown MT			None	\$0.00

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 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Recipient	Relati- onship	Fdn Status	Purpose	Amount
Nulliner	N/A	N/A	Financial assistance	\$3,000.00
Cody			None	\$0.00
Missoula MT			None	\$0.00
Olson	N/A	N/A	Medical/dental rehab	\$480.00
Christine			None	\$0.00
Missoula MT			None	\$0.00
Owens	N/A	N/A	Cap improve/equip	\$3,500.00
Barbara			None	\$0.00
Hamilton MT			None	\$0.00
Parker	N/A	N/A	None	\$2,345.00
Richard			None	\$0.00
Missoula MT			None	\$0 00
Phillips	N/A	N/A	Sight	\$2,765.00
Emily			None	\$0.00
Billings MT			None	\$0 00
Pilati	N/A	N/A	Cap improve/equip	\$2,350 00
Stacey			None	\$0 00
Red Lodge MT			None	\$0.00
Poverello Center	N/A	N/A	Local support	\$540.00
Ellie Hill			None	\$0.00
Missoula MT			None	\$0.00
Price	N/A	N/A	Assistive equipment/devi	\$2,500 00
Theresa			None	\$0 00
Lolo MT			None	\$0.00
Rackley	N/A	N/A	Assistive equipment/devi	\$1,695.96
Frank			None	\$0.00
Florence MT			None	\$0.00

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Receipient	Relati- onship	Fdn Status	Purpose	Amount
Rawls	N/A	N/A	Cap improve/equip	\$1,950.00
Mary			None	\$0.00
Billings MT			None	\$0.00
Rivera	N/A	N/A	Assistive equipment/devi	\$1,262.18
Irene			None	\$0.00
Stevensville MT			None	\$0.00
Rogers	N/A	N/A	Hearing	\$2,745 00
Charles			None	\$0.00
Belgrade MT			None	\$0 00
Schelling	N/A	N/A	Assistive equipment/devi	\$2,500 00
Ryan			None	\$0.00
Kalispell MT			None	\$0.00
Skrivseth	N/A	N/A	Assistive equipment/devi	\$2,200.00
Kurt			None	\$0.00
Missoula MT			None	\$0.00
Smith	N/A	N/A	Medical/dental rehab	\$624.00
David			None	\$0 00
Missoula MT			None	\$0 00
Stafford	N/A	N/A	Assistive equipment/devi	\$1,899 00
Lori			None	\$0.00
Bigfork MT			None	\$0.00
Sullivan	N/A	N/A	Cap improve/equip	\$2,000 00
Kimberly Jo			None	\$0 00
Billings MT			None	\$0 00
Summit Independent Living Center	N/A	N/A	Local support	\$2,100.00
Mary Olson			None	\$0.00
Missoula MT			None	\$0 00

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 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
The Parenting Place	N/A	N/A	Local support	\$3,000.00
Teresa Nygaard			None	\$0.00
Missoula MT			None	\$0.00
Throckmorton	N/A	N/A	Cap improve/equip	\$2,100 00
Barbara			None	\$0.00
Billings MT			None	\$0.00
Upshaw	N/A	N/A	Medical/dental rehab	\$2,000.00
Cheryl			Financial assistance	\$0.00
Manhattan MT			None	\$0 00
Van Hoozen	N/A	N/A	Medical/dental rehab	\$214.82
Mary Ellen			None	\$0 00
Great Falls MT			None	\$0.00
Van Orden	N/A	N/A	Assistive equipment/devi	\$1,500.00
Natoma			None	\$0.00
Kalispell MT			None	\$0 00
Vasser	N/A	N/A	Assistive equipment/devi	\$462 92
Pam			None	\$0.00
Missoula MT			None	\$0.00
Walter	N/A	N/A	Medical/dental rehab	\$1,152.50
Devin			None	\$0 00
Missoula MT			None	\$0.00
Walton	N/A	N/A	Assistive equipment/devi	\$194 48
James			None	\$0.00
Hamilton MT			None	\$0 00
Wamsley	N/A	N/A	Assistive equipment/devi	\$1,417.63
Michael			None	\$0.00
Missoula MT			None	\$0.00

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Receipient	Relati- onship	Fdn Status	Purpose	Amount
Warthen	N/A	N/A	Hearing	\$1,800.00
Eva			None	\$0.00
Missoula MT			None	\$0.00
Whitworth	N/A	N/A	Computers	\$1,399.00
Kadence			None	\$0.00
Pablo MT			None	\$0 00
Willis	N/A	N/A	Medical/dental rehab	\$306.00
Barb			None	\$0.00
Missoula MT			None	\$0.00
Winstead	N/A	N/A	Medical/dental rehab	\$900.00
Nancy			None	\$0.00
Florence MT			None	\$0 00