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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 instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
RAPP FAMILY FOUNDATION INC

A Employer identification number
36-3756870

Number and street (or P O box number if mail is not delivered to street address)
PO BOX 2082

Room/suite

B Telephone number (see instructions)
(406) 370-4477

City or town, state or province, country, and ZIP or foreign postal code
HAMILTON, MT 59840

C If exemption application is pending, check here ▶ ☐

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

D 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 foundation

E 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)* ▶$ 8,065,871

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) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	53	53	53	
	4 Dividends and interest from securities	92,910	92,910	92,910	
	5a Gross rents	228,533	228,533	228,533	
	b Net rental income or (loss) 184,697				
	6a Net gain or (loss) from sale of assets not on line 10	207,003			
	b Gross sales price for all assets on line 6a 1,750,658				
	7 Capital gain net income (from Part IV, line 2)		207,003		
	8 Net short-term capital gain			207,003	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	5,822	5,822	5,822	
	12 **Total.** Add lines 1 through 11	534,321	534,321	534,321	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	6,250	3,125		
	c Other professional fees (attach schedule)	70,072	70,072		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,990	2,970		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	44,531	44,531		
	24 **Total operating and administrative expenses.** Add lines 13 through 23	123,843	120,698		0
	25 Contributions, gifts, grants paid	266,683			266,683
	26 **Total expenses and disbursements.** Add lines 24 and 25	390,526	120,698		266,683
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	143,795			
	b **Net investment income** (if negative, enter -0-)		413,623		
	c **Adjusted net income**(if negative, enter -0-)			534,321	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	38,387	36,178	36,178
	2 Savings and temporary cash investments	215,936	212,317	212,317
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	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 (attach schedule)			
	b Investments—corporate stock (attach schedule)	2,173,197	2,180,494	2,777,329
	c Investments—corporate bonds (attach schedule)	28,355	29,896	29,519
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	3,534,155	3,644,051	5,010,528
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	5,990,030	6,102,936	8,065,871
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)		0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	5,990,030	6,102,936	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	5,990,030	6,102,936	
	31 **Total liabilities and net assets/fund balances** (see instructions)	5,990,030	6,102,936	

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	5,990,030
2	Enter amount from Part I, line 27a	2	143,795
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	6,133,825
5	Decreases not included in line 2 (itemize) ▶	5	30,889
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	6,102,936

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
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	See Additional Data Table			
b				
c				
d				
e				

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

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
a	See Additional Data Table			
b				
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	207,003
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) (see instructions) If (loss), enter -0- in Part I, line 8	3	207,003

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	225,941	5,273,582	0 04284
2015	141,158	3,333,044	0 04235
2014	106,613	1,306,940	0 08158
2013	106,517	1,243,191	0 08568
2012	102,402	470,858	0 21748

2	**Total** of line 1, column (d)	2	0 469930
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	0 093986
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	7,692,131
5	Multiply line 4 by line 3	5	722,953
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	4,136
7	Add lines 5 and 6	7	727,089
8	Enter qualifying distributions from Part XII, line 4	8	266,683

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	8,272
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	8,272
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	8,272
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 5,516		
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	10,016
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ 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	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	1,744
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 1,744 **Refunded** ▶	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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
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*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
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?	6		No
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*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ JOHN H ORMISTON Telephone no ▶ (406) 360-9530

Located at ▶ 366 BLODGETT CAMP RD HAMILTON MT ZIP+4 ▶ 59840

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

16	At any time during calendar year 2017, 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?		Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16		No

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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 ☑ 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 ☑ 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)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
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 2017?	1c		No
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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		No
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2017 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 2017).*	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2017?	4b		No

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 4945(d)(4)(A)? (see instructions)	☑ 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)?			**5b**	**No**
	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?	☑ 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**	**No**
	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?			**7b**	**No**

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 (see instructions).

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

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

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

Total number of other employees paid over $50,000. . . . . ▶

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. . . . . ▶

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 SCHOOL COUNSELOR PROGRAM-ASSISTANCE TO UNDERPRIVILEDGED STUDENTS IN 11 DIFFERENT SCHOOLS IN RAVALLI COUNTY	18,810
2	
3	
4	

Part IX-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	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 . . . . . ▶	

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	4,530,124
b	Average of monthly cash balances	1b	246,146
c	Fair market value of all other assets (see instructions)	1c	3,033,000
d	**Total** (add lines 1a, b, and c)	1d	7,809,270
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	
3	Subtract line 2 from line 1d	3	7,809,270
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	117,139
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,692,131
6	**Minimum investment return.** Enter 5% of line 5	6	384,607

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	384,607
2a	Tax on investment income for 2017 from Part VI, line 5	2a	8,272		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	8,272
3	Distributable amount before adjustments Subtract line 2c from line 1			3	376,335
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	376,335
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	376,335

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	266,683
b	Program-related investments—total from Part IX-B	1b	
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	266,683
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 (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	266,683

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				376,335
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012. 60,404				
b From 2013. 46,549				
c From 2014. 44,780				
d From 2015.				
e From 2016.				
f **Total** of lines 3a through e.	151,733			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 266,683				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				266,683
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017	109,652			109,652
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,081			
b Prior years' undistributed income Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a	42,081			
10 Analysis of line 9				
a Excess from 2013. . . . 42,081				
b Excess from 2014. . . .				
c Excess from 2015. . . .				
d Excess from 2016. . . .				
e Excess from 2017. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
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					
e 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)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) 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					

Part XV Supplementary Information (Complete this part only if the organization 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))

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

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

DIANE RUPPERT
PO BOX 2082
HAMILTON, MT 59840
(406) 544-0302
rappffapp2014@gmail com

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

APPLICANTS MAY APPLY BY FILING OUT AN APPLICATION FORM IT IS RECOMMENDED THAT APPLICANTS PROVIDE EVIDENCE OF IN-KIND CONTRIBUTIONS (VOLUNTEER HOURS AND NON-MONETARY CONTRIBUTIONS) AND MATCHING FUNDS IN THE PROJECT BUDGET ONLY APPLICATIONS FROM TAX-EXEMPT ENTITIES WILL BE ACCEPTED

c Any submission deadlines

2ND FRIDAY MAR JUN SEPT

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

LIMITED TO RAVALLI COUNTY

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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* See Additional Data Table				
Total . . . . . ▶ **3a**				266,683
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	53	
4 Dividends and interest from securities. . . .			14	92,910	
5 Net rental income or (loss) from real estate					
a Debt-financed property.	531190	79,396			
b Not debt-financed property.			16	105,301	
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	207,003	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a Misc			1	861	
b PASS-THROUGH K-1 Pacific			1	10	
c PASS-THROUGH K-1 survivor			1	4,951	
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		79,396		411,089	
13 **Total.** Add line 12, columns (b), (d), and (e).				**13**	490,485

(See worksheet in line 13 instructions to verify calculations)

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

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

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	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

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

******	2018-11-09	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Jaime Ward CPA				P00441760
Firm's name ▶ Boyle Deveny & Meyer PC				Firm's EIN ▶81-0390489
Firm's address ▶ 305 South 4th East Suite 200 Missoula, MT 59801				Phone no (406) 721-3555

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
RAYMOND JAMES 6992-PUBLICLY TRADED SECUR			
RAYMOND JAMES 6992-PUBLICLY TRADED SECUR			
LT Capital Gain Distributions #6992			
RAYMOND JAMES 5700-PUBLICLY TRADED SECUR			
RAYMOND JAMES 5700-PUBLICLY TRADED SECUR			
LT Capital Gain Distributions #5700			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
895,466		831,407	64,059
711,768		572,542	139,226
399			399
34,380		33,130	1,250
108,493		106,576	1,917
152			152

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			64,059
			139,226
			399
			1,250
			1,917
			152

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
THOMAS G BRADER PO BOX 2082 HAMILTON, MT 59840	President 4 00	0		
JOHN H ORMISTON PO BOX 2082 HAMILTON, MT 59840	Vice Pres/Treas 10 00	0		
DIANE THOMAS-RUPPERT PO BOX 2082 HAMILTON, MT 59840	Director 4 00	0		
LARRY JOHNSON PO BOX 2082 HAMILTON, MT 59840	Secretary 4 00	0		
JODY PARSONS PO BOX 2082 HAMILTON, MT 59840	Director 4 00	0		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BEAR1105 W MAIN HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	3,000
BITTERROOT LAND TRUSTPO BOX 1806 HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	500
BITTERROOT RESOURCE CONSERVATION AN 1709 N 1ST ST HAMILTON, MT 59840	NONE	PC	COLLECTIVE IMPACT PROJECT, BITTERROOT ARTS FOR AUTISM, AND GENERAL SUPPORT	6,700
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BITTERROOT WATER FORUM PO BOX 1247 HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	3,000
BITTERROOT CASA127 WEST MAIN HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	1,500
BITTERROOT HUMANE SOCIETY PO BOX 57 HAMILTON, MT 59840	NONE	PC	VET SUPPLIES AND SUPPORT	7,600
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BITTERROOT KWANIS 610 1ST STE 5 PMB 417 HAMILTON, MT 59840	NONE	NC	CHRISTMAS FOOD BOXES	2,500
BITTERROOT PUBLIC LIBRARY 306 STATE ST HAMILTON, MT 59840	NONE	GOV	GENERAL SUPPORT	2,500
BITTERROOT THERAPEUTIC RIDING 599 POPHAM LANE HAMILTON, MT 59840	NONE	PC	SCHOLARSHIPS AND GENERAL SUPPORT	5,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BITTERROOT VALLEY CHORUS PO BOX 1262 HAMILTON, MT 59840	NONE	PC	CHRISTMAS CONCERT	1,000
DARBY SCHOOLS209 SCHOOL DRIVE DARBY, MT 59829	NONE	GOV	LIBRARY BOOKS, ADV BASED LEARNING TRIPS AND GENERAL SUPPORT	4,671
DARBY BREAD BOXPO BOX 207 HAMILTON, MT 59829	NONE	PC	FOOD AND SUPPORT	500
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
EMMA'S HOUSEPO BOX 2034 HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	31,500
HAMILTON HIGH SCHOOL 327 FAIRGROUNDS RD HAMILTON, MT 59840	NONE	GOV	VARIOUS PROGRAMS AND SUPPORT	4,783
HAMILTON MIDDLE SCHOOL 209 SOUTH 5TH HAMILTON, MT 59840	NONE	GOV	THE GIVEAWAY, TEACHERS FUND, ROBOTICS AND RESEARCH CLASS	6,111
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
HAMILTON PLAYERS INC 100 RICKETTS RD HAMILTON, MT 59840	NONE	PC	SUPPORT	5,500
HAMILTON POLICE DEPT223 S 2ND ST HAMILTON, MT 59840	NONE	GOV	SUPPORT	500
HAVEN HOUSEPO BOX 1343 HAMILTON, MT 59840	NONE	PC	SUPPORT	1,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
RAVALLI HEAD START81 KURTZ LN HAMILTON, MT 59840	NONE	PC	LIBRARY BOOKS AND SUPPORT	1,760
LITERACY VOLUNTEERS OF AMERICA 316 NORTH THIRD HAMILTON, MT 59840	NONE	PC	SUPPORT	5,000
LONE ROCK SCHOOL 1112 THREE MILE CRK RD STEVENSVILLE, MT 59870	NONE	GOV	BELL PROJECT AND LIBRARY BOOKS	1,770
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
NORTH VALLEY PUBLIC LIBRARY 208 MAIN STREET STEVENSVILLE, MT 59870	NONE	PC	ENCHANTMENT OF THE WORLD BOOKS AND SUPPORT	1,600
RAVALLI COUNCIL ON AGING 310 OLD CORVALLIS RD HAMILTON, MT 59840	NONE	PC	FOOD PROCESSING PROJECT	2,500
RAVALLI COUNTY 4H COUNCIL 215 S 45TH ST HAMILTON, MT 59840	NONE	PC	GOAT BARN PROJECT	3,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
STEVENSVILLE PLAYHOUSE319 MAIN ST STEVENSVILLE, MT 59870	NONE	PC	BUILDING EXPANSION	6,000
STEVENSVILLE VOLUNTEER FIRE DEPT PO BOX 30 STEVENSVILLE, MT 59870	NONE	PC	SUPPORT	250
TELLER REFUGE INCPO BOX 548 CORVALLIS, MT 59828	NONE	PC	YOUTH CONSERVATION EXPO	3,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
VICTOR VOLUNTEER FIRE DEPT PO BOX 243 VICTOR, MT 59875	NONE	PC	SUPPORT	500
BITTERROOT BAROQUE801 S 3RD HAMILTON, MT 59840	NONE	PC	VINTAGE ORGAN PURCHASE	2,500
CORVALLIS SCHOOL 1020 EAST SIDE HWY CORVALLIS, MT 59828	NONE	GOV	GENERAL SUPPORT	2,570
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
CORVALLIS HIGH SCHOOLPO BOX 700 CORVALLIS, MT 59828	NONE	GOV	VARIOUS PROGRAMS AND SUPPORT	2,312
CORVALLIS MIDDLE SCHOOL 1045 MAIN ST CORVALLIS, MT 59828	NONE	GOV	SCIENCE OLYMPICS	1,934
DALY SCHOOL208 DALY AVE HAMILTON, MT 59840	NONE	GOV	GENERAL SUPPORT	1,474
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
HAMILTON VOLUNTEER FIRE DEPARTMENT 223 S 2ND HAMILTON, MT 59840	NONE	PC	SUPPORT	500
RAVALLI COUNTY 100 OLD CORVALLIS RD HAMILTON, MT 59840	NONE	GOV	SHEEP PROJECT AND GENERAL SUPPORT	925
SAFEPO BOX 534 HAMILTON, MT 59840	NONE	PC	SUPPORT	1,500
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
SAFE HAVEN LLAMAS 780 OLD CORVALLIS RD CORVALLIS, MT 59828	NONE	PC	SUPPORT	500
SULA COUNTRY LIFE CLUBPO BOX 86 SULA, MT 59871	NONE	PC	FLOORING	2,200
WASHINGTON ELEMENTARY SCHOOL 225 N 5TH HAMILTON, MT 59840	NONE	GOV	SUPPORT	2,054
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BIKE WALK MONTANAPO BOX 1731 HAMILTON, MT 59840	NONE	PC	BIKE REPAIR PROJECT	1,500
BITTERROOT DRAGON BRIGADE 1095 IRON CAP DRIVE STEVENSVILLE, MT 59870	NONE	PC	GENERAL SUPPORT	2,000
CHILD CARE RESOURCES105 E PINE MISSOULA, MT 59802	NONE	PC	SCHOLARSHIPS	2,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
PANTRY PARTNERSPO BOX 806 STEVENSVILLE, MT 59870	NONE	PC	GENERAL SUPPORT	2,000
RAVALLI COUNTY RESERVE DEPUTIES 205 BEDFORD SUITE G HAMILTON, MT 59840	NONE	GOV	SUPPORT	500
STEVENSVILLE SCHOOLS 300 PARK STREET STEVENSVILLE, MT 59870	NONE	GOV	LIBRARY BOOKS	1,500
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
TUESDAY AT TWELVEPO BOX 1206 HAMILTON, MT 59840	NONE	PC	SUPPORT	600
VALLEY VETERAN'S SERVICE 103 BEDFORD 102 HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	4,100
VICTOR SCHOOLS425 FOURTH AVE VICTOR, MT 59875	NONE	GOV	LIBRARY BOOKS AND SUPPORT	3,084
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
VICTOR PARK DISTRICT425 4TH AVE VICTOR, MT 59875	NONE	GOV	Restroom	2,000
RAVALLI CTY ECON DEVELOPMENT AUTHOR 274 OLD CORVALLIS RD HAMILTON, MT 59840	NONE	PC	CIRCLE 13 SKATEPARK	33,000
FLORENCE-CARLTON SCHOOL DISTRICT 5602 OLD US 93 FLORENCE, MT 59833	NONE	GOV	SUPPORT	2,657
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
ACTS OF KINDNESS SHARE TREE BITTERR PO BOX 747 STEVENSVILLE, MT 59870	NONE	PC	ACTS OF KINDNESS TREE	2,000
BITTERROOT AUDUBONPO BOX 326 HAMILTON, MT 59840	NONE	PC	PROJECT NIGHT FLIGHT	3,000
ANDREW WALTERS FOUNDATION 515 N 5TH ST HAMILTON, MT 59840	NONE	PC	SUPPORT	500
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BITTERROOT BACKCOUNTRY HORSEMEN PO BOX 1083 HAMILTON, MT 59840	NONE	PC	BEAR AWARE TEACHING MATERIALS	510
BIG SKY HANDBELL MUSICIANS 118 RICKETTS RD HAMILTON, MT 59840	NONE	PC	HANDBELL FESTIVAL	2,000
BITTERROOT CELTIC SOCIETY PO BOX 1774 HAMILTON, MT 59840	NONE	PC	EVENT SPONSORSHIP	2,800
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BITTERROOT BASKETBALL CLUB 117 HIGH ROAD HAMILTON, MT 59840		PC	GENERAL SUPPORT	2,000
BITTERROOT COMMUNITY BAND 4403 GRIZZLY WAY STEVENSVILLE, MT 59870	NONE	PC	MUSIC STANDS	1,000
BITTERROOT PERFORMING ARTS CO 127 W MAIN STE 103 HAMILTON, MT 59840	NONE	PC	PERFORMANCE SPONSOR AND OUTREACH	1,500
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
BITTERROOT RIVER PROTECTIVE ASSOC PO BOX 8 STEVENSVILLE, MT 59875	NONE	PC	WATER QUALITY LAB	15,260
CORVALLIS GRANGE 17249 CHADS RD HAMILTON, MT 59840	NONE	PC	PLUMBING REPAIR	1,123
DALY HOSPITAL FOUNDATION 1200 WEST VIEW DR HAMILTON, MT 59840	NONE	PC	NEIGHBORS HELPING NEIGHBORS	3,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
DALY MANSION PRESERVATION TRUST PO BOX 223 HAMILTON, MT 59840	NONE	PC	DEFIBRILLATOR	2,100
DARBY VOLUNTEER FIRE DEPARTMENT PO BOX 829 DARBY, MT 59829	NONE	PC	GENERAL SUPPORT	250
EDNA THOMAS MIDDLE SCHOOL 1045 MAIN CORVALLIS, MT 59828	NONE	GOV	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
FLORENCE CIVIC CLUBPO BOX 544 FLORENCE, MT 59833	NONE	PC	BOOKS FOR LIBRARY	1,000
FOX HOLLOW ANIMAL PROJECT 155 FOX HOLLOW HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	1,000
FRIENDS OF THE DARBY COMMUNITY LIBR PO BOX 1115 DARBY, MT 59829	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
HAMILTON PARENT ACTION COMMITTEE 225 N 5TH HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	485
HART TO HEART MINISTRIES 573 GRANDVIEW STEVENSVILLE, MT 59875	N/A	PC	GENERAL SUPPORT	500
HISTORIC ST MARY'S MISSION PO BOX 211 STEVENSVILLE, MT 59870	NONE	PC	LANDSCAPING RENOVATION AND GENERAL SUPPORT	4,000
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
IRWIN FLORENCE ROSTEN FOUNDATION 515 MADISON ST HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	5,000
MONTANA LIONS SIGHT AND HEARING FDT PO BOX 1266 FORSYTH, MT 59327	NONE	PC	GENERAL SUPPORT	1,000
PAINTED ROCKS FIRE & RESCUE 9564 WEST FORK RD DARBY, MT 59829	NONE	PC	ICE RESCUE EQUIPMENT	3,000
Total . . . . . ▶ **3a**				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
STEVENSVILLE YOUTH SOCCER PO BOX 383 STEVENSVILLE, MT 59875	NONE	PC	FINISH SOCCER FIELD	20,000
STEVENSVILLE CLOTHES CLOSET 1384 MERIDIAN RD VICTOR, MT 59875	NONE	PC	GENERAL SUPPORT	1,000
VICTOR HERITAGE MUSEUMPO BOX 610 VICTOR, MT 59875	NONE	PC	BUILDING REPAIRS	1,500
Total . . . . . ▶ 3a				266,683

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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*				
VICTOR SCHOOLS FOUNDATION PO BOX 1047 VICTOR, MT 59875	NONE	PC	HANNAH HOPE FUND	1,000
VICTOR SENIOR CENTERPO BOX 35 VICTOR, MT 59875	NONE	PC	GENERAL SUPPORT	1,500
WESTERN MT MENTAL HEALTH CENTER 210 N 10TH STE A HAMILTON, MT 59840	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				266,683

TY 2017 Accounting Fees Schedule

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting and tax preparation	6,250	3,125	0	0

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Expenditure Responsibility Statement

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
BITTERROOT KWANIS	610 1ST STE 5 PMB 417 HAMILTON, MT 59840	2017-12-01	2,500	CHRISTMAS FOOD BASKETS	2,500	No	12/31/2017	2017-12-31	AMOUNTS WERE SPENT ON CHRISTMAS FOOD BASKETS AS GRANTED

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TY 2017 Investments Corporate Bonds Schedule

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
Raymond James #7579 - Fixed Income	29,896	29,519

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TY 2017 Investments Corporate Stock Schedule

Name: RAPP FAMILY FOUNDATION INC
EIN: 36-3756870
Software ID: 17005038
Software Version: 2017v2.2

Name of Stock	End of Year Book Value	End of Year Fair Market Value
Raymond James #6992 - Equities	1,779,219	2,279,290
Raymond James #7579 - Equities	401,275	498,039

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TY 2017 Investments - Other Schedule

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Walnut-East, A Limited Partnership	FMV	537,734	706,000
Pacific Shore, LP	FMV	226,258	275,000
Warner Center LP	FMV	108,828	143,000
Tustin First Investment Company	FMV	134,154	159,000
Beach & Warner Associates, LP	FMV	869,865	1,750,000

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TY 2017 Other Expenses Schedule

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Misc Admin Expenses	404	404		
OFFICE	243	243		
Rental Expenses	43,836	43,836		
SAFETY DEPOSIT	48	48		

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TY 2017 Other Income Schedule

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Misc	861	861	861
PASS-THROUGH K-1 Pacific	10	10	10
PASS-THROUGH K-1 survivor	4,951	4,951	4,951

TY 2017 Other Professional Fees Schedule

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
management fees	70,072	70,072	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491313003448

TY 2017 Taxes Schedule

Name: RAPP FAMILY FOUNDATION INC

EIN: 36-3756870

Software ID: 17005038

Software Version: 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Annual Report	20			
Foreign Tax	2,970	2,970		