

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

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

	lendar year 2011, or tax year beginning	, 2011	, and ending	· · · · · · · · · · · · · · · · · · ·	
	UM FUND, INC. OX 2169			A Employer identification number 06-1580878	
	NGSTON, MT 59047			Telephone number (see the instructions) 406-333-4569	
				C If exemption application is pending, check here	•
G Che	eck all that apply Initial return	Initial Return of a for Amended return	mer public charity	D 1 Foreign organizations, check here	•
	Address change	Name change		2 Foreign organizations meeting the 85% test, che	ieck
၊ ငူ	Check type of organization X Section 50	(c)(3) exempt private f	oundation	here and attach computation	
l Fa		counting method. X C		If private foundation status was terminated under section 507(b)(1)(A), check here	•
(/: ►\$		Other (specify)		F If the foundation is in a 60-month termination	
Part Î		(a) Revenue and		under section 507(b)(1)(B), check here	
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investmen income	(c) Adjusted net income for charitab purposes (cash basis of	ole S
	1 Contributions, gifts, grants, etc, received (att sch)	-			
	2 Ck X if the foundn is not req to att Sch B 3 Interest on savings and temporary				
	cash investments 4 Dividends and interest from securities	1,063. 20,207.	1,06 20,20		
	5a Gross rents	20,201.	20,20	/ •	_
ь	b Net rental income or (loss)	114 600			
R E V	6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all 114,603.	114,603.			_
E	7 Capital gain net income (from Part IV, line 2)		114,60	3. RECEIVED	上
U	8 Net short-term capital gain . 9 Income modifications			(A)	Ļ
E	10 a Gross sales less returns and			CT 0 1 2012	
	allowances b Less Cost of		<u> </u>		╀
	c Gross profit/(loss) (att sch)			1 1 660 TH	ļ-
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11 .	135,873.	135,87	3. 0.	
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits				
Ą	16a Legal fees (attach schedule)				
M -:	b Accounting fees (attach sch) SEE ST 1 c Other prof fees (attach sch) . SEE ST 2	11,013. 25,043.	25,04	11,0	01
0 P	17 Interest .		25,04.	·	
OPERA	18 Taxes (attach schedule)(see instrs). SEE STM 3.	2,256.		2,:	25
TI	sch) and depletion				
Ņ V G E	20 Occupancy21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications				_
D P	23 Other expenses (attach schedule)				
EZWEW	24 Total operating and administrative	20 212			
s	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid. STMT 4	38,312. 69,000.	25,043	3. 13,2	<u>26</u>
	26 Total expenses and disbursements. Add lines 24 and 25	107,312.	25,043		
	27 Subtract line 26 from line 12:			0. 02,	<u> </u>
	a Excess of revenue over expenses and disbursements	28,561.			
	b Net investment income (if negative, enter -0-) .	= 7,332.	110,830		
	C Adjusted net income (if negative, enter -0-)			0.	



Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

4 5 1,506,737.

1,506,737.

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2-story brick warehouse: or common stock 200 shares MI C Company)				P - Purc	How acquired (C) Date acquired (month, day, year)		(d) Date sold (month, day, year)
1 a	LEVCO PARTNERS L.P.			P	-	VARIOUS	VARIOUS
b	LEVCO PARTNERS L.P.			P		VARIOUS	VARIOUS
d							
e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	
a	52,670.						52,670.
b	61,933.			-			61,933.
С							
d	-		· · · · · · · · · · · · · · · · · · ·				
е							
	Complete only for assets show	ng gain in column (h) and owned by	the foundation on 12/31/69)		(I) Gains (Colu	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	(1)	g tha	ain minus column (k an -0-) or Losses (fr	(), but not less
а							52,670.
b							61,933.
С							
d							
е							
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 ter -0- in Part I, line 7		2		114,603.
3	Net short-term capital gain or (I	oss) as defined in sections 1222(5)	and (6).				
	in Part I, line 8	8, column (c) (see instructions) If			3		0.
Par	t 👀 Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investme	ent Inco	me		
If 'Ye	s,' the foundation does not quali	ion 4942 tax on the distributable am fy under section 4940(e). Do not con each column for each year; see th	mplete this part	•	201	Yes	X No
	(a)	(b)	(6)	g arry criti	103	(d)	
	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use ass	sets	(colu	Distribution umn (b) divided	
	2010	98,427.	1,75	4,111.			0.056112
	2009	109,078.		4,819.			0.065128
	2008	120,886.	2,18	1,378.			0.055417
	2007	139,395.	2,27	2,778.			0.061332
	2006	94,057.	1,87	2,982.			0.050218
			·				
2	Total of line 1, column (d)				2		0.288207
3	Average distribution ratio for the number of years the foundation	e 5-year base period — divide the to has been in existence if less than 5	tal on line 2 by 5, or by the		3		0.057641
4	Enter the net value of noncharit	able-use assets for 2011 from Part	X, line 5		4		1,751,260.
5	Multiply line 4 by line 3				5		100,944.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6		1,108.
7	Add lines 5 and 6				7		102,052.
8	Enter qualifying distributions from	om Part XII, line 4			8		82,269.
	If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI,	line 1b, and complete that	part using	a 1%	tax rate See th	пе

	1990-PF'(2011) MCCRUM FUND, INC.		<u> 1580</u>			F	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see	instru	ction	5)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here . • and enter 'N/A' on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)				_	-	
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1			2.2	217.
	check here ► and enter 1% of Part I, line 27b						
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)						1
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable						
_	foundations only. Others enter -0-).		2		-	-	Ō.
3	Add lines 1 and 2		3			2.2	217.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -)-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			2.2	217.
6	Credits/Payments:						
а	2011 estimated tax pmts and 2010 overpayment credited to 2011	39.					'
b	Exempt foreign organizations — tax withheld at source 6b		1				į
	Tax paid with application for extension of time to file (Form 8868)		1				1
d	Backup withholding erroneously withheld . 6d						
7	Total credits and payments Add lines 6a through 6d		7			1,5	539.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		8				6.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				584.
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 2012 estimated tax	•	11				
Par	t VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did					Yes	No
16	participate or intervene in any political campaign?	п		ı	1 a		Х
l.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			ı			
L	(see the instructions for definition)?				1 Ь		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any material	de o	hlicho	ا ہ			1
	or distributed by the foundation in connection with the activities.	iis pu	DIISHE	"			ĺ .
c	Did the foundation file Form 1120-POL for this year?				1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			1			- :
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow			0.			,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp foundation managers \$\bigs \text{9} \\ 0 \\ .	osed	on				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			ł	2	-	х
_	If 'Yes,' attach a detailed description of the activities			}			A
_							۱ ۱
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	rticles	S	ł	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	.3		ł	4a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			ŀ	4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	.	5		X
	If 'Yes,' attach the statement required by General Instruction T		•	ŀ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						'
_	By language in the governing instrument, or						1
				1] .
	 By state legislation that effectively amends the governing instrument so that no mandatory directions t with the state law remain in the governing instrument? 	nat co	onflict	i	6	X	'
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			Ì	7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	•		İ			
	N/A	_		-			1
h	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			-			1
U	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8ь	X	
9		(3) ^*	49424	11/51			
•	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' coi	nplet	e Part	 762	9		X
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing t						
	and addresses	/			10		Х
BAA				For	m 99	0-PF	(2011)

ra	rt 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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	3 <i>5</i>	=	
14	The books are in care of ► A. BLISS MCCRUM Telephone no ► 406-3 Located at ► PO BOX 531 LIVINGSTON MT ZIP + 4 ► 59047-053		569	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	<u>-</u>	ГТ -
	and enter the amount of tax-exempt interest received or accrued during the year	21, 22		N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country.			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1	a During the year did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	:		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? Yes X 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.) Yes X No			
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		 37	,
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	<u> 1b</u>	14	/A
	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 2011?	<u>1c</u>	_	X_
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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			ļ
	If 'Yes,' list the years > 20 , 20 , 20			l .
		1		i
	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)	 2b	_N	/Ã
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a. list the years here	1		
	► 20, 20, 20			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	b If 'Yes,' did it have excess business holdings in 2011 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 2011.)	3b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	_	X
DA/	· ·	~rm 00		(0011)

Form 990-PF'(2011) MCCRUM FUND, INC.			06-158	30878	Page €
Part VII-B Statements Regarding Activiti		14720 May Be Requ	uired (continued)		
5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt	•	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	1 4955), or to carry	☐ Yes [X]	No	
(3) Provide a grant to an individual for travel,		purposes?		No No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instru	ganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	; literary, or or animals?	Yes X	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)?					
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regu	ulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X	No	
b Did the foundation, during the year, pay premi	lums, directly or indirec	tly, on a personal benef	fit contract?	6b	Х
7a At any time during the tax year, was the found				No	
b If 'Yes,' did the foundation receive any procee Part VIII Information About Officers, Di				M/A 7b	
and Contractors	nectors, musices,	i ouiluation manag	jers, riigiliy r alu L	inployees	,
1 List all officers, directors, trustees, foundation	n managers and their	ompensation (see inst	ructions).	,	
(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) Expens other allo	
A. BLISS MCCRUM JR.	PRESIDENT	0.	0.		0
PO BOX 531 LIVINGSTON, MT 59047	0				
ARLINGTON BLISS MCCRUM III	VP/TREASURER	0.	0.		0
10 TANFIELD ROAD	0	0.	0.		O.
TIBURON, CA 94920					
WILLIAM PALMER MCCRUM 6801 N. 47TH STREET	SECRETARY 0	0.	0.		0
PARADISE VALLEY, AZ 85253					
2 Compensation of five highest-paid employee	l es (other than those inc	luded on line 1— see in	structions). If none, e	nter 'NONE.'	1
(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) Expens other allo	se account, owances
NONE					
- A.I				 	
Total number of other employees paid over \$50,000	TEEA03061 1	12/05/11			0-PF (2011)

Form 990-PF (2011) MCCRUM FUND, INC. 06-158	
Pantville Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	.mployees,
3 Five highest-paid independent contractors for professional services (see instructions). 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
PartilX A Summary of Direct Charitable Activities	<u> </u>
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	
Partix:B: Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
<u>N/A</u>	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.
BAA	Form 990-PF (2011)

Minimum investment return. Enter 5% of line 5 6 87,563. 6 Partxi 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.) 87,563. 1 Minimum investment return from Part X, line 6 2,217 2a Tax on investment income for 2011 from Part VI, line 5 **b** Income tax for 2011 (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 2 c 2,217. 85,346. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 85,346. Add lines 3 and 4. 6 Deduction from distributable amount (see instructions) 85,346. Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7

Part XIII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26

b Program-related investments — total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V. line 4

Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)

Cash deemed held for charitable activities. Enter 1-1/2% of line 3

(for greater amount, see instructions)

- **b** Cash distribution test (attach the required schedule)
- Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
- Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)
- Adjusted qualifying distributions. Subtract line 5 from line 4

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.

Form 990-PF (2011)

Page 8

1,468,853.

309,076.

777,929

777,929.

26,669.

82,269.

82,269

82,269.

751,260.

4

5

1 a

1b

2

3а 3b

4

5

6

0.

BAA

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7				85,346.
2 Undistributed income, if any, as of the end of 2011:				05,540.
a Enter amount for 2010 only			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2011.				: !
a From 2006 4, 496.				
b From 2007 . 28, 308.				
c From 2008 12, 455.				
d From 2009 25, 603.				
e From 2010 14,825. f Total of lines 3a through e	85,687.			ı
4 Qualifying distributions for 2011 from Part	05,087.	,		1
XII, line 4 ► \$ 82,269.				
a Applied to 2010, but not more than line 2a			0.	1
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.			00.060
d Applied to 2011 distributable amount				82,269.
Remaining amount distributed out of corpus F. Everes distributes according analysis and to 2011.	0. 3,077.			3,077.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the	3,077.			3,077.
same amount must be shown in column (a).)				,
C. Entrolle and total of each column as				
6 Enter the net total of each column as indicated below:				ŧ
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	82,610.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed 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		0.		
amount – see instructions		0.		
 Undistributed income for 2010. Subtract line 4a from line 2a Taxable amount — see instructions 			0.	
and La Taxable amount 500 mon actions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	1,419.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	81,191.			
10 Analysis of line 9:	01,131.			
a Excess from 2007 . 28,308.				
b Excess from 2008 12, 455.				
c Excess from 2009 25, 603.				;
d Excess from 2010 . 14,825.				
e Excess from 2011	=			
BAA				Form 990-PF (2011)

Form 990-PF (2011) MCCRUM FUND, INC				06-158087	
Part XIV: Private Operating Foundat					N/A
1a If the foundation has received a ruling or one is effective for 2011, enter the date of the	tetermination letter ruling	that it is a private	operating foundation	n, and the ruling	
b Check box to indicate whether the foundate	-	erating foundation o	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
each year listed b 85% of line 2a		<u> </u>			
c Qualifying distributions from Part XII, line 4 for each year listed		 			
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets			 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization .					
(4) Gross investment income					<u> </u>
Part XV Supplementary Information assets at any time during the	(Complete this e vear — see in	part only if the	e organization ha	id \$5,000 or mo	re in
Information Regarding Foundation Managers of the foundation who close of any tax year (but only if they have SEE STATEMENT 5	nave contributed m	ore than 2% of the than \$5,000) (See	total contributions resection 507(d)(2))	eceived by the foun	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a co 0% or greater intel	rporation (or an equi rest.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d.	nakes contributions s gifts, grants, etc,	to preselected cha (see instructions)	arıtable organızatıon to ındıvıduals or orga	anizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone number	er of the person to	whom applications	should be addressed	d	
b The form in which applications should be	submitted and info	mation and materi	als they should inclu	de	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors:
BAA	TE	EA0310L 07/14/11			Form 990-PF (2011)

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year	substantial contributor	recipient		
Total .	T		. ► 3a	
b Approved for future payment Total			▶ 3b	
BAA	TEEA0501L	07/14/11		Form 990-PF (2011
war.	I LLAUJUIL I			TOTAL POWER (EVII

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated	d business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a	 				·
b	1				
c	+ -+				
d	 		1 1		
e					
T	+		 		
g Fees and contracts from government agencies			+		
2 Membership dues and assessments	1		1.4	1,063.	
Interest on savings and temporary cash investments Dividends and interest from securities			14	20,207.	
	 		14	20,207.	
5 Net rental income or (loss) from real estate a Debt-financed property	1		+ +		
b Not debt-financed property					
6 Net rental income or (loss) from personal property			1 -		
7 Other investment income			+		
8 Gain or (loss) from sales of assets other than inventory			 - -		114,603
9 Net income or (loss) from special events.			 		114,003
10 Gross profit or (loss) from sales of inventory			1		· · · · · · · · · · · · · · · · · · ·
11 Other revenue			1		· · · · · · · · · · · · · · · · · · ·
a					
b		-			
с					
d					
e					_
Subtotal Add columns (b), (d), and (e)				21,270.	114,603
13 Total. Add line 12, columns (b), (d), and (e).				13	135,873
See worksheet in line 13 instructions to verify calculate	ons.)			· · · · · · · · · · · · · · · · · · ·	

Part XVI-B Relationship of	Activities to the Accomplishmer	it 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). (See instructions.)
N/A	
-	
	

Form 990-PF (2011) MCCRUM FUND, INC. 06-1580878 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

												Yes	No
de	escribe	organization d d in section 5 to political org	01(c) o	f the Code (d	engage in any o other than section	of the following von 501(c)(3) orga	uth any o anizations	ther organizations) or in section	on 527,			162	NO
	_	, ,			o a noncharitabl	e exempt organ	zation of						
) Cash		9			o onompt organi					1a (1)		X
•	•	r assets									1a (2)		X
	•	insactions		·									
			a none	charitable exi	empt organizati	on					1b(1)		X
	-				able exempt or						1 b (2)		X
		al of facilities				garnzation .	•				1 b (3)		X
	•	ibursement ar		•	ci a35015						1b (4)		X
	-	is or loan gua	•						•	•	1 b (5)	-	X
	•	•			hip or fundraisir	na colicitations			•	•	1b (5)		X
	•				•	s, or paid emplo	V000				1c		$\frac{X}{X}$
C 51	lailing v	or racilities, e	quipine	ant, maining ii	ists, other asset	.s, or para empio	yees.	• • •		ļ	16		
d If th ar	the and e good ny trans	swer to any o s, other asset saction or sha	f the at is, or so	bove is 'Yes,' ervices given rangement, s	complete the for the formula to the complete the formula to the column t	ollowing schedu ig foundation. If (d) the value of	e. Colum the found the good:	n (b) should all lation received s. other assets	ways show t less than fa . or services	he fair n ir marke received	narket val t value in	ue of	
(a) Line		(b) Amount invo			of noncharitable exe			Description of tra				gement	s
N/A													
	_			_				····					
	-						<u> </u>						
						·							
								<u>.</u>					
de	escribe	d in section 5	01(c) o	f the Code (d	liated with, or re other than section	elated to, one or on 501(c)(3)) or	more tax in section	-exempt organ 1527?	ızatıons		Yes	X	No
11 0		complete the			7.5-				-\ D	'	.1 1.		
N/A	(a)	Name of orga	anızatıc	on	(b) (y)	pe of organization	n	-	c) Description	n or rela	itionsnip		
N/A					-								
								\					
												_	
	Under o	analting of normal	I doolore	that I have ever	mined this seture incl	ludina consensativas	andulan an	d statements and t	a the best of m	. Leanuladae	and ballof	l ic true	
	correct,	and complete Dec	claration	of preparer (other	r than taxpayer) is ba	luding accompanying ased on all information	of which pro	eparer has any knov	wledge	knowledge	and belier, i	i is iiue,	
Sign		1 K	11:)			May the I	RS disci	ISS
Here		h d Sin	111	- 6		1 9/17/1	2	pres.			preparer (see instr	shown b	elow
	Signat	ture of officer or tri	ustee			Date / /	$\frac{1}{2}$	itle				Yes	No
		Print/Type prepa	rer's nam	ne	Preparer	suggative //	100	Date	Check	ıf	PTIN		
Paid		JOHN A.	PRIC	HARD	JAIN.	White	CHH	19/14/12	self-emp	loyed	P01272	340	
Prepa	rer	Firm's name		OHN PRIC	HARD, PC		, 		Firm's EIN ▶				
Jse O		Firm's address		5 SYLVAN		TH.							
- J- J- J	,			ESTPORT,	CT 06880				Phone no	(203)	227-	2334	
BAA											Form 99		2011)

* *			
2011 FEDERAL PRIVATE FOUND	DATION TAX S	UMMARY	PAGE 1
CLIENT MCCRUMFD MCCRUM FU	ND, INC.		06-1580878
9/14/12	 		12:02 PM
	2011	2010	DIFF
REVENUE PER BOOKS CONTRIBUTIONS, GIFTS, AND GRANTS INTEREST ON SAVINGS/TEMP CASH INVEST DIVIDENDS & INTEREST FROM SECURITIES NET GAIN (LOSS) - NONINV. ASSETS/DISP	0 1,063 20,207 114,603	10,287 1,899 30,623 215,591	-10,287 -836 -10,416 -100,988
TOTAL REVENUE	•	·	•
	135,873	258,400	-122,527
EXPENSES PER BOOKS ACCOUNTING FEES OTHER PROFESSIONAL FEES TAXES OTHER EXPENSES TOTAL OPERATING/ADMINISTRATIVE EXP CONTRIBUTIONS, GIFTS, GRANTS PAID	11,013 25,043 2,256 0 38,312 69,000	10,287 42,885 0 -328 52,844 90,520	726 -17,842 2,256 328 -14,532 -21,520
TOTAL EXPENSES .	107,312	143,364	-36,052
EXCESS OF REVENUE OVER EXPENSES	28,561	115,036	-86,475
NET INVESTMENT REVENUE INTEREST ON SAVINGS/TEMP CASH INVEST DIVIDENDS & INTEREST FROM SECURITIES CAPITAL GAIN NET INCOME	1,063 20,207 114,603	•	-836 -10,416
TOTAL REVENUE	135,873	248,113	-112,240
NET INVESTMENT EXPENSES OTHER PROFESSIONAL FEES TOTAL OPERATING/ADMINISTRATIVE EXP	25,043 25,043	42,885 42,885	
TOTAL EXPENSES	25,043	42,885	-17,842
NET INVESTMENT INCOME .	110,830	205,228	-94,398
TAX COMPUTATION TAX ON NET INVESTMENT INCOME	2,217	2,052	165
TAX ON INVESTMENT INCOME	2,217	2,052	165
PAYMENTS AND CREDITS OVERPAYMENT CREDITED FROM PRIOR YEAR ESTIMATED TAX PAYMENTS	0 1,539	1,335 0	-1,335 1,539
TOTAL PAYMENTS AND CREDITS .	1,539	1,335	204
	0 6	0 0	0 6
TAX DUE	684	717	-33
TAX RATES MARGINAL TAX RATE EFFECTIVE TAX RATE	2.0% 2.0%	1.0% 1.0%	1.0%
ADJUSTED NET INCOME REVENUE TOTAL REVENUE	0	0	0
ADJUSTED NET INCOME EXPENSES TOTAL OPERATING/ADMINISTRATIVE EXP	0	0	0

_ - - - -

2011	FEDERAL STATEMENTS	PAGE 1
CLIENT MCCRUMFD	MCCRUM FUND, INC.	06-1580878
9/14/12		12:02PM
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES .	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 11,013. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 11,013. \$ 11,013.
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT EXPENSES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 25,043. \$ 25,043. \$ 25,043. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2,256. TOTAL \$ 2,256. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 2,256. \$ 2,256.
STATEMENT 4 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GR	ANTS	
CASH GRANTS AND ALLOCATIONS CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	501(C)(3) LIVINGSTON SCHOOL DISTRICT 132 S B STREET LIVINGSTON, MT 59047	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DOI AMOUNT GIVEN:	NEE:	\$ 10,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	501(C)(3) EAST SIDE ART CENTER 415 EAST LEWIS STREET LIVINGSTON, MT 59047	
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DOM AMOUNT GIVEN:	NEE:	40,000.
CLASS OF ACTIVITY:	501(C)(3)	

- ---

2011

FEDERAL STATEMENTS

PAGE 2

CLIENT MCCRUMFD

MCCRUM FUND, INC.

06-1580878

9/14/12

12 02PM

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS**

DONEE'S NAME: DONEE'S ADDRESS:

EAGLE MOUNT

6901 GOLDENSTEIN LANE BOZEMAN, MT 59715

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

8,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: 501 (C) (3)

GLOBAL MIDWIFE EDUCATION FOUNDATION

PO BOX 805

LIVINGSTON, MT 59047

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

1,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

501 (C) (3)

BOZEMAN DEACONESS FOUNDATION 931 HIGHLAND BLVD, STE 3200

BOZEMAN, MT 59715

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

5,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

501 (C) (3)

LIVINGSTON EDUCATION FOUNDATION

PO BOX 14

LIVINGSTON, MT 59047

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

5,000.

TOTAL \$ 69,000.

STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

A. BLISS MCCRUM JR. ARLINGTON BLISS MCCRUM III WILLIAM PALMER MCCRUM

2011 FEDERAL PRIVAT	TE FOUNDATION TAX	SUMMARY	PAGE 2
CLIENT MCCRUMFD	MCCRUM FUND, INC.		06-1580878
9/14/12			12 02 PM
TOTAL EXPENSES	0	0	0
ADJUSTED NET INCOME	0	0	0
CHARITABLE PURPOSES DISBURSEMEN ACCOUNTING FEES TAXES OTHER EXPENSES TOTAL OPERATING/ADMINISTRATIVE EX	11,013 2,256 0	10,287 0 -328 9,959	726 2,256 328 3,310
CONTRIBUTIONS, GIFTS, GRANTS PAIR	69,000	90,520	-21,520
TOTAL EXPENSES AND DISBURSEMENTS	82,269	100,479	-18,210
NET ASSETS OR FUND BALANCES NET ASSETS/FUND BAL. AT BEG. OF TEXTERS OF REVENUE OVER EXPENSES NET ASSETS/FUND BAL. AT END OF YELLOW TO THE PROPERTY OF THE PR	28,561	1,363,140 115,036 1,478,176	115,036 -86,475 28,561

2011

GENERAL INFORMATION

PAGE 1

CLIENT MCCRUMFD

MCCRUM FUND, INC.

06-1580878

9/14/12

12:02PM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-PF, 990-W, 2220, 8868, 8868 P2

TAX RATES

PRIVATE FOUNDATION MARGINAL EFFECTIVE

FEDERAL

2.0 %

2.0 %

UNDERPAYMENT PENALTY

FEDERAL PRIVATE FOUNDATION

6.

CARRYOVERS TO 2012

NONE

UNDISTRIBUTED INCOME CARRYOVERS TO 2012

2007 EXCESS DISTRIBUTIONS

CCTTMATE

2008 EXCESS DISTRIBUTIONS

28,308. 12,455.

2009 EXCESS DISTRIBUTIONS

25,603.

2010 EXCESS DISTRIBUTIONS

14,825.

FEDERAL ESTIMATES

FORM 990-PF

6/15/12 555. 0. 555 9/17/12 555. 0. 555 12/17/12 555. 0. 555		<u>E.S</u>	TIMALE	UVERPAYM	INI	 BALANCE
9/17/12 555. 0. 555 12/17/12 555. 0. 555	5/15/12		555.		0.	555.
12/17/125550555	6/15/12		555.		0.	555.
			555.		0.	555.
TOTAL \$ 2.220 \$ 0 \$ 2.220	12/17/12		<u>555.</u>		0.	<u>555.</u>
$\frac{101\text{All}}{2} \frac{2,220}{2} \frac{1}{2} \frac{1}{2} \frac{2,220}{2}$	TOTAL	\$	2,220.	\$	0.	\$ 2,220.

OMEDDAMMENT

DATAMOR

Form **8868** (Rev January 2012)

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

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Part In Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or MCCRUM FUND, INC. X 06-1580878 File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) filing your return See PO BOX 2169 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions LIVINGSTON, MT 59047 Enter the Return code for the return that this application is for (file a separate application for each return) 04

Application Is For Application Return Return is For Code Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 F

Form 990-T (trust other than above)	06	Form 8870		12
● The books are in the care of ▶ A. BLISS MCCRUM				
Telephone No ► 406-333-4569	FAX No	, ►		
If the organization does not have an office or place of but	siness in the	e United States, check this box		▶ □
• If this is for a Group Return, enter the organization's four	digit Group	Exemption Number (GEN) . If t	his is for the whole	e group,
		ox and attach a list with the name		
1 I request an automatic 3-month (6 months for a corpora	ation require	ed to file Form 990-T) extension of time		
until $8/15$, 20 12 , to file the exempt org	ganization re	eturn for the organization named above.		
The extension is for the organization's return for		2		
► X calendar year 20 11 or				
X calendar year 20 11 or tax year beginning, 20	, and endin	g, 20		
2 If the tax year entered in line 1 is for less than 12 mont Change in accounting period	hs, check re	eason. Initial return Fina	l return	
3a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions	720, or 6069	, enter the tentative tax, less any	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 60 payments made. Include any prior year overpayment all	069, enter a lowed as a	iny refundable credits and estimated tax credit	3b \$	1,539.
c Balance due. Subtract line 3b from line 3a Include you EFTPS (Electronic Federal Tax Payment System). See	r payment v	with this form, if required, by using	3c \$	0.
Caution. If you are going to make an electronic fund withdraw	wal with this	Form 8868, see Form 8453-EO and Form	n 8879-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

payment instructions

Form 8868 (Rev 1-2012)

orm 8868	(Rev 1-2012)				Page 2
	are filing for an Additional (Not Automatic) 3-Month Extension	n, complete only Part II and check t	his box	► X
lote. Only	complete Part II if you have already been	granted an automa	tic 3-month extension on a previous	sly filed Form 8868	_
	are filing for an Automatic 3-Month Extens				
	Additional (Not Automatic) 3-Mon			no copies needed)	
			Enter filer's i	dentifying number, se	e instructions
	Name of exempt organization or other filer, see instruc	ctions		Employer identification numb	er (EIN) or
ype or orint	MCCRUM FUND, INC.			X 06-1580878	
	Number, street, and room or suite number. If a P.O. be	ox, see instructions		Social security number (SSN)	
ile by the xtended	JOHN PRICHARD, PC				
ue date for ling the	25 SYLVAN ROAD SOUTH				
eturn See istructions	City, town or post office, state, and ZIP code. For a for	reign address, see instructi	ons		
	WESTPORT, CT 06880				
-					
nter the I	Return code for the return that this applica	ition is for (file a ser	parate application for each return)		04
		······································	,		
\nnlicatio	n	Return	Application	-	Return
Applicatio s For		Code	is For		Code
orm 990		01			
orm 990-	BI	02	Form 1041-A		08
orm 990-	 	01	Form 4720		09
orm 990-	 	04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above)	06	Form 8870		12
• The bo	oks are in care of A. BLISS MCCR	UM		ously filed Form 8868.	
The bo Teleph If the c If this whole grou	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or place is for a Group Return, enter the organization, check this box	FAX No Face of business in the	e United States, check this box	If th	► ☐ nis is for the s of all
The boTelephIf the cIf thiswhole grow	oks are in care of ►A. BLISS MCCR none No ► 406-333-4569 organization does not have an office or plains for a Group Return, enter the organization	FAX No Face of business in the	e United States, check this box Exemption Number (GEN)	If th	
 The bo Teleph If the c If this whole grownembers 4 I req 5 For c 6 If the 7 State 	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or place is for a Group Return, enter the organization, check this box	FAX No Face of business in the on's four digit Group to fithe group, check to the until 11/15 beginning 12 months, check reserved.	e United States, check this box Exemption Number (GEN) his box I and attach a list wi	If the the names and EINs , 20	s of all
The bo Teleph If the c If this whole grownembers I req For c If the c T State NO 8a If the	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or plates for a Group Return, enter the organization, check this box If it is for partitle extension is for fuest an additional 3-month extension of the calendar year 2011, or other tax year error tax year error accounting period error detail why you need the extension	FAX No Face of business in the on's four digit Group to fithe group, check to the group, check to the until 11/15 beginning 12 months, check research	e United States, check this box Exemption Number (GEN) his box 1 and attach a list wi 1 20 12 1 2 20 1 and ending eason Initial return REQUIRED TO PREPARE A	If the the names and EINs , 20	s of all
• The bo Teleph • If the c • If this whole grownembers 4 I req 5 For c 6 If the 10 C 7 State NO' 8a If the noon b If the payr	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or plates for a Group Return, enter the organization up, check this box If it is for partitle extension is for suest an additional 3-month extension of the calendar year 2011, or other tax year at tax year entered in line 5 is for less than Change in accounting period are in detail why you need the extension TAVAILABLE Is application is for Form 990-BL, 990-PF,	FAX No Face of business in the on's four digit Group tof the group, check to the group to the	e United States, check this box Exemption Number (GEN) his box	If the the names and EINs , 20 Final return N ACCURATE RET 8a \$	urn is
• The bo Teleph • If the c • If this whole grownembers 4 I req 5 For c 6 If the NO 8a If this nonr b If this payr with c Bala	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or place is for a Group Return, enter the organization, check this box If it is for partitle extension is for quest an additional 3-month extension of the extension is for quest an additional 3-month extension of the calendar year 2011, or other tax year at tax year entered in line 5 is for less than Change in accounting period are in detail why you need the extension TAVAILABLE Is application is for Form 990-BL, 990-PF, efundable credits. See instructions Is application is for Form 990-PF, 990-T, 4 ments made.	FAX No Face of business in the on's four digit Group tof the group, check to the group to the	e United States, check this box Exemption Number (GEN) his box	If the the names and EINs , 20 Final return N ACCURATE RET 8a \$	URN IS 0.
• The bo Teleph • If the c • If this whole grownembers 4 I req 5 For c 6 If the NO 8a If this nonr b If this payr with c Bala	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or plates for a Group Return, enter the organization up, check this box If it is for partitle extension is for quest an additional 3-month extension of the calendar year 2011, or other tax year at a tax year entered in line 5 is for less than Change in accounting period are in detail why you need the extension TAVAILABLE Taxable as application is for Form 990-BL, 990-PF, refundable credits. See instructions are application is for Form 990-PF, 990-T, 4 ments made. Include any prior year overpations. Subtract line 8b from line 8a. Inc. PS (Electronic Federal Tax Payment Systems)	FAX No ace of business in the on's four digit Group to the group, check to the group in 12 months, check to the group in 12 months	e United States, check this box Exemption Number (GEN) his box	If the the names and EINs , 20 Final return N ACCURATE RET 8a \$ ed tax usly 8b \$ 8c \$	URN IS 0.
The bo Teleph If the co If this whole grownembers I request of the control of t	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or plates for a Group Return, enter the organization up, check this box If it is for partitle extension is for quest an additional 3-month extension of the calendar year 2011, or other tax year at a tax year entered in line 5 is for less than Change in accounting period are in detail why you need the extension TAVAILABLE Taxable as application is for Form 990-BL, 990-PF, refundable credits. See instructions are application is for Form 990-PF, 990-T, 4 ments made. Include any prior year overpations. Subtract line 8b from line 8a. Inc. PS (Electronic Federal Tax Payment Systems)	FAX No Face of business in the on's four digit Group to fithe group, check the me until 11/15 beginning 12 months, check rows INFORMATION 1990-T, 4720, or 6069, enter syment allowed as a clude your payment tem). See instruction:	e United States, check this box Exemption Number (GEN) his box and attach a list wide , 20	Final return N ACCURATE RET ad tax usly 8b \$ 8c \$ nly.	URN_IS0.
The bo Teleph If the co If this whole grownembers I req For co If the co I	oks are in care of A. BLISS MCCR none No 406-333-4569 organization does not have an office or plates for a Group Return, enter the organization up, check this box If it is for partitle extension is for uest an additional 3-month extension of the calendar year 2011, or other tax year at tax year entered in line 5 is for less than Change in accounting period at in detail why you need the extension TAVAILABLE Its application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-T, 4 ments made. Include any prior year overpation of the properties of the properties of the properties of the properties. Signature and Signature and	FAX No Pace of business in the on's four digit Group to the group, check to the group in 12 months, check to the group in 12 months are group in 14 months are group	e United States, check this box Exemption Number (GEN) his box and attach a list wide , 20	Final return N ACCURATE RET ad tax usly 8b \$ 8c \$ nly.	URN_IS0.