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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2010

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

For calendar year 2010, or tax year beginning APR 1, 2010, and ending MAR 31, 2011

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

| | | |
|---|--|--|
| 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) PO BOX 3106 | 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"/> |
| 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 | | D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,452,019. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| (Part I, column (d) must be on cash basis) | | 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) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| 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 | | 23. | 23. | | STATEMENT 1 |
| 4 Dividends and interest from securities | | 29,657. | 29,657. | | STATEMENT 2 |
| 5a Gross rents | | | | | |
| b Net rental income or (loss) | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | <26,214.> | | | |
| b Gross sales price for all assets on line 6a | | 663,099. | | | |
| 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 | | 2,994. | 2,994. | | STATEMENT 3 |
| 12 Total. Add lines 1 through 11 | | 6,460. | 32,674. | | |
| 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 | | 16,255. | 4,064. | | 12,191. |
| c Other professional fees | | | | | |
| 17 Interest | | | | | |
| 18 Taxes STMT 5 | | 563. | 0. | | 0. |
| 19 Depreciation and depletion | | 100. | 100. | | |
| 20 Occupancy | | | | | |
| 21 Travel, conferences, and meetings | | | | | |
| 22 Printing and publications | | | | | |
| 23 Other expenses STMT 6 | | 19,160. | 336. | | 18,824. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | 36,078. | 4,500. | | 31,015. |
| 25 Contributions, gifts, grants paid | | 123,718. | | | 123,718. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | 159,796. | 4,500. | | 154,733. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | <153,336.> | | | |
| b Net investment income (if negative, enter -0-) | | | 28,174. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |

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

| Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small> | | Beginning of year | End of year | |
|--|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 14,090. | 11,548. | 11,548. |
| | 2 Savings and temporary cash investments | 88,622. | 12,554. | 12,554. |
| | 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. | | |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds STMT 7 | 50,005. | 50,005. | 49,448. |
| 11 Investments - land, buildings, and equipment: basis ▶ 695. | | | | |
| Less: accumulated depreciation ▶ 548. | 247. | 147. | 147. | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other STMT 8 | 3,063,375. | 2,988,896. | 3,377,528. | |
| 14 Land, buildings, and equipment: basis ▶ | | | | |
| Less: accumulated depreciation ▶ | | | | |
| 15 Other assets (describe ▶ STATEMENT 9) | 794. | 794. | 794. | |
| 16 Total assets (to be completed by all filers) | 3,217,238. | 3,063,944. | 3,452,019. | |
| Liabilities | 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) | 0. | 42. | |
| 23 Total liabilities (add lines 17 through 22) | 0. | 42. | | |
| 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 | 3,217,238. | 3,063,902. | |
| | 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 | 3,217,238. | 3,063,902. | | |
| 31 Total liabilities and net assets/fund balances | 3,217,238. | 3,063,944. | | |

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 | 3,217,238. |
| 2 Enter amount from Part I, line 27a | 2 | <153,336.> |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 3,063,902. |
| 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 | 3,063,902. |

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 PUBLICLY TRADED SECURITIES | | | | |
| b CAPITAL GAINS DIVIDENDS | | | | |
| 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 627,255. | | 689,313. | <62,058.> | |
| b 35,844. | | | 35,844. | |
| c | | | | |
| d | | | | |
| e | | | | |
| 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 | | | <62,058.> | |
| b | | | 35,844. | |
| c | | | | |
| d | | | | |
| e | | | | |
| 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 | <26,214.> | |
| 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)) |
|--|--|--|---|
| 2009 | 195,159. | 2,752,648. | .070899 |
| 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 |

| | | |
|--|---|------------|
| 2 Total of line 1, column (d) | 2 | .286402 |
| 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 | .057280 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | 4 | 3,041,066. |
| 5 Multiply line 4 by line 3 | 5 | 174,192. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 282. |
| 7 Add lines 5 and 6 | 7 | 174,474. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 154,733. |

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

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

| | | | |
|--|----|------|------|
| 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) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 563. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 563. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | 0. |
| 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 563. |
| 6 Credits/Payments: | | | |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | 521. | |
| b Exempt foreign organizations - tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 521. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 42. | |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

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. \$ 0. (2) On foundation managers. \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. | | |
| 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) MT | | |
| 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 2010 or the taxable year beginning in 2010 (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

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? Website address ► <u>N/A</u> | 13 | X | |
| 14 | The books are in care of ► <u>JCCS, PC</u> Telephone no. ► <u>406-549-4148</u> Located at ► <u>PO BOX 16237, MISSOULA, MT</u> ZIP+4 ► <u>59808</u> | | | |
| 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 | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► | 16 | Yes | No |
| | | | | X |

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 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here | N/A | 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 2010? | | 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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years ► _____, _____, _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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.) | N/A | 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 2010 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 2010) | N/A | 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 2010? | | 4b |
| | | X |

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

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?

If "Yes" to 6b, file Form 8870

6b

X

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 10 | | 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

**MARSHALL AND MARY BRONDUM
SPECIAL ASSISTANCE FOUNDATION, INC.**
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 | 3,045,590. |
| b | Average of monthly cash balances | 1b | 41,787. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 3,087,377. |
| 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 | 3,087,377. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 46,311. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,041,066. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 152,053. |

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 | 152,053. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 563. |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 563. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 151,490. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 2,994. |
| 5 | Add lines 3 and 4 | 5 | 154,484. |
| 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 | 154,484. |

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 | 154,733. |
| 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 | 154,733. |
| 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 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 154,733. |

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 2009 | (c) 2009 | (d) 2010 |
|---|----------------|----------------------------|-------------|-----------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 154,484. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | 12,856. |
| e From 2009 | | | | 58,117. |
| f Total of lines 3a through e | 70,973. | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 154,733. | | | | |
| a Applied to 2009, 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 2010 distributable amount | | | | 154,484. |
| e Remaining amount distributed out of corpus | 249. | | | |
| 5 Excess distributions carryover applied to 2010 (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 | 71,222. | | | |
| 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 2009. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 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 2005 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 71,222. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | 12,856. |
| d Excess from 2009 | | | | 58,117. |
| e Excess from 2010 | | | | 249. |

Form **990-PF** (2010)

| | |
|----------------|--|
| Part XV | Supplementary Information (continued) |
|----------------|--|

3 Grants and Contributions Paid During the Year or Approved for Future Payment

[illegible]

Part XVI-A Analysis of Income-Producing Activities

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 | 23. | |
| 4 Dividends and interest from securities | | | 14 | 29,657. | |
| 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 | | | | | 2,994. |
| 8 Gain or (loss) from sales of assets other than inventory | | | 14 | <26,214.> | |
| 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. | | 3,466. | 2,994. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 6,460. |

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

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

Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

7 REFUNDS AND UNCLAIMED GRANTS AS PART OF OPERATING ORGANIZATION

| | |
|------------------|--|
| 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? | | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | 1a(1) | | X |
| (2) Other assets | 1a(2) | | X |
| b Other transactions: | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| (4) Reimbursement arrangements | 1b(4) | | X |
| (5) Loans or loan guarantees | 1b(5) | | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| 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. | | | |

[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 | | |
| | | |
| | | |
| | | |
| | | |

**Sign
Here**

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.

Signature of officer or trustee

Date _____

TREASURER

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

DAVID L. GILMER,
CPA

Preparer's signature

David B. Fisher

Date _____

6.1-11

Check ☐ self-employed

PTIN

Firm's name ► JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC
P.O. BOX 16237

Firm's EIN ►

Firm's address ► MISSOULA, MT 59808

| | |
|-----------|--------------|
| Phone no. | 406-549-4148 |
|-----------|--------------|

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 |
|----------------|-------------------|---------------|--------------------------|------------|
| Adolf | N/A | N/A | Accessible housing | \$3,577.00 |
| Walter | | | None | \$0.00 |
| Roundup MT | | | None | \$0.00 |
| Ames | N/A | N/A | Cap improve/equip | \$1,393.00 |
| Edgar & Edward | | | None | \$0.00 |
| Corvallis MT | | | None | \$0.00 |
| Bauder | N/A | N/A | Assistive equipment/devi | \$1,291.10 |
| Brad | | | None | \$0.00 |
| Hamilton MT | | | None | \$0.00 |
| Braden | N/A | N/A | Assistive equipment/devi | \$1,620.00 |
| Debra | | | None | \$0.00 |
| Victor MT | | | None | \$0.00 |
| Brassfield | N/A | N/A | Medical/dental rehab | \$2,195.00 |
| Nickolas | | | None | \$0.00 |
| Hamilton MT | | | None | \$0.00 |
| Bridger | N/A | N/A | Assisted living | \$1,000.00 |
| Joel | | | None | \$0.00 |
| Kalispell MT | | | None | \$0.00 |
| Bring | N/A | N/A | Assisted living | \$1,000.00 |
| Troy | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Brown | N/A | N/A | Assistive equipment/devi | \$1,575.00 |
| Ronald | | | None | \$0.00 |
| Hamilton MT | | | None | \$0.00 |
| Bruner | N/A | N/A | Assistive equipment/devi | \$749.00 |
| Ronald | | | 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 |
|----------------|-------------------|---------------|--------------------------|------------|
| Buck | N/A | N/A | Sight | \$380.00 |
| Martha | | | None | \$0 00 |
| Missoula MT | | | None | \$0 00 |
| Burts | N/A | N/A | Cap improve/equip | \$209 00 |
| Jerry & Lorene | | | None | \$0 00 |
| Dillion MT | | | None | \$0 00 |
| Christmas 2010 | N/A | N/A | Local support | \$3,500 00 |
| | | | None | \$0.00 |
| | | | None | \$0.00 |
| Clark | N/A | N/A | Assisted living | \$1,200 00 |
| Holly | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Comeau | N/A | N/A | Assistive equipment/devi | \$1,959.96 |
| Josh | | | None | \$0 00 |
| Missoula MT | | | None | \$0 00 |
| Connor | N/A | N/A | Assistive equipment/devi | \$580.00 |
| Joan Marie | | | None | \$0.00 |
| Corvallis MT | | | None | \$0 00 |
| Cross | N/A | N/A | Computers | \$3,149 93 |
| James & Wesley | | | None | \$0 00 |
| Missoula MT | | | None | \$0.00 |
| Davis | N/A | N/A | Other | \$89.00 |
| Kristine | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Davis | N/A | N/A | Assistive equipment/devi | \$1,461 99 |
| Jeffrey | | | 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 |
|--|-------------------|---------------|--|--------------------------------|
| DeGroot Eric Missoula MT | N/A | N/A | Assistive equipment/devi None None | \$1,200.00 \$0.00 \$0.00 |
| Dicus Patricia Nora Billings MT | N/A | N/A | Cap improve/equip None None | \$3,275.00 \$0.00 \$0.00 |
| Dillree-Gallary Paisha Missoula MT | N/A | N/A | Assistive equipment/devi None None | \$1,449 25 \$0.00 \$0.00 |
| Douglass Terri Hamilton MT | N/A | N/A | Assistive equipment/devi None None | \$1,620 00 \$0.00 \$0.00 |
| Dreese Glenna Florence MT | N/A | N/A | Assistive equipment/devi None None | \$1,700.00 \$0 00 \$0 00 |
| Drew Phillip Missoula MT | N/A | N/A | Financial assistance None None | \$557 00 \$0.00 \$0 00 |
| Dugan Jeanette Lewistown MT | N/A | N/A | Hearing None None | \$432 95 \$0.00 \$0 00 |
| Erhart Jason Billings MT | N/A | N/A | Assistive equipment/devi None None | \$560 00 \$0 00 \$0.00 |
| Erickson Diane Missoula MT | N/A | N/A | Assistive equipment/devi None None | \$524.00 \$0.00 \$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 |
|---------------------------------|-------------------|---------------|--------------------------|------------|
| Foursouls | N/A | N/A | Computers | \$599.98 |
| LaRae | | | None | \$0.00 |
| Box Elder MT | | | None | \$0.00 |
| French | N/A | N/A | Cap improve/equip | \$2,500.00 |
| Robbie | | | None | \$0.00 |
| Laurel MT | | | None | \$0.00 |
| Friends to Youth | N/A | N/A | Computers | \$1,903.00 |
| Joe Loos | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Gohl | N/A | N/A | Computers | \$479.99 |
| Craig | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Good | N/A | N/A | Assistive equipment/devi | \$2,145.00 |
| Nancy | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Goss | N/A | N/A | Financial assistance | \$219.00 |
| Kody | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Granbois | N/A | N/A | Accessible housing | \$2,499.00 |
| Doreen | | | None | \$0.00 |
| Wolf Point MT | | | None | \$0.00 |
| Great Falls Community Food Bank | N/A | N/A | Financial assistance | \$1,000.00 |
| Gayle Gifford | | | None | \$0.00 |
| Great Falls MT | | | None | \$0.00 |
| Gun Hammer | N/A | N/A | Assistive equipment/devi | \$356.00 |
| Diane "Daisy" | | | None | \$0.00 |
| St. Ignatius 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 |
|----------------|-------------------|---------------|--------------------------|------------|
| Heberlein | N/A | N/A | Financial assistance | \$297 00 |
| Heather | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Hensrud | N/A | N/A | Assistive equipment/devi | \$1,040.00 |
| Dixie | | | None | \$0.00 |
| Lolo MT | | | None | \$0.00 |
| homeWord, Inc | N/A | N/A | Local support | \$2,500.00 |
| Liz | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Jones | N/A | N/A | Assistive equipment/devi | \$1,189.04 |
| Morris | | | Assistive equipment/devi | \$0 00 |
| Troy MT | | | | \$0.00 |
| Keedy | N/A | N/A | Medical/dental rehab | \$900.00 |
| Lynda | | | None | \$0 00 |
| Kalispell MT | | | None | \$0.00 |
| Kenison | N/A | N/A | Computers | \$1,200 00 |
| Steven "Trent" | | | None | \$0 00 |
| Bozeman MT | | | None | \$0.00 |
| Kuenzel | N/A | N/A | Assistive equipment/devi | \$2,085 00 |
| Robert | | | None | \$0 00 |
| Missoula MT | | | None | \$0.00 |
| Lang | N/A | N/A | Assistive equipment/devi | \$262.50 |
| Kristee | | | None | \$0 00 |
| Billings MT | | | None | \$0.00 |
| Lukenbach | N/A | N/A | Assistive equipment/devi | \$1,600.00 |
| Rodney | | | None | \$0.00 |
| Laurel 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

| Recipient | Relati- onship | Fdn Status | Purpose | Amount |
|---------------|-------------------|---------------|--------------------------|------------|
| Lund | N/A | N/A | Cap improve/equip | \$520 00 |
| Charles | | | None | \$0 00 |
| Billings MT | | | None | \$0.00 |
| Mace | N/A | N/A | Medical/dental rehab | \$750 50 |
| Betty | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Mallo | N/A | N/A | Assistive equipment/devi | \$3,999 00 |
| Brian | | | None | \$0.00 |
| Butte MT | | | None | \$0.00 |
| Manos | N/A | N/A | Financial assistance | \$1,500 00 |
| Jimmy | | | None | \$0 00 |
| Thompson F MT | | | None | \$0.00 |
| Marcher | N/A | N/A | Cap improve/equip | \$2,000.00 |
| Darla | | | None | \$0.00 |
| Billings MT | | | None | \$0.00 |
| Martin | N/A | N/A | Assistive equipment/devi | \$2,405 00 |
| John | | | None | \$0 00 |
| Helena MT | | | None | \$0 00 |
| Matthews | N/A | N/A | Assistive equipment/devi | \$779.99 |
| Dawnmarie | | | None | \$0.00 |
| Corvallis MT | | | None | \$0 00 |
| McCabe | N/A | N/A | Computers | \$828 47 |
| Mitch | | | None | \$0.00 |
| Missoula MT | | | None | \$0 00 |
| McLaughlin | N/A | N/A | Computers | \$1,200.00 |
| David Matthew | | | None | \$0.00 |
| Billings 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 |
|---|-------------------|---------------|--------------------------|------------|
| Mellem | N/A | N/A | Sight | \$454 80 |
| Dara | | | None | \$0.00 |
| Kalispell MT | | | None | \$0 00 |
| Missoula Aging Services | N/A | N/A | Local support | \$3,000.00 |
| Susan Kohler | | | None | \$0.00 |
| Missoula MT | | | None | \$0 00 |
| Missoula Family Young Mens Christian Associaton | N/A | N/A | Local support | \$1,500.00 |
| Aaron Brock | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Neely | N/A | N/A | Accessible housing | \$1,900.00 |
| Jim | | | None | \$0.00 |
| Harlem MT | | | None | \$0.00 |
| Opportunity Resources | N/A | N/A | Local support | \$744 95 |
| Thomas Smyth | | | None | \$0 00 |
| Missoula MT | | | None | \$0 00 |
| Ott | N/A | N/A | Cap improve/equip | \$1,350.00 |
| Jessica | | | None | \$0 00 |
| Billings MT | | | None | \$0 00 |
| Piedalue | N/A | N/A | Medical/dental rehab | \$1,000.00 |
| Ron Brad | | | None | \$0 00 |
| Lolo MT | | | None | \$0 00 |
| Plouffe | N/A | N/A | Assistive equipment/devi | \$2,201.47 |
| Dennis Remi | | | None | \$0.00 |
| Pablo MT | | | None | \$0.00 |
| Poverello Center | N/A | N/A | Local support | \$840 00 |
| Ellie Hill | | | Local support | \$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 |
|----------------------------|-------------------|---------------|--------------------------|------------|
| Radio Talking Book Service | N/A | N/A | Sight | \$2,500.00 |
| John Fullerton | | | None | \$0 00 |
| Omaha NE | | | None | \$0.00 |
| Rascovich | N/A | N/A | Assistive equipment/devi | \$1,202 40 |
| John | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Regnier | N/A | N/A | Assistive equipment/devi | \$3,000.00 |
| Michael | | | None | \$0 00 |
| Missoula MT | | | None | \$0 00 |
| Reopelle | N/A | N/A | Computers | \$600 00 |
| Mary | | | None | \$0 00 |
| Missoula MT | | | None | \$0 00 |
| Rich | N/A | N/A | Sight | \$432.95 |
| Stacie | | | None | \$0.00 |
| Lewistown MT | | | None | \$0.00 |
| Richards | N/A | N/A | Assistive equipment/devi | \$827 95 |
| Laura | | | None | \$0 00 |
| Missoula MT | | | None | \$0.00 |
| Roache | N/A | N/A | Cap improve/equip | \$2,500 00 |
| Deane | | | None | \$0.00 |
| Alberton MT | | | None | \$0.00 |
| Roe | N/A | N/A | Financial assistance | \$2,000 00 |
| Justin | | | None | \$0.00 |
| Hamilton MT | | | None | \$0 00 |
| Ross | N/A | N/A | Computers | \$1,284.80 |
| Carie | | | None | \$0.00 |
| Kalispell 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 |
|-----------------|-------------------|---------------|--------------------------|------------|
| Sangster | N/A | N/A | Assistive equipment/devi | \$1,100 00 |
| Brooke | | | None | \$0 00 |
| Stevensville MT | | | None | \$0.00 |
| Sanks | N/A | N/A | Assistive equipment/devi | \$479 00 |
| Debra | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Screaner | N/A | N/A | Assisted living | \$1,000.00 |
| Gordon | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Shaw | N/A | N/A | Sight | \$214.00 |
| John | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Shull | N/A | N/A | Sight | \$839 98 |
| Melanie | | | None | \$593 65 |
| Hardin MT | | | None | \$0.00 |
| Spooner | N/A | N/A | Assistive equipment/devi | \$2,133 00 |
| Mary | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Stoker | N/A | N/A | Assistive equipment/devi | \$3,100 00 |
| Clyde | | | None | \$0.00 |
| Pinesdale MT | | | None | \$0.00 |
| Stokes | N/A | N/A | Computers | \$800 00 |
| Janice | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Stoumbaugh | N/A | N/A | Assistive equipment/devi | \$600 00 |
| Amanda | | | 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 |
|----------------|-------------------|---------------|--------------------------|------------|
| Taylor | N/A | N/A | Assistive equipment/devi | \$450 00 |
| Carla | | | None | \$0 00 |
| Kalispell MT | | | None | \$0.00 |
| Trigonis | N/A | N/A | Assistive equipment/devi | \$742 12 |
| Katherine | | | Assisted living | \$0 00 |
| Missoula MT | | | None | \$0 00 |
| Van Horn | N/A | N/A | Computers | \$737.00 |
| Troy | | | None | \$0.00 |
| Missoula MT | | | None | \$0 00 |
| Van Horn | N/A | N/A | Financial assistance | \$749.93 |
| Troy | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Waterbury | N/A | N/A | Assistive equipment/devi | \$525 00 |
| Carma | | | None | \$0.00 |
| Missoula MT | | | None | \$0 00 |
| Wells | N/A | N/A | Assistive equipment/devi | \$585.00 |
| James | | | None | \$0.00 |
| Missoula MT | | | None | \$0.00 |
| Whiteman | N/A | N/A | Cap improve/equip | \$1,325.00 |
| Dave | | | None | \$0 00 |
| Billings MT | | | None | \$0.00 |
| Winstead | N/A | N/A | Medical/dental rehab | \$600 00 |
| Nancy | | | None | \$0 00 |
| Florence MT | | | None | \$0 00 |
| Wolff | N/A | N/A | Computers | \$798.00 |
| Walter "Butch" | | | 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

| Recipient | Relati- onship | Fdn Status | Purpose | Amount |
|---------------|-------------------|---------------|---------------|------------|
| YWCA | N/A | N/A | Local support | \$4,000.00 |
| Julie Maturen | | | Local support | \$0.00 |
| Missoula MT | | | None | \$0.00 |

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

| SOURCE | AMOUNT |
|--|--------|
| INTEREST INCOME | 23. |
| TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A | 23. |

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT |
|----------------------------------|--------------|----------------------------|----------------------|
| DIVIDEND INCOME | 62,326. | 35,844. | 26,482. |
| INTEREST INCOME | 3,175. | 0. | 3,175. |
| TOTAL TO FM 990-PF, PART I, LN 4 | 65,501. | 35,844. | 29,657. |

FORM 990-PF OTHER INCOME STATEMENT 3

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| REFUNDS | 2,994. | 2,994. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 2,994. | 2,994. | |

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 | 16,255. | 4,064. | | 12,191. |
| OTHER PROFESSIONAL FEES | 0. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 16,255. | 4,064. | | 12,191. |

| 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 | 563. | 0. | | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 563. | 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 | 1,345. | 336. | | 1,009. | |
| CLERICAL SERVICES | 16,955. | 0. | | 16,955. | |
| INSURANCE | 860. | 0. | | 860. | |
| TO FORM 990-PF, PG 1, LN 23 | 19,160. | 336. | | 18,824. | |

| FORM 990-PF | CORPORATE BONDS | | STATEMENT | 7 |
|---|-----------------|--|----------------------|---|
| DESCRIPTION | BOOK VALUE | | FAIR MARKET VALUE | |
| CORPORATE BONDS | 50,005. | | 49,448. | |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 50,005. | | 49,448. | |

| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT | 8 |
|--|---------------------|------------|----------------------|---|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE | |
| MUTUAL FUNDS | COST | 2,988,896. | 3,377,528. | |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 2,988,896. | 3,377,528. | |

| FORM 990-PF | OTHER ASSETS | | STATEMENT | 9 |
|----------------------------------|-------------------------------|---------------------------|----------------------|---|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE | |
| ACCRUED INTEREST RECEIVABLE | 794. | 794. | 794. | |
| TO FORM 990-PF, PART II, LINE 15 | 794. | 794. | 794. | |

| FORM 990-PF | PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS | STATEMENT | 10 |
|-------------|---|-----------|----|
|-------------|---|-----------|----|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| KEN CARUSO 8450 US HIGHWAY 10 W MISSOULA, MT 59808 | PRESIDENT 0.00 | 0. | 0. | 0. |
| KATHY FLYNN 607 SW HIGGINS MISSOULA, MT 59801 | TRUSTEE 0.00 | 0. | 0. | 0. |
| SABRINA WHITE 2620 CONNERY WAY MISSOULA, MT 59808 | TREASURER 0.00 | 0. | 0. | 0. |
| ANNA MARTELLO 306 RAILROAD ST W STE 110 MISSOULA, MT 59802 | TRUSTEE 0.00 | 0. | 0. | 0. |
| JAMES E CONGDON 445 BROOKS STREET MISSOULA, MT 59801 | TRUSTEE 0.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |