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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning APR 1, 2013, and ending MAR 31, 2014

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 or province, country, and ZIP or foreign postal code

MISSOULA, MT 59806

C If exemption application is pending, check here ☐

G Check all that apply:

☐ Initial return☐ Final return☐ Address change☐ Initial return of a former public charity☐ Amended return☐ Name changeD 1 Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year

(from Part II, col (c), line 16)

\$ 4,309,760.

J Accounting method:

☐ Cash☒ Accrual☐ Other (specify)

(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 ☐

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	100.		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	3.	3.		STATEMENT 1
4	Dividends and interest from securities	48,905.	48,905.		STATEMENT 2
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	294,383.			
b	Gross sales price for all assets on line 6a	414,347.			
7	Capital gain net income (from Part IV, line 2)		294,383.		
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				
12	Total. Add lines 1 through 11	343,391.	343,291.		
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 3 14,350.	3,588.		0.
c	Other professional fees				
17	Interest				
18	Taxes	STMT 4 6,791.	0.		0.
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses	STMT 5 18,689.	133.		0.
24	Total operating and administrative expenses. Add lines 13 through 23	39,830.	3,721.		0.
25	Contributions, gifts, grants paid	96,254.			96,254.
26	Total expenses and disbursements. Add lines 24 and 25	136,084.	3,721.		96,254.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	207,307.			
b	Net investment income (if negative, enter -0-)		339,570.		
c	Adjusted net income (if negative, enter -0-)			N/A	

323501
10-10-13

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2013)

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	8,825.	19,619.	19,619.
	2 Savings and temporary cash investments	68,908.	904.	904.
	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			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 6	3,079,187.	3,340,481.	4,289,237.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Liabilities	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶ 695.			
	Less accumulated depreciation STMT 7 ▶ 695.			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	3,156,920.	3,361,004.	4,309,760.
	17 Accounts payable and accrued expenses	2,757.		
	18 Grants payable			
	19 Deferred revenue			
Net Assets or Fund Balances	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ EXCISE TAX PAYABLE)	3,617.	3,151.	
	23 Total liabilities (add lines 17 through 22)	6,374.	3,151.	
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	3,150,546.	3,357,853.	
	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			
Net Assets or Fund Balances	30 Total net assets or fund balances	3,150,546.	3,357,853.	
	31 Total liabilities and net assets/fund balances	3,156,920.	3,361,004.	

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	3,150,546.
2 Enter amount from Part I, line 27a	2	207,307.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	3,357,853.
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	3,357,853.

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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.)
a 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 150,000.		119,964.	30,036.
b 264,347.			264,347.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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			30,036.
b			264,347.
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	294,383.
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 the 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))
2012	135,043.	3,463,775.	.038987
2011	125,881.	3,221,286.	.039078
2010	154,733.	3,041,066.	.050881
2009	195,159.	2,752,648.	.070899
2008	203,144.	2,982,460.	.068113

2 Total of line 1, column (d)	2	.267958
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	.053592
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	3,988,306.
5 Multiply line 4 by line 3	5	213,741.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,396.
7 Add lines 5 and 6	7	217,137.
8 Enter qualifying distributions from Part XII, line 4	8	96,254.

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.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	6,791.
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			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	6,791.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	6,791.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	3,640.	
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	3,640.	
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	3,151.	
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 2014 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
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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 2013 or the taxable year beginning in 2013 (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

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation 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		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 <u>N/A</u>			
16	At any time during calendar year 2013, 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 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A ► <input type="checkbox"/>	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 2013?	1c	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) 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 2013 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 2013.) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2013?	4b	X

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

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

N/A

☐ Yes ☐ No

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

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

☐ Yes ☒ No

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

6b

X

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

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

☐ Yes ☒ No

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

N/A

7b

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

[illegible]

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

0

Part IX-A

Summary of Direct Charitable Activities

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

Expenses

1	N/A	
2		
3		
4		

Part IX-B

Summary of Program-Related Investments

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

Amount

1	N/A	
2		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

0.

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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	4,006,686.
b	Average of monthly cash balances	1b	42,356.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,049,042.
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	4,049,042.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	60,736.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,988,306.
6	Minimum investment return. Enter 5% of line 5	6	199,415.

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	199,415.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	6,791.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	6,791.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	192,624.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	192,624.
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	192,624.

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	96,254.
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	96,254.
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	96,254.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				192,624.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			2,014.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 96,254.				
a Applied to 2012, but not more than line 2a			2,014.	
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 2013 distributable amount				94,240.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (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	0.			
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 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				98,384.
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 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling

- b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

[illegible]

Part XV **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

MMBSA FOUNDATION, 406-549-4148
PO BOX 3106, MISSOULA, MT 59806-3106

- b The form in which applications should be submitted and information and materials they should include:**

APPLICATION FORM ATTACHED

- c Any submission deadlines:

15 DAYS PRIOR TO QUARTERLY MEETINGS APR, JUL, OCT, JAN

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

PRIMARILY NORTHWEST USA

MARSHALL AND MARY BRONDUM
SPECIAL ASSISTANCE FOUNDATION, INC.**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MISCELLANEOUS INDIVIDUALS BELOW REPORTING THRESHOLD PO BOX 3106 MISSOULA, MT 59806	NONE	N/A	MEDICAL, HOUSING, AND OTHER FINANCIAL ASSISTANCE TO INDIGENT FAMILIES	6,016.
SEE ATTACHED SCHEDULE				90,238.
Total			▶ 3a	96,254.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

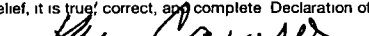
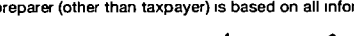
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash		X
	(2) Other assets		X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization		X
	(2) Purchases of assets from a noncharitable exempt organization		X
	(3) Rental of facilities, equipment, or other assets		X
	(4) Reimbursement arrangements		X
	(5) Loans or loan guarantees		X
	(6) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		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) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	 Signature of officer or trustee		6-25-2014 Date			PRESIDENT Title
Paid Preparer Use Only	Print/Type preparer's name DAVID L. GILMER, CPA		Preparer's signature 		Date 6.6.14	Check <input type="checkbox"/> if self-employed PTIN P00825935
	Firm's name ▶ JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC					Firm's EIN ▶ 81-0348775
	Firm's address ▶ P.O. BOX 16237 MISSOULA, MT 59808					Phone no. 406-549-4148

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	3.	3.	
TOTAL TO PART I, LINE 3	3.	3.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	313,252.	264,347.	48,905.	48,905.	
TO PART I, LINE 4	313,252.	264,347.	48,905.	48,905.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	14,350.	3,588.		0.
OTHER PROFESSIONAL FEES	0.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	14,350.	3,588.		0.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	6,791.	0.		0.
TO FORM 990-PF, PG 1, LN 18	6,791.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MISC	22.	6.		0.	
CLERICAL SERVICES	16,900.	0.		0.	
INSURANCE	650.	0.		0.	
OFFICE SUPPLIES AND POSTAGE	607.	0.		0.	
TELEPHONE	510.	127.		0.	
TO FORM 990-PF, PG 1, LN 23	18,689.	133.		0.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
32,642 SH. THORNBURG INV INCOME BLDR CL A	636,883.	695,592.		
46,342 SH. WR ADVISORS ACCUMULATIVE A	349,356.	514,398.		
9,435 SH. WR ADVISORS BOND A	59,157.	59,911.		
48,062 SH. WR ADVISORS CONTINENTAL INCOME A	347,340.	486,392.		
750 SH. WR ADVISORS CORE INVESTMENT A	547,718.	656,973.		
32 SH. WR ADVISORS GOVERNMENT SECURITIES A	5,980.	5,656.		
18,870 SH. WR ADVISORS HIGH INCOME A	147,040.	145,674.		
3,094 SH. WR ADVISORS MUNICIPAL BOND	22,421.	22,924.		
55,507 SH. WR ADVISORS NEW CONCEPTS A	459,739.	653,318.		
21,142 SH. WR ADVISORS SCIENCE AND TECHNOLOGY A	197,208.	340,605.		
39,683 SH. WR ADVISORS VANGUARD A	334,554.	393,659.		
3,109 SH. AMERICAN CENTURY INVESTMENTS SELECT	127,853.	173,691.		
4,240 SH. AMERICAN CENTURY INVESTMENTS GROWTH	105,232.	140,444.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,340,481.	4,289,237.		

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE EQUIPMENT	695.	695.	0.	
TOTAL TO FM 990-PF, PART II, LN 14	695.	695.	0.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	8
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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 1.00	0.	0.	0.
KATHY FLYNN 607 SW HIGGINS MISSOULA, MT 59801	TRUSTEE 1.00	0.	0.	0.
SABRINA WHITE 2620 CONNERY WAY MISSOULA, MT 59808	TREASURER 1.00	0.	0.	0.
ANNA MARTELLO 306 RAILROAD ST W STE 110 MISSOULA, MT 59802	TRUSTEE 1.00	0.	0.	0.
JAMES E CONGDON 445 BROOKS STREET MISSOULA, MT 59801	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE EQUIPMENT	090106	SL	7.00	16	695.		0.	695.	695.	0.	0.
	* TOTAL 990-PF PG 1					695.		0.	695.	695.	0.	0.
	DEPR.											

MMBSA FDN INC #36-3700887

FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Bacon	N/A	N/A	Assistive equipment/devi	\$1,179.00
Alex			None	\$0.00
Helena MT			None	\$0.00
Bales	N/A	N/A	Assistive equipment/devi	\$700.00
Ken			None	\$0.00
Bigfork MT			None	\$0.00
Barbour	N/A	N/A	Assistive equipment/devi	\$986.00
Samuel			None	\$0.00
Missoula MT			None	\$0.00
Barger	N/A		Assistive equipment/devi	\$2,489.00
Janette			None	\$0.00
Billings MT			None	\$0.00
Barnes	N/A	N/A	Cap improve/equip	\$3,000.00
Cole			None	\$0.00
Billings MT			None	\$0.00
Bauer	N/A	N/A	Assistive equipment/devi	\$2,000.00
Maryetta			None	\$0.00
Polson MT			None	\$0.00
Beukenhorst	N/A	N/A	Cap improve/equip	\$450.00
James			None	\$0.00
Victor MT			None	\$0.00
Billy	N/A	N/A	Accessible housing	\$2,950.00
Melody			None	\$0.00
Wolf Point MT			None	\$0.00
Bratcher	N/A	N/A	Assistive equipment/devi	\$6,750.00
Bobbi Jo			None	\$0.00
Bigfork 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	Relationship	Fdn Status	Purpose	Amount
Children's Museum Missoula	N/A	N/A	Local support	\$350.00
Heidi Kendall			None	\$0.00
Missoula MT			None	\$0.00
Clark	N/A	N/A	Assistive equipment/devi	\$726.00
Holly			None	\$0.00
Missoula MT			None	\$0.00
Cure	N/A	N/A	Assistive equipment/devi	\$660.00
Katherine Ann			None	\$0.00
Lolo MT			None	\$0.00
Cuthbert	N/A	N/A	Assistive equipment/devi	\$389.99
Terry			None	\$0.00
Kalispell MT			None	\$0.00
Davis	N/A	N/A	Assistive equipment/devi	\$1,979.50
Patty			None	\$0.00
Billings MT			None	\$0.00
Dreese	N/A	N/A	Assistive equipment/devi	\$179.63
Glenna			None	\$0.00
Florence MT			None	\$0.00
Dreese	N/A	N/A	Computers	\$640.00
Glenna			None	\$0.00
Frenchtown MT			None	\$0.00
Finn	N/A	N/A	Assistive equipment/devi	\$804.97
Thomas			None	\$0.00
Billings MT			None	\$0.00
Fisher	N/A	N/A	Accessible housing	\$1,985.00
Irene			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

Recipient	Relationship	Fdn Status	Purpose	Amount
Fletcher	N/A	N/A	Assistive equipment/devi	\$2,138.99
Susan			Assistive equipment/devi	\$0.00
Kalispell MT			None	\$0.00
Franklin	N/A	N/A	Assistive equipment/devi	\$250.00
Patrick			None	\$0.00
Butte MT			None	\$0.00
Frisbie	N/A	N/A	Cap improve/equip	\$475.00
Richie			None	\$0.00
Hamilton MT			None	\$0.00
Galarneau	N/A	N/A	Medical/dental rehab	\$196.17
Susan			None	\$0.00
Missoula MT			None	\$0.00
Galloway	N/A	N/A	Assistive equipment/devi	\$200.00
Lynn			None	\$0.00
Kalispell MT			None	\$0.00
Hanson	N/A	N/A	Medical/dental rehab	\$1,774.00
Mark			None	\$0.00
Missoula MT			None	\$0.00
Hanson	N/A	N/A	Accessible housing	\$250.00
Christina			None	\$0.00
Missoula MT			None	\$0.00
Harper	N/A	N/A	Assistive equipment/devi	\$320.00
Barbara			None	\$0.00
Missoula MT			None	\$0.00
Hensrud	N/A	N/A	Assistive equipment/devi	\$90.00
Dixie			None	\$0.00
Lolo 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
Hotchkiss	N/A	N/A	Assisted living	\$1,876.15
Chase			None	\$0 00
Missoula MT			None	\$0 00
Howard	N/A	N/A	Assistive equipment/devi	\$140.00
Donald			None	\$0 00
Alberton MT			None	\$0 00
Hyatt	N/A	N/A	Financial assistance	\$500.00
Michelle Marie			None	\$0.00
Missoula MT			None	\$0 00
Johnson	N/A	N/A	Assisted living	\$2,825.00
Lisa			None	\$0.00
Worden MT			None	\$0.00
Keene	N/A	N/A	Assistive equipment/devi	\$2,300 00
Don			None	\$0.00
Kalispell MT			None	\$0.00
Knutson	N/A	N/A	Assistive equipment/devi	\$899.93
Justin			None	\$0.00
Thompson F MT			None	\$0 00
Koch	N/A	N/A	Financial assistance	\$500.00
David			None	\$0.00
Lolo MT			None	\$0.00
Lang	N/A	N/A	Assistive equipment/devi	\$297.50
Kristee			None	\$0.00
Billings MT			None	\$0.00
Lang	N/A	N/A	Assistive equipment/devi	\$484.98
Dwayne Scott			None	\$0.00
Alberton 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
Looman	N/A	N/A	Medical/dental rehab	\$800.00
Ron			None	\$0.00
Anaconda MT			None	\$0.00
Masson	N/A	N/A	Accessible housing	\$425.00
Tracy			None	\$0.00
Billings MT			None	\$0.00
Mastel	N/A	N/A	Medical/dental rehab	\$285.00
Jeffrey			None	\$0.00
Missoula MT			None	\$0.00
Meeks	N/A	N/A	Sight	\$346.79
Vera			None	\$0 00
Butte MT			None	\$0.00
Mission Valley Senior Citizens	N/A	N/A	Cap improve/equip	\$2,225.30
Fayellen Peterson			None	\$0.00
Ronan MT			None	\$0.00
Missoula Aging Services	N/A	N/A	Local support	\$3,000.00
Keri McWilliams			None	\$0.00
Missoula MT			None	\$0.00
Missoula Family YMCA	N/A	N/A	Local support	\$1,000.00
Aaron Brock			None	\$0 00
Missoula MT			None	\$0 00
Mitchell	N/A	N/A	Computers	\$199.95
Shely			None	\$0.00
Missoula MT			None	\$0.00
Morrow	N/A	N/A	Accessible housing	\$2,000.00
Patricia			None	\$0 00
Joliet 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
Olsen	N/A	N/A	Medical/dental rehab	\$540.00
Kathie			None	\$0 00
Corvallis MT			None	\$0 00
Otten	N/A	N/A	Computers	\$949.85
Rita			None	\$0.00
Kalispell MT			None	\$0.00
Owen	N/A	N/A	Assistive equipment/devi	\$2,810.00
Kari Ann			None	\$0 00
Missoula MT			None	\$0.00
Parham	N/A	N/A	Assistive equipment/devi	\$2,471 00
Eddie			None	\$0.00
Great Falls MT			None	\$0.00
Pidgeon	N/A	N/A	Sight	\$480.00
Thomas			None	\$0.00
Butte MT			None	\$0.00
Prazma	N/A	N/A	Assistive equipment/devi	\$1,018.57
Stanley			None	\$0 00
Missoula MT			None	\$0.00
Rach	N/A	N/A	None	\$2,984.00
Dorothy			None	\$0 00
Kalispell MT			None	\$0.00
Radio Talking Book Service	N/A	N/A	Sight	\$2,725.00
John Fullerton			None	\$0 00
Omaha NE			None	\$0.00
Rupe	N/A	N/A	Assistive equipment/devi	\$799 11
Shirley			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
Sanders	N/A	N/A	Cap improve/equip	\$1,407.00
Peter			None	\$0.00
Helena MT			None	\$0.00
Sanks	N/A	N/A	Computers	\$649.99
Debra			None	\$0.00
Missoula MT			None	\$0.00
Savage	N/A	N/A	Computers	\$499.00
Sean			None	\$0.00
Kalispell MT			None	\$0.00
Schmidt	N/A	N/A	Other	\$721.60
Syndra			None	\$0.00
Missoula MT			None	\$0.00
Seymour	N/A	N/A	Accessible housing	\$1,000.00
Delma			None	\$0.00
Billings MT			None	\$0.00
Sorensen	N/A	N/A	Assistive equipment/devi	\$615.00
Tracy			None	\$0.00
Missoula MT			None	\$0.00
Spain	N/A	N/A	Sight	\$654.98
Viola			None	\$0.00
Missoula MT			None	\$0.00
Stosich	N/A	N/A	Computers	\$1,000.00
Tyler			None	\$0.00
Missoula MT			None	\$0.00
Summit	N/A	N/A	Local support	\$500.00
Joel Peden			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
Summit Independent Living Center	N/A	N/A	Local support	\$750.00
Chris Clasby			None	\$0.00
Missoula MT			None	\$0.00
Tamarack Grief Resource Center	N/A	N/A	Local support	\$2,000.00
Kathryn Hungerford			None	\$0.00
Missoula MT			None	\$0.00
The Learning Center at Red Willow	N/A	N/A	Local support	\$1,500.00
Raquel Castellanos			None	\$0 00
Missoula MT			None	\$0.00
Van Hoozen	N/A	N/A	Assistive equipment/devi	\$254.74
MaryEllen			None	\$0.00
Great Falls MT			None	\$0.00
Vick	N/A	N/A	Assistive equipment/devi	\$3,442.00
Marie			None	\$0.00
Missoula MT			None	\$0.00
Vilz	N/A	N/A	Assistive equipment/devi	\$1,089.00
Brian			None	\$0.00
Roundup MT			None	\$0.00
Vital	N/A	N/A	Medical/dental rehab	\$625.00
Barb			None	\$0 00
Stevensville MT			None	\$0.00
Walton	N/A	N/A	Assistive equipment/devi	\$395.78
James			None	\$0 00
Hamilton MT			None	\$0.00
Wells	N/A	N/A	Cap improve/equip	\$102 00
Marlyn			None	\$0.00
Florence 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
White	N/A	N/A	Medical/dental rehab	\$800.00
Betty			None	\$0.00
Missoula MT			None	\$0.00
Wiley	N/A	N/A	Computers	\$500.00
Jeff			None	\$0.00
Missoula MT			None	\$0.00
Wipf	N/A	N/A	Assistive equipment/devi	\$2,500.00
Isaak			None	\$0 00
Cut Bank MT			None	\$0.00
Wysk	N/A	N/A	assistive equipment/devic	\$436 00
Michelle			None	\$0.00
Missoula MT			None	\$0.00