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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
DAVIDSON FAMILY FOUNDATION

**A Employer identification number**
81-0545443

Number and street (or P O box number if mail is not delivered to street address)
8 THIRD STREET NORTH

Room/suite

**B** Telephone number (see instructions)
(406) 791-7262

City or town, state or province, country, and ZIP or foreign postal code
GREAT FALLS, MT 59403

**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

**D 1.** Foreign organizations, check here ▶ ☐

**2** Foreign organizations meeting the 85% test, check here and attach computation ☐

| 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 (a) Book Value | End of year (b) Book Value | (c) Fair Market Value |
|---|---|---|---|---|---|
| 1 | Cash—non-interest-bearing | | 17 | 56,976 | 56,976 |
| 2 | Savings and temporary cash investments | | 637,164 | 120,616 | 120,616 |
| 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 | | | | |

**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 ) |
|---|---|---|---|---|
| 1 a | CAPITAL GAIN DISTRIBUTION | | | |
| b | PUBLIC SECURITIES ACCT 6854 | | | |
| c | PUBLIC SECURITIES ACCT 3619 | | | |
| d | PUBLIC SECURITIES ACCT 3619 | | | |
| e | PUBLIC SECURITIES ACCT 5581 | | | |

| | (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 | 37,081 | | | 37,081 |
| b | 137,702 | | 2,524 | 135,178 |
| c | 63,729 | | 50,422 | 13,307 |
| d | 561,390 | | 335,618 | 225,772 |
| e | 191,406 | | 90,108 | 101,298 |

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 | | | | 37,081 |
| b | | | | 135,178 |
| c | | | | 13,307 |
| d | | | | 225,772 |
| e | | | | 101,298 |

| | | | |
|---|---|---|---|
| 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 | 512,636 |
| 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 | |

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

**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<br>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 | 6,495 |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | 2 | 0 |
| 3 | Add lines 1 and 2 | | | 3 | 6,495 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | 4 | 0 |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0- | | | 5 | 6,495 |
| 6 | Credits/Payments | | | | |
| a | 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a | 9,336 | | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | | | |

**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 ▶ANDREW I DAVIDSON Telephone no ▶(406) 791-7262

Located at ▶8 THIRD STREET NORTH GREAT FALLS MT ZIP+4 ▶59403

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 [redacted] Yes 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**

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)*

**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 | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation **(If not paid, enter -0-)** | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| IAN B DAVIDSON<br>8 THIRD STREET NORTH<br>GREAT FALLS, MT 59403 | VICE PRESIDENT - DIRECTOR<br>0 50 | 0 | 0 | 0 |
| NANCY A DAVIDSON<br>8 THIRD STREET NORTH | VICE PRESIDENT - DIRECTOR<br>0 50 | 0 | 0 | 0 |

**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 ,

**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 | | | | 389,088 |
| **2** Undistributed income, if any, as of the end of 2017 | | | | |
| **a** Enter amount for 2016 only. . . . . | | | 294,235 | |
| **b** Total for prior years 20___, 20___, 20___ | | 0 | | |
| **3** Excess distributions carryover, if any, to 2017 | | | | |
| **a** From 2012. . . . . | | | | |
| **b** From 2013. . . . . | | | | |
| **c** From 2014. . . . . | | | | |
| **d** From 2015. . . . . | | | | |
| **e** From 2016. . . . . | | | | |
| **f** **Total** of lines 3a through e. . . . . | 0 | | | |
| **4** Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 303,300 | | | | |
| **a** Applied to 2016, but not more than line 2a | | | 294,235 | |
| **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . | | 0 | | |
| **c** Treated as distributions out of corpus (Election required—see instructions). . . . . | 0 | | | |
| **d** Applied to 2017 distributable amount. . . . . | | | | 9,065 |
| **e** Remaining amount distributed out of corpus | 0 | | | |
| **5** Excess distributions carryover applied to 2017 *(If an amount appears in column (d), the same amount must be shown in column (a) )* | 0 | | | 0 |
| **6** **Enter the net total of each column as indicated below:** | | | | |
| **a** Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0 | | | |
| **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . | | 0 | | |
| **c** Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . | | 0 | | |
| **d** Subtract line 6c from line 6b Taxable amount —see instructions . . . . . | | 0 | | |
| **e** Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . | | | 0 | |
| **f** Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . . | | | | 380,023 |
| **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 (see instructions) . . . | 0 | | | |
| **9** **Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a . . . . . | 0 | | | |
| **10** Analysis of line 9 | | | | |
| **a** Excess from 2013. . . . | | | | |
| **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)

| **2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . . | Tax year | Prior 3 years | | | **(e) Total** |
|---|---|---|---|---|---|
| | **(a)** 2017 | **(b)** 2016 | **(c)** 2015 | **(d)** 2014 | |
| | | | | | |

**Part XV** **Supplementary Information** (continued)

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

| Recipient<br>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*<br>See Additional Data Table | | | | |
| **Total** . . . . . ▶ **3a** | | | | 300,000 |
| **b** *Approved for future payment* | | | | |
| **Total** . . . . . ▶ **3b** | | | | 0 |

## 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 | 208 | |
| 4 Dividends and interest from securities. . . . | | | 14 | 157,906 | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property. . . . . | | | | | |
| b Not debt-financed property. . . . . | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income. . . . . | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory . . . . . | | | 18 | 512,636 | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e). . | | 0 | | 670,750 | 0 |
| 13 **Total.** Add line 12, columns (b), (d), and (e). . . . . 13 | | | | | 670,750 |

(See worksheet in line 13 instructions to verify calculations )

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

**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

****** | 2018-06-20 | ******

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 |
|---|---|---|---|---|
| AARON POND | | | | P00748419 |
| Firm's name ▶ CBIZ MHM LLC | | | | Firm's EIN ▶34-1878512 |
| Firm's address ▶ 19 EAST 200 SOUTH STE 1000 SALT LAKE CITY, UT 84111 | | | | Phone no (801) 364-9300 |

**Form 990PF Part XV Line 1a - 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).**

| |
|---|
| IAN B DAVIDSON |
| NANCY A DAVIDSON |

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

| Recipient | If recipient is an individual | Foundation | Purpose of grant or | Amount |
|---|---|---|---|---|

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

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
|---|---|---|---|---|

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

| Recipient<br>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* | | | | |
| GREAT FALLS PUBLIC SCHOOLS FOUNDATION<br>PO BOX 2429<br>GREAT FALLS, MT 59403 | NONE | PC | TO IMPROVE TEACHING AND LEARNING IN GREAT FALLS | 50,000 |
| GREAT FALLS RESCUE MISSION FOUNDATION<br>317 2ND AVE S<br>GREAT FALLS, MT 59401 | NONE | PC | BUILDING OF FAMILY CENTER TO ASSIST NEEDY FAMILIES | 5,000 |
| GREAT FALLS SYMPHONYPO BOX 1078<br>GREAT FALLS, MT 59403 | NONE | PC | TO BUY NEW INSTRUMENTS AND EQUIPMENT | 10,000 |
| GREATER POLSON COMMUNITY | NONE | PC | TO SUPPORT COMMUNITY | 5,000 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|

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

| Recipient<br>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 |
|---|---|---|---|---|

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

| Recipient<br>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* | | | | |
| MONTANA PBS<br>VISUAL COMMUNICATIONS BLDG 183<br>MONTANA STATE UNIVERSITY<br>BOZEMAN, MT 59717 | NONE | PC | GENERAL SUPPORT | 5,000 |
| GREAT FALLS ANIMAL FOUNDATION<br>900 25TH AVE NE<br>GREAT FALLS, MT 59404 | NONE | PC | GENERAL SUPPORT | 15,000 |
| **Total** . . . . . ▶ **3a** | | | | 300,000 |

# TY 2017 Accounting Fees Schedule

**Name:** DAVIDSON FAMILY FOUNDATION

**EIN:** 81-0545443

## Accounting Fees Schedule

| Category | Amount | Net Investment | Adjusted Net | Disbursements |
|---|---|---|---|---|
| [redacted] | | | | |

# TY 2017 Investments Corporate Stock Schedule

**Name:** DAVIDSON FAMILY FOUNDATION

**EIN:** 81-0545443

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---|---|---|
| INVESTMENTS IN PUBLIC SECURITIES | 4,845,136 | 8,813,673 |