## Form 990-PF Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2018 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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
W BRUCE MARY LOUISE COOK F	OUNDATION		65-6285872	
Number and street (or P O box number if mail is not delivered to street a		Room/suite	<b>B</b> Telephone number	
C/O E. COOK 14333 NORTHEAS	r 87th AVE		212-276-79	88
City or town, state or province, country, and ZIP or foreign p VANCOUVER, WA 98662-1009	ostal code		C If exemption application is pe	anding check here
G Check all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	chack hare
Final return	Amended return	ormor positio onarity	D 1. Foreign organizations	s, check note
X Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H Check type of organization: X Section 501(c)(3) ex		011	1	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation U7	E If private foundation sta under section 507(b)(1)	
I Fair market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	• •
• 1	ther (specify)		under section 507(b)(1)	
▶\$ 2,736,145. (Part I, colur	nn (d) must be on cash basi	s.)		(2), 61100/11010
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		<del></del>		<del></del>
2 Check X if the foundation is not required to attach Sch. 8 Interest on savings and temporary		- 1		
3 cash investments	40 554	48 554		
4 Dividends and interest from securities	48,554.	48,554.		STATEMENT 1
5a Gross rents				
Net rental income or (loss)	114 450			
68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 01 / / / / / /	114,459.			
assets on line 6a 1, U14, 440.		114 450		
<b>~</b> I		114,459.	23Tc/23 20000	<u> </u>
o wet short-term capital gain		* ·	IN/A	IVED
9 Income modifications Gross sales less returns	•			18
10a and allowances			AUG 2-	7 2018
b Less Cost of goods sold c Gross profit or (loss)		ŧ	700 2	2010
11 Other income			OGDE	VI IT
12 Total. Add lines 1 through 11	163,013.	163,013.		(* U)
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
8 16a Legal fees				
b Accounting fees			-	
c Other professional fees				
e 17 Interest	,			
ाई 18 Taxes STMT 2	832.	476.	0.	356.
្នាំ 19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses STMT 3	20,286.	20,286.	0.	0.
24 Total operating and administrative expenses. Add lines 13 through 23	-			
expenses. Add lines 13 through 23	21,118.	20,762.	0.	356.
25 COntributions, gints, grants part	152,000.			152,000.
26 Total expenses and disbursements.				
Add lines 24 and 25	173,118.	20,762.	0.	152,356.
27 Subtract line 26 from line 12:	-10,105.			
Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	10,103.	142,251.		
c Adjusted net income (if negative, enter -0-)		144,431.	0.	
703501 01-03-18 I HA For Panerwork Reduction Act Notice	. coo instructions	·		Form <b>990-PF</b> (2017)

See the Part VI instructions.

	996-PF (2017) W BRUCE MARY LOUISE COOK FOUNDATION tVI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	65-6285 948 - see ir	872 struct		Page 4
b c 2 3 4 5	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter:	1 2 3 4 5	1	.,42	0. 23. 0.
	Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017  6a  0				
	Exempt foreign organizations - tax withheld at source  6b  0	<b>⊣</b> । ⋅			
	Tax paid with application for extension of time to file (Form 8868)  6c 3,000	7 3			
	Backup withholding erroneously withheld 6d 0				
	Total credits and payments. Add lines 6a through 6d	7 7	3	3,00	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			45.
	Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1	.,5:	32.
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11			0.
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in		Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the def	nition	1b		X
	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.				
С	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0	•			ı
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.   \$ 0.				Í
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	or	3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T				
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 sta	te law	J		1
	remain in the governing instrument?		6	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		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.   NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				-
	of each state as required by General Instruction G? If "No," attach explanation		8b		<del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar			
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		9		X
	Did any person's become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		Х

P	irt VII-A   Statements Regarding Activities (continued)			
	Commission	T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
••	section 512(b)(13)? If "Yes," attach schedule, See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
10	Website address ► N/A		-	
14	The books are in care of ► MORGAN STANLEY TRUST N.A. Telephone no. ► 212-2	76-7	988	
	Located at ▶1 NEW YORK PLAZA 7TH FLOOR, NEW YORK, NY ZIP+4 ▶1	0004		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\cdot \Box \overline{\ }$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art 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.	, t	Yes	No
1:	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?	-		İ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1
	a disqualified person?		)	]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ł		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			İ
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ŀ		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	
	if the foundation agreed to make a grant to or to employ the official for a period after	1	ľ	
	termination of government service, if terminating within 90 days.)		İ	
	o 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 N/A	_1b		<u> </u>
	Or ganizations relying on a current notice regarding disaster assistance, check here	,		
,	DIC 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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			1
	defined in section 4942(j)(3) or 4942(j)(5)):		Ì	
	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			1
	before 2017? Yes X No		1	
	If "Yes," list the years	ĺ	ĺ	
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		ļ	1
	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		↓
	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	,		
	<b>&gt;</b>	,	} -	
3	a Dtd the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		1	
	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	1	1	
	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			1
	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		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48_	L	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	_		1.
_	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	<u>L</u>	X
		orm <b>99</b>	0-PF	(2017

Form 990-PF (2017) W BRUCE MARY LOUISE COOK			<u>65-62858</u>	<u>72</u>	Page 6
Part WI-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)		
<ul> <li>5a During the year, did the foundation pay or incur any amount to:</li> </ul>			Ĺ	Yes	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				1
4945(d)(4)(A)? See instructions		Y	s X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fe				Į.
the prevention of cruelty to children or animals?	or dadamental perposes, or the	_	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the excentions described i	<del></del>	ا ۱۰۰ اعتا ۱۰۰		1
section 53.4945 or in a current notice regarding disaster assistance? See instri	•	ii i tegalations	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance, check i				-	+
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		nad			
expenditure responsibility for the grant?	1/	I/A □ Ye	s L 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	<del></del> 1	<b>□</b>		
a personal benefit contract?		Ye	es X No		١
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	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 s		Ye	s X No	-	<del> </del>
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	<del>,</del>	1	[		
4-1 Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E:	xpense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	compensation	allov	vances
MARY LOUISE COOK	TRUSTEE			1	
986 CHIEF JOSEPH TRAIL					
BIG SKY, MT 59716	1.00	0.	0.		0.
ELIZABETH COOK	TRUSTEE				
14333 NORTHEAST 87TH AVENUE				ì	
VANCOUVER, WA 98662	1.00	0.	. 0.	İ	0.
			<del></del>		
	1				
<del></del>	†				
				-	
<del></del>	-			l	
	+		1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		<u> </u>	
- Companion of the inglices paid employees fedici dian diese life	<del></del>	10/16.	(d) Contributions to	(e) F	xpense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	accour	nt, other
170377	devoted to position	<del> </del>	compensation	anov	vances
NONE	_			ľ	
		<u> </u>		Ļ	
	4				
	ļ			<u> </u>	
	1				
				L	
	]				
	L				
	1			1	
Total number of other employees paid over \$50,000	· <del></del>	<u> </u>	<b></b>		0
1				000 DI	<u>_</u>

	<u>62858</u>	72 Page 7
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		<del></del>
Total number of others receiving over \$50,000 for professional services	<b>•</b>	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		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	·	
1 N/A		
2		
3		
4		
Dort IV P C		
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		Antount
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3		0.
	Form	990-PF (2017)

Part X Minimum Investment Return (All domestic foundations must complete this pair	t. Foreign foundations, see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a Average monthly fair market value of securities	1a 2,010,32
b Average of monthly cash balances	1a 2,010,32 1b 626,33
c Fair market value of all other assets	1c
d Total (add lines 1a, b, and c)	1d 2,636,66
e Reduction claimed for blockage or other factors reported on lines 1a and	
1c (attach detailed explanation)	0.
2 Acquisition indebtedness applicable to line 1 assets	2
3 Subtract line 2 from line 1d	3 2,636,66
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 39,55
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 2,597,11
6 Minimum investment return. Enter 5% of line 5	6 129,85
PariXIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g foundations and certain
foreign organizations, check here  and do not complete this part.)	
1 Minimum investment return from Part X, line 6	1 129,85
2a Tax on investment income for 2017 from Part VI, line 5	1,423.
b Income tax for 2017. (This does not include the tax from Part VI.)	
c Add lines 2a and 2b	2c 1,42
3 Distributable amount before adjustments. Subtract line 2c from line 1	3 128,43
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5 128,43
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	7 128,43
Part XIII Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	C. C. C. C. C. C. C. C. C. C. C. C. C. C
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 152,35
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:	<u> 후 a</u>
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	4 152,35
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	i
income. Enter 1% of Part I, line 27b	5 1,42 6 150,93
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 150,93
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether 4940(e) reduction of tax in those years.	the foundation qualifies for the section
	c 000 DE //

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				128,433.
line 7  2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
, , , , , , , , , , , , , , , , , , ,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 29,959.				
<b>b</b> From 2013				
c From 2014				
d From 2015 39,058.	j			
e From 2016				
f Total of lines 3a through e	69,017.			
4 Qualifying distributions for 20 17 from			İ	
Part XII, line 4: ► \$ 152,356.			<u>-</u>	
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		<del></del>
c Treated as distributions out of corpus	ا م			
(Election required - see instructions)	0.	<u> </u>		128,433.
d Applied to 2017 distributable amount	23,923.			120,1331
e Remaining amount distributed out of corpus	23,923.			0.
Excess distributions carryover applied to 2017 (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:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	92,940.			
b Prior years' undistributed income. Subtract		•	1	
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		0.		
assessed				
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions				
e Undistributed income for 2016. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.				
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)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	29,959.			
9 Excess distributions carryover to 2018.		ļ		
Subtract lines 7 and 8 from line 6a	62,981.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 39,058.				
d Excess from 2016			1	
e Excess from 2017 23,923.	<u> </u>	<u> </u>	.1	Form 990-PF (2017)

Form 990-PF (2017) W BRUCE Part XIV: Private Operating Form	MARY LOUIS	B COOK FOUN	DATION		285872 Page
			I-A, question 9)	N/A	<u> </u>
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			. ▶ └—	14040440	0.404.753
b Check box to indicate whether the found		ig foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(h) 2016	Prior 3 years	(4) 2014	(1) T-4-1
income from Part I or the minimum	(4) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	<u></u>	<u> </u>	<del> </del>		ļ
<b>b</b> 85% of line 2a			<u> </u>		<del> </del>
c Qualifying distributions from Part XII,					
line 4 for each year listed		<del></del>	<del> </del>		<del> </del>
d Amounts included in line 2c not			,		1
used directly for active conduct of					
exempt activities	<u></u>				<del> </del>
e Qualifying distributions made directly					1
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the		*			<del> </del>
alternative test relied upon:					ļ
a "Assets" alternative test - enter:					ļ
(1) Value of all assets	<b></b>				<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return					1
shown in Part X, line 6 for each year					1
listed			*		
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on		•			
segurities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public				`	
and 5 or more exempt organizations as provided in		İ			
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
MARY LOUISE COOK					
b List any managers of the foundation wh			or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi					
Check here $ ightharpoonup \overline{\mathbf{X}}$ if the foundation o	nly makes contributions	to preselected charitable	organizations and does r	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condit	ions, complete items 2a,	b, c, and d.	
a The name, address, and telephone number	per or email address of th	e person to whom applic	ations should be address	sed:	
b The form in which applications should b	e submitted and informa	tion and materials they s	nould include;		
c Any submission deadlines;			<del></del>	<u> </u>	
	<u></u>				
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors:	<u>-</u>

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	or substantial contributor			
WSU FOUNDATION	NONE	PC	GENERAL SUPPORT	
PO BOX 5838 SOMSEN HALL 204 WINONA, MN 55987				13,000
CANCER SUPPORT COMMUNITY	NONE	PC	GENERAL SUPPORT	
102 S 11TH AVE				
BOZEMAN, MT 59715		_		10,000
FRIENDS OF THE BIG SKY COMMUNITY	NONE	PC	GENERAL SUPPORT	
LIBRARY PO BOX 161344				
BIG SKY, MT 59716				15,000
ST JOSEPH'S OF BIG SKY	NONE	PC	GENERAL SUPPORT	
510 LITTLE COYOTE RD				<b>5</b> 000
BIG SKY, MT 59716				5,000
ARTS COUNCIL OF BIG SKY	NONE			
PO BOX 160308	NONE	PC	GENERAL SUPPORT	
BIG SKY, MT 59716				1,000
Total SEE C  b Approved for future payment	ONTINUATION SHEE	T(\$) 	<u>▶</u> 3a	152,000
Approved for facule payment				
NONE				
Total			<b>▶</b> 3b	0

'Part XVI-A Analysis of Income-Producing Activities

	Lincolated b	ucinose incomo	Louisian	510 510 - 514	
Enter gross amounts unless otherwise indicated.	(a) Business	usiness income (b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	<b> </b>				
b					
c	ļ		<del></del>		
d	<del>                                     </del>				
e	}			<del></del>	<del></del>
5		<del> </del>		<del></del>	
g Fees and contracts from government agencies	<del></del>		<del></del>		<del></del>
2 Membership dues and assessments	<del>                                     </del>		+-+		
3 Interest on savings and temporary cash			1 1		
Investments  4 Dividends and interest from securities	<del>                                     </del>		14	48,554.	<del></del>
5 Net rental income or (loss) from real estate:	<del> </del>	<del></del>		40,334.	
a Debt-financed property	<del>                                     </del>	<del></del>			
b Not debt-financed property	<del> </del>		+-+-	<del>-</del>	
6 Net rental income or (loss) from personal	<del> </del>		<del></del>	<del>-</del>	<del></del>
property					
7 Other investment income	<b>├</b>		+ +		<del></del>
8 Gain or (loss) from sales of assets other		<del></del>	<del>-   -   -</del>		<del></del>
than inventory	j j		18	114,459.	
9 Net income or (loss) from special events			<del>  -  </del>		<del></del>
10 Gross profit or (loss) from sales of inventory	<del></del>		<del></del>		
11 Other revenue:	<del></del>	<del></del>			<del></del>
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		163,013.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	163,013.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accom	plishment of F	xempt Pu	rnoses	
Total on on por Activities to			.xompt i u		
Line No. Explain below how each activity for which inco			I-A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing funds	for such purposes).		<del></del>	
	<u> </u>			<u>-</u>	
					<u></u>
				<u> </u>	
		_ <del>-</del>			
					<u> </u>
				<del></del> -	<del></del>
				<del></del>	<del>-</del>
			·	<del> </del>	
			-	<del></del>	·
					<del></del>
	<del></del>	<del></del>			<del></del>

Form 99	90-PF (2017) <b>W</b> BRU	CE MARY L	OUISE	COOK FOUNDATI	ON		65-6	285 <u>87</u> 2	Pa	age 13
Part		egarding Tran		nd Transactions an		ips With				
1 Di	d the organization directly or indi		of the following	g with any other organization	n described in sect	ion 501(c)			Yes	No
	ther than section 501(c)(3) organ				000011000 111 0000					
	ansfers from the reporting found	•		. •						
	) Cash							1a(1)		x
•	) Other assets	•						18(2)		X
•	her transactions:	•								
(1	) Sales of assets to a noncharita	ible exempt organiza	tion					1b(1)		X
	, ) Purchases of assets from a no							1b(2)		Х
•	, ) Rental of facilities, equipment,	· ·	•					1b(3)		X
(4	Reimbursement arrangements							1b(4)		X
(5	) Loans or loan guarantees							1b(5)		X
(6	) Performance of services or me	embership or fundrai	ısıng solıcıtatıcı	ns				1b(6)		X
c St	naring of facilities, equipment, ma	ailing lists, other asse	ets, or paid em	ployees				10		X
d If	the answer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should alv	ways show the fair	market valu	e of the god	ods, other ass	ets,	
01	services given by the reporting f	oundation. If the fou	ndation receive	d less than fair market valu	e in any transactior	or sharing	arrangeme	nt, show in		
CO	lumn (d) the value of the goods,	<del>, , , , , , , , , , , , , , , , , , , </del>								
( <b>a</b> ) Line	no (b) Amount involved	(c) Name o		exempt organization	(d) Descriptio	n of transfers,	transactions,	, and sharing arra	angeme	nts
			N/A	<u> </u>						
									-	
					<del></del>			<u> </u>		
				·	-					
	·									
		<del> </del>								
					+					
					1					
							·			
										-
ın	the foundation directly or indirect section 501(c) (other than section	on 501(c)(3)) or in se	-	or more tax-exempt organi	zations described			Yes	X	No.
<u><b>b</b> If</u>	"Yes," complete the following sch			I (1) T	T	/ \ D	4	b		
	(a) Name of or	ganization		(b) Type of organization		(c) Descrip	tion of rela	itionsnip		
	N/A			<u>.</u>						
	<u> </u>			<del></del>	-					
	<del></del>									
	<del></del>									
	Under penalties of perjury, I declare	that I have examined this	s return, including	accompanying schedules and st	atements, and to the h	est of my know	vledge			
Sign Here	and belief, it is true, correct, and cor		-	· · · ·		has any know	-	May the IRS return with the shown below	e prepai ? See in	rer
	Signature of officer or truste	e	7	Date	Title					
	Print/Type preparer's n	ame	Preparer's s	gnature	Date	Check	ıf F	PTIN		

Phone no. 412-355-6000 Form **990-PF** (2017)

P01234743

Firm's EIN ► 13-4008324

Paid

Preparer

**Use Only** 

self- employed

05/24/2018

TIMOTHY KAISER

Firm's name ► PRICEWATERHOUSECOOPERS LLP

PITTSBURGH, PA 15219

Firm's address ▶ 600 GRANT STREET

3 Grants and Contributions Paid During the		<u> </u>	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
HUMAN RESOURCES DEVELOPMENT COUNCIL	NONE	PC	YOUTH WIA PROGRAM	
PO BOX 2016				
BILLINGS, MT 59103				5,00
NA ANY CONGRESSIVE AND INTERNAL		20	GUNDAN GUDAORA	
BIG SKY COMMUNITY ORGANIZATION PO BOX 161404	NONE	PC	GENERAL SUPPORT	
BIG SKY, MT 59716				5,00
,				
HEART OF THE VALLEY	NONE	PC	GENERAL SUPPORT	
P.O. BOX 11390				
BOZEMAN, MT 59719				1,00
MORNINGSTAR LEARNING CENTER	NONE	PC	GENERAL SUPPORT	
PO BOX 160505 BIG SKY, MT 59716				5,00
20 Ont, MI 07/10				3,00
AT ST HELENS INSTITUTE	NONE	PC	GENERAL SUPPORT	
42218 NE YALE BRIDGE RD				
AMBOY, WA 98686	1			10,00
GREATER GALLATIN UNITED WAY INC	NONE	PC	BIG SKY FOOD BANK	
945 TECHNOLOGY BLVD STE 101F				5.00
BOZEMAN, MT 59718				5,00
CASCADE FOREST CONSERVANCY	NONE	PC	GENERAL SUPPORT	
4506 SE BELMONT STREET SUITE 230A	NONE	•	SENERAL SOFFORT	
PORTLAND, OR 97215				5,00
COMMUNITY SERVICES NORTHWEST	NONE	PC	GENERAL SUPPORT	
P.O. BOX 1845				
VANCOUVER, WA 98668				3,00
COUNCIL DOD WAS NOWS DOG	NONE	PC	GENERAL SUPPORT	
COUNCIL FOR THE HOMELESS 2500 MAIN ST	NONE		SIMERAL SUFFURI	
VANCOUVER, WA 98660				3,00
COLUMBIA RIVERKEEPER	NONE	PC	GENERAL SUPPORT	
111 3RD ST HOOD RIVER, OR 97031				1,00
Total from continuation sheets	<u> </u>	<u> </u>		108,00

Recipient	If recipient is an individual.	I	1	1
	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ALLATIN BIG SKY WEED COMMITTEE N	ONE	PC	GENERAL SUPPORT	
O1 N BLACK AVE	ONE	"	DENZIAL DOLLON	
DZEMAN, MT 59715			<del> </del>	1,00
HE ART OF YOGA PROJECT	ONE	PC	GENERAL SUPPORT	
55 BRYANT STREET #232		1		
ALO ALTO, CA 94301				5,00
RESH LIFELINES FOR YOUTH INC	ONE	PC	GENERAL SUPPORT	
68 VALLEY WAY				
ILPITAS, CA 95035				46,00
ATIONAL OUTDOOR LEADERSHIP SCHOOL	ONE	PC	GENERAL SUPPORT	
84 LINCOLN ST				1.00
ANDER, WY 82520				1,00
	ONE	PC	GENERAL SUPPORT	
MERICA INC 23 WILLIAM ST				
EW YORK, NY 10038				1,00
		 	THE TWO PORTS	
WCA USA 020 19TH STREET NW SUITE 750	ONE	PC	GENERAL SUPPORT	
ASHINGTON, DC 20036				1,00
HARE INC 306 NE ANDRESEN ROAD	IONE	PC	GENERAL SUPPORT	-
ANCOUVER, WA 98661				2,00
CALIFORNIA DANGE	TONE.	ng	GENERAL SUPPORT	
OLUMBIA DANCE 700 BROADWAY SUITE 100	IONE	₽C	DIMINION SUFFORT	1
ANCOUVER, WA 98663				3,00
Y DIGITAL TAT 2 INC	IONE	PC	GENERAL SUPPORT	
90 SOUTHWOOD DRIVE	· <del>-</del>	-		1
ALO ALTO, CA 94301	<del></del>			5,00
Total from continuation sheets	<del></del>	<u> </u>	_L	-

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MORGAN STANLEY	48,554	•	0. 48,554.	48,554.	0.
TO PART I, LINE 4	48,554		0. 48,554.	48,554.	0.
FORM 990-PF		TAX	ES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID EXCISE TAXES	_	476. 356.	476.	0.	0. 356.
TO FORM 990-PF, PG	1, LN 18 =	832.	476.	0.	356.
FORM 990-PF	<del></del>	OTHER E	XPENSES	S	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEME	NT FEES	20,286.	20,286.	0.	0.
TO FORM 990-PF, PG	1, LN 23	20,286.	20,286.	0.	0.