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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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning

APR 1, 2017

, and ending

MAR 31, 2018

Name of foundation

**MARSHALL AND MARY BRONDUM
SPECIAL ASSISTANCE FOUNDATION, INC.**

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

PO BOX 3106

Room/suite

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

MISSOULA, MT 59806

G Check all that apply:

☐

Initial return

☐

Initial return of a former public charity

☐

Final return

☐

Amended return

☐

Address change

☐

Name change

H Check type of organization:

☒

Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust☐

Other taxable private foundation

I Fair market value of all assets at end of year

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

\$ 4,610,662.

J Accounting method:

☐

Cash

☒

Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

(a) Revenue and
expenses per books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable purposes
(cash basis only)

Revenue	1 Contributions, gifts, grants, etc., received			N/A		
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
	3 Interest on savings and temporary cash investments	1.	1.		STATEMENT 1	
	4 Dividends and interest from securities	62,797.	62,797.		STATEMENT 2	
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	370,869.				
	b Gross sales price for all assets on line 6a	602,903.				
	7 Capital gain net income (from Part IV, line 2)		370,869.			
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances					
b Less Cost of goods sold						
c Gross profit or (loss)						
11 Other income	3,380.	0.		STATEMENT 3		
12 Total. Add lines 1 through 11	437,047.	433,667.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees					
	b Accounting fees	STMT 4	16,800.	6,900.		9,900.
	c Other professional fees					
	17 Interest					
	18 Taxes	STMT 5	4,266.	0.		0.
	19 Depreciation and depletion		519.	0.		
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses	STMT 6	22,800.	157.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23		44,385.	7,057.		9,900.
	25 Contributions, gifts, grants paid		226,920.			226,920.
26 Total expenses and disbursements. Add lines 24 and 25		271,305.	7,057.		236,820.	
27 Subtract line 26 from line 12:						
a Excess of revenue over expenses and disbursements		165,742.				
b Net investment income (if negative, enter -0-)			426,610.			
c Adjusted net income (if negative, enter -0-)			N/A			

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SPECIAL ASSISTANCE FOUNDATION, INC.**

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash - non-interest-bearing			6,188.	26,115.	26,115.
	2 Savings and temporary cash investments			904.	906.	906.
	3 Accounts receivable ▶					
	Less: allowance for doubtful accounts ▶					
	4 Pledges receivable ▶					
	Less: allowance for doubtful accounts ▶					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons					
	7 Other notes and loans receivable ▶					
	Less: allowance for doubtful accounts ▶					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges			9,910.	0.	0.
	10a Investments - U.S. and state government obligations					
	b Investments - corporate stock STMT 7			3,772,699.	3,926,364.	4,582,698.
	c Investments - corporate bonds					
	11 Investments - land, buildings, and equipment basis ▶					
Liabilities	Less: accumulated depreciation ▶					
	12 Investments - mortgage loans					
	13 Investments - other					
	14 Land, buildings, and equipment: basis ▶ 3,291.					
	Less: accumulated depreciation STMT 8 ▶ 2,348.			1,462.	943.	943.
	15 Other assets (describe ▶)					
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			3,791,163.	3,954,328.	4,610,662.
	17 Accounts payable and accrued expenses			5,943.	3,100.	
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable					
	22 Other liabilities (describe ▶ EXCISE TAX PAYABLE)			0.	266.	
	23 Total liabilities (add lines 17 through 22)			5,943.	3,366.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> X and complete lines 24 through 26, and lines 30 and 31.					
	24 Unrestricted			3,785,220.	3,950,962.	
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27 Capital stock, trust principal, or current funds					
	28 Paid-in or capital surplus, or land, bldg., and equipment fund					
	29 Retained earnings, accumulated income, endowment, or other funds					
	30 Total net assets or fund balances			3,785,220.	3,950,962.	
	31 Total liabilities and net assets/fund balances			3,791,163.	3,954,328.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,785,220.
2 Enter amount from Part I, line 27a	2	165,742.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	3,950,962.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,950,962.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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 PUBLICLY TRADED SECURITIES			
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 280,000.		232,034.	47,966.
b 322,903.			322,903.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(j) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			47,966.
b			322,903.
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	370,869.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ }	3	N/A

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	297,299.	4,137,367.	.071857
2015	181,352.	4,267,980.	.042491
2014	111,055.	4,390,474.	.025295
2013	96,254.	3,988,306.	.024134
2012	135,043.	3,463,775.	.038987

2 Total of line 1, column (d)	2	.202764
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.040553
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	4,258,336.
5 Multiply line 4 by line 3	5	172,688.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,266.
7 Add lines 5 and 6	7	176,954.
8 Enter qualifying distributions from Part XII, line 4	8	236,820.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	4,266.
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	4,266.
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	4,266.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	4,000.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	4,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	266.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> MT		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-B Statements Regarding Activities (continued)

	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		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	X	
14 The books are in care of ► JCCS, PC Telephone no. ► 406-549-4148 Located at ► PO BOX 16237, MISSOULA, MT ZIP+4 ► 59808		
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 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, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here N/A	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 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.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	X

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

		Yes	No
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input checked="" type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.

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

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

Total number of other employees paid over \$50,000

0

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

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

[illegible]

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

0

Part IX-A	Summary of Direct Charitable Activities
------------------	--

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

Expenses

1	N/A	
2		
3		
4		

Part IX-B	Summary of Program-Related Investments
-----------	--

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

Amount

1	N/A	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,710,262.
b	Average of monthly cash balances	1b	612,922.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,323,184.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,323,184.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	64,848.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,258,336.
6	Minimum investment return. Enter 5% of line 5	6	212,917.

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	212,917.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	4,266.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	4,266.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	208,651.
4	Recoveries of amounts treated as qualifying distributions	4	3,380.
5	Add lines 3 and 4	5	212,031.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	212,031.

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	236,820.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	236,820.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	4,266.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	232,554.

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				212,031.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			148,743.	
b Total for prior years:		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: ► \$ 236,820.				
a Applied to 2016, but not more than line 2a			148,743.	
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				88,077.
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 instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				123,954.
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	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) **N/A**

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

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

	Prior 3 years				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

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

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

APPLICATION FORM ATTACHED

- c Any submission deadlines:

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

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

PRIMARILY NORTHWEST USA

MARSHALL AND MARY BRONDUM
SPECIAL ASSISTANCE FOUNDATION, INC.**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
SEE ATTACHED SCHEDULE				226,920.
Total			► 3a	226,920.
b Approved for future payment				
NONE				
Total			► 3b	0.

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 described in section 501(c) (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)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

Under penalties of perjury, 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.

and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.


Signature of officer or trustee

Date June 12, 2018

PRESIDENT
Title

May the IRS discuss this return with the preparer shown below? See instr

☒ Yes ☐ No

☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name

DAVID L. GILMER,
CPA

Preparer's signature

2017/11/18 5:30.18

Date	
------	--

5.30.18

Check ☐
self-employed

PTIN	
------	--

P00825935

Firm's name ► JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC

Firm's EIN ► 81-0348775

Firm's address ► P.O. BOX 16237
MISSOULA, MT 59808

Phone no. **406-549-4148**

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	1.	1.	
TOTAL TO PART I, LINE 3	1.	1.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	385,698.	322,903.	62,795.	62,795.	
INTEREST INCOME	2.	0.	2.	2.	
TO PART I, LINE 4	385,700.	322,903.	62,797.	62,797.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REFUND OF GRANTS	3,380.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	3,380.	0.	

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	16,800.	6,900.		9,900.
TO FORM 990-PF, PG 1, LN 16B	16,800.	6,900.		9,900.

FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	4,266.	0.		0.
TO FORM 990-PF, PG 1, LN 18	4,266.	0.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK AND FILING FEES	68.	17.		0.
CLERICAL SERVICES	19,500.	0.		0.
DUES AND SUBSCRIPTIONS	216.	0.		0.
INSURANCE	1,694.	0.		0.
OFFICE SUPPLIES AND POSTAGE	763.	0.		0.
TELEPHONE	559.	140.		0.
TO FORM 990-PF, PG 1, LN 23	22,800.	157.		0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
37,740 SH. THORNBURG INV INCOME BLDR CL A	759,040.	818,265.
59,789 SH. IVY ACCUMULATIVE A	497,826.	596,095.
9,165 SH. IVY BOND A	57,456.	55,721.
19,975 SH. IVY BALANCED A	398,712.	494,177.
51,516 SH. IVY CORE EQUITY A	709,051.	761,411.
1,093 SH. IVY GOVERNMENT SECURITIES A	6,312.	5,791.
18,385 SH. IVY HIGH INCOME A	156,513.	137,703.
1,803 SH. IVY MUNICIPAL BOND	20,965.	21,133.
31,482 SH. IVY MID CAP GROWTH A	613,268.	755,261.
5,973 SH. IVY SCIENCE AND TECHNOLOGY A	261,784.	390,268.
24,145 SH. IVY LARGE CAP GROWTH A	445,437.	546,873.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,926,364.	4,582,698.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	695.	695.	0.
IPAD	517.	335.	182.
3 IPADS	1,550.	982.	568.
1 IPAD	529.	336.	193.
TOTAL TO FM 990-PF, PART II, LN 14	3,291.	2,348.	943.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEN CARUSO 8450 US HIGHWAY 10 W MISSOULA, MT 59808	PRESIDENT 1.00	0.	0.	0.
KATHY FLYNN 607 SW HIGGINS MISSOULA, MT 59801	TRUSTEE 1.00	0.	0.	0.
SABRINA WHITE 2620 CONNERY WAY MISSOULA, MT 59808	TRUSTEE 1.00	0.	0.	0.
CANDIE STOVER PO BOX 4172 MISSOULA, MT 59806	TRUSTEE 1.00	0.	0.	0.
TIM MARINAN PO BOX 16523 MISSOULA, MT 59808	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Convention	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE EQUIPMENT	09/01/06	SL	7.00		16	695.				695.	695.		0.	695.
12	IPAD	01/13/15	SL	5.00		16	517.				517.	232.		103.	335.
13	3 IPADS	02/05/15	SL	5.00		16	1,550.				1,550.	672.		310.	982.
24	1 IPAD	01/29/15	SL	5.00		16	529.				529.	230.		106.	336.
	* TOTAL 990-PF PG 1 DEPR						3,291.				3,291.	1,829.		519.	2,348.

MMBSA FDN INC #36-3700887

FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Amadon	N/A	N/A	Accessible housing	\$3,000.00
Roger			None	\$0.00
Park City MT			None	\$0.00
Ballek	N/A	N/A	Computers	\$699.96
Sahna			None	\$0.00
Missoula MT			None	\$0.00
Barger	N/A	N/A	Assistive equipment/devi	\$500.00
Loreli			None	\$0.00
Billings MT			None	\$0.00
Beard	N/A	N/A	Accessible housing	\$350.00
Richard			None	\$0.00
Columbia Fa MT			None	\$0.00
Beierle	N/A	N/A	Assistive equipment/devi	\$560.00
Chad			None	\$0.00
Missoula MT			None	\$0.00
Bicos	N/A	N/A	Medical/dental rehab	\$898.87
Anthony			None	\$0.00
Stevensville MT			None	\$0.00
Bitterroot Therapeutic Riding	N/A	N/A	Local support	\$3,500.00
Linda Olson			None	\$0.00
Corvallis MT			None	\$0.00
Blind & Low Vision Services	N/A	N/A	Sight	\$1,000.00
Mark O' Brien			None	\$0.00
Missoula MT			None	\$0.00
Bonebright	N/A	N/A	Assisted living	\$1,476.00
Gary			None	\$0.00
Corvallis MT			None	\$0.00

MMBSA FDN INC #36-3700887

FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Bowerman	N/A	N/A	Assistive equipment/devi	\$454.46
Rhonda			None	\$0.00
Hot Springs MT			None	\$0.00
Buckel	N/A	N/A	Accessible housing	\$3,410 00
Kimberley			None	\$0.00
Billings MT			None	\$0.00
Buikema	N/A	N/A	Assistive equipment/devi	\$2,000.00
Robert			None	\$0 00
Laurel MT			None	\$0.00
Burke	N/A	N/A	Medical/dental rehab	\$480 00
Marsha			None	\$0.00
Missoula MT			None	\$0.00
Christmas 2015	N/A	N/A	Local support	\$5,000 00
			None	\$0 00
			None	\$0 00
Clark	N/A	N/A	Assistive equipment/devi	\$325.00
Scott			None	\$0.00
Missoula MT			None	\$0.00
Cobban	N/A	N/A	Assistive equipment/devi	\$497 50
Linda			None	\$0 00
Missoula MT			None	\$0.00
Coleman	N/A	N/A	Assistive equipment/devi	\$2,277 00
Shannon			None	\$0 00
Missoula MT			None	\$0.00
Davis	N/A	N/A	Assistive equipment/devi	\$1,741 00
Loretta			None	\$0.00
Billings MT			None	\$0 00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Recipient	Relati- onship	Fdn Status	Purpose	Amount
Davis	N/A	N/A	Assistive equipment/devi	\$888.00
Ethan			None	\$0.00
Missoula MT			None	\$0.00
Dawson	N/A	N/A	Assistive equipment/devi	\$1,890.00
Sierra			None	\$0.00
Missoula MT			None	\$0.00
Delao	N/A	N/A	Assistive equipment/devi	\$1,182.12
Shirley			None	\$0.00
Billings MT			None	\$0.00
Eagle Watch	N/A	N/A	Local support	\$663.82
Ted Heuchling			None	\$0.00
Missoula MT			None	\$0.00
Eagle Watch	N/A	N/A	Local support	\$1,000.00
Ted Heuchling			None	\$0.00
Missoula MT			None	\$0.00
East Missoula Lions	N/A	N/A	Local support	\$500.00
			None	\$0.00
			None	\$0.00
Ernigh	N/A	N/A	Sight	\$2,426.90
John			None	\$0.00
Billings MT			None	\$0.00
Farris	N/A	N/A	Accessible housing	\$2,975.00
Nora			None	\$0.00
Billings MT			None	\$0.00
Foley	N/A	N/A	Assisted living	\$1,095.00
Bill			None	\$0.00
Hamilton MT			None	\$0.00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Recipient	Relati- onship	Fdn Status	Purpose	Amount
Forshee	N/A	N/A	Accessible housing	\$5,250.00
Jewell			None	\$0.00
Billings MT			None	\$0.00
Furey	N/A	N/A	Assistive equipment/devi	\$185.00
Lenny			None	\$0.00
Missoula MT			None	\$0.00
Gentry	N/A	N/A	Sight	\$3,495.00
David			None	\$0.00
Missoula MT			None	\$0.00
Gibson	N/A	N/A	Medical/dental rehab	\$1,869.00
Richard			Medical/dental rehab	\$0.00
Missoula MT			None	\$0.00
Gimbel	N/A	N/A	Accessible housing	\$4,980.00
Ginger			None	\$0.00
Libby MT			None	\$0.00
Gray	N/A	N/A	Accessible housing	\$5,000.00
Janet			None	\$0.00
Bridger MT			None	\$0.00
Great Falls Community Food Bank	N/A	N/A	Local support	\$1,000.00
Dave Abbott			None	\$0.00
Great Falls MT			None	\$0.00
Guide Dogs for the Blind	N/A	N/A	Local support	\$5,000.00
Nora Nelson			None	\$0.00
Boring OR			None	\$0.00
Hauer	N/A	N/A	Assistive equipment/devi	\$650.00
Clint (Eric)			None	\$0.00
Missoula MT			None	\$0.00

MMBSA FDN INC #36-3700887

FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Haus	N/A	N/A	Accessible housing	\$2,150.00
Ginger			None	\$0.00
Colstrip MT			None	\$0.00
House	N/A	N/A	Sight	\$2,635.00
Lily			None	\$0.00
Missoula MT			None	\$0.00
Isom	N/A	N/A	Medical/dental rehab	\$4,200.00
Mary			None	\$0.00
Glendive MT			None	\$0.00
Kelly	N/A	N/A	Assistive equipment/devi	\$174.95
Brittany			None	\$0.00
Billings MT			None	\$0.00
Kelly	N/A	N/A	Assistive equipment/devi	\$1,249.40
Lynne			None	\$0.00
Missoula MT			None	\$0.00
Knudsen	N/A	N/A	Accessible housing	\$7,425.00
Robert & Nancy			None	\$0.00
Hysham MT			None	\$0.00
Knutson	N/A	N/A	Sight	\$615.00
Patricia			None	\$0.00
Ronan MT			None	\$0.00
Kolb	N/A	N/A	Assistive equipment/devi	\$144.94
Kezia			None	\$0.00
Missoula MT			None	\$0.00
LaFromboise	N/A	N/A	Accessible housing	\$3,900.00
Ruth			None	\$0.00
Billings MT			None	\$0.00

MMBSA FDN INC #36-3700887

FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Lewis	N/A	N/A	Financial assistance	\$1,000.00
Mason			None	\$0.00
Hamilton MT			None	\$0.00
Loveless	N/A	N/A	Assistive equipment/devi	\$611.00
Judy			None	\$0.00
Stevensville MT			None	\$0.00
Mason	N/A	N/A	Hearing	\$750.00
Alischa			None	\$0.00
Helena MT			None	\$0.00
Matthews	N/A	N/A	Assistive equipment/devi	\$1,000.00
Susan			None	\$0.00
Hamilton MT			None	\$0.00
McCabe	N/A	N/A	Medical/dental rehab	\$395.00
Mitchell			None	\$0.00
Missoula MT			None	\$0.00
McCown JR	N/A	N/A	Medical/dental rehab	\$500.00
Kermit			None	\$0.00
Hamilton MT			None	\$0.00
McGrath	N/A	N/A	Assistive equipment/devi	\$138.00
Forrest			None	\$0.00
Missoula MT			None	\$0.00
McKnight	N/A	N/A	Assistive equipment/devi	\$3,000.00
Richard			None	\$0.00
Missoula MT			None	\$0.00
McNabb	N/A	N/A	Assistive equipment/devi	\$67.00
Julie			None	\$0.00
Kalispell MT			None	\$0.00

MMBSA FDN INC #36-3700887

FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Mission Valley Senior Citizens	N/A	N/A	Local support	\$5,000.00
Linda Schoon			None	\$0.00
Ronan MT			None	\$0.00
Missoula Aging Services	N/A	N/A	Local support	\$5,000.00
Susan Kohler			None	\$0.00
Missoula MT			None	\$0.00
Myrna Loy Center	N/A	N/A	Local support	\$3,000.00
Krys Holmes			None	\$0.00
Helena MT			None	\$0.00
Neal	N/A	N/A	Accessible housing	\$3,685.00
Diana			None	\$0.00
Lodge Grass MT			None	\$0.00
Partners in Home Care	N/A	N/A	Local support	\$1,050.00
Valeria Piercy			None	\$0.00
Missoula MT			None	\$0.00
Pretty On Top	N/A	N/A	Accessible housing	\$4,895.00
Burton			None	\$0.00
Billings MT			None	\$0.00
Raschkow	N/A	N/A	Assistive equipment/devi	\$4,270.00
Carol			None	\$0.00
Billings MT			None	\$0.00
Reopelle	N/A	N/A	Assistive equipment/devi	\$889.97
Mary			None	\$0.00
Missoula MT			None	\$0.00
Roylance	N/A	N/A	Assistive equipment/devi	\$900.00
Lisa			None	\$0.00
Missoula MT			None	\$0.00

MMBSA FDN INC #36-3700887

FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Savoie	N/A	N/A	Accessible housing	\$5,600 00
Loren			None	\$0.00
Billings MT			None	\$0 00
Schwarz	N/A	N/A	Accessible housing	\$3,290 00
Deborah			None	\$0 00
Terry MT			None	\$0.00
Smith	N/A	N/A	Assistive equipment/devi	\$998.00
David			None	\$0 00
Stevensville MT			None	\$0 00
Snell	N/A	N/A	Assistive equipment/devi	\$2,211.93
Darren			None	\$0.00
Florence MT			None	\$0 00
Special Olympics Montana	N/A	N/A	Local support	\$5,000.00
Tom Figarelle			None	\$0.00
Great Falls MT			None	\$0.00
Steinert	N/A	N/A	Sight	\$1,070.00
Mary			None	\$0.00
Missoula MT			None	\$0.00
Sylva	N/A	N/A	Accessible housing	\$2,995 00
Donald			None	\$0 00
Laurel MT			None	\$0 00
Tamarack Grief Resource Center	N/A	N/A	Local support	\$2,500.00
Tina Barrett			None	\$0.00
Missoula MT			None	\$0.00
The Alex Foundation	N/A	N/A	Local support	\$1,500.00
Cindie Bacon			None	\$0.00
Helena MT			None	\$0.00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Recipient	Relati- onship	Fdn Status	Purpose	Amount
Trites	N/A	N/A	Assistive equipment/devi	\$683.00
Barbara			None	\$0.00
Hamilton MT			None	\$0.00
Van Dyke	N/A	N/A	Assistive equipment/devi	\$6,055.00
Sharon			None	\$0.00
Huntley MT			None	\$0.00
Van Hoozen	N/A	N/A	Assistive equipment/devi	\$261.12
Mary Ellen			None	\$0.00
Great Falls MT			None	\$0.00
Waggoner	N/A	N/A	Assistive equipment/devi	\$5,000.00
Colette			None	\$0.00
Park City MT			None	\$0.00
Walker	N/A	N/A	Assistive equipment/devi	\$480.00
Shavonne			None	\$0.00
Elmo MT			None	\$0.00
Walradt	N/A	N/A	Assistive equipment/devi	\$1,250.00
Susan			None	\$0.00
Billings MT			None	\$0.00
Watson Children's Shelter	N/A	N/A	Local support	\$1,000.00
			None	\$0.00
Missoula MT			None	\$0.00
Weaselhead	N/A	N/A	Assistive equipment/devi	\$881.60
Arienna			None	\$0.00
St Ignatius MT			None	\$0.00
Wilson	N/A	N/A	Accessible housing	\$4,725.00
Joe			None	\$0.00
Billings MT			None	\$0.00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
YWCA	N/A	N/A	Local support	\$2,500 00
Kellie Goodwin McBride			None	\$0 00
Helena MT - -			None	\$0.00
YWCA	N/A	N/A	Local support	\$1,000.00
			None	\$0.00
Missoula MT			None	\$0.00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Amadon	N/A	N/A	Accessible housing	\$3,000.00
Roger			None	\$0.00
Park City MT			None	\$0.00
Ballek	N/A	N/A	Computers	\$699.96
Sahna			None	\$0.00
Missoula MT			None	\$0.00
Barger	N/A	N/A	Assistive equipment/devi	\$500.00
Loreli			None	\$0.00
Billings MT			None	\$0.00
Beard	N/A	N/A	Accessible housing	\$350.00
Richard			None	\$0 00
Columbia Fa MT			None	\$0.00
Beierle	N/A	N/A	Assistive equipment/devi	\$560.00
Chad			None	\$0.00
Missoula MT			None	\$0.00
Bicos	N/A	N/A	Medical/dental rehab	\$898 87
Anthony			None	\$0.00
Stevensville MT			None	\$0.00
Bitterroot Therapeutic Riding	N/A	N/A	Local support	\$3,500.00
Linda Olson			None	\$0.00
Corvallis MT			None	\$0 00
Blind & Low Vision Services	N/A	N/A	Sight	\$1,000.00
Mark O' Brien			None	\$0 00
Missoula MT			None	\$0.00
Bonebright	N/A	N/A	Assisted living	\$1,476.00
Gary			None	\$0.00
Corvallis MT			None	\$0 00

MMBSA FDN INC #36-3700887
 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Bowerman	N/A	N/A	Assistive equipment/devi	\$454.46
Rhonda			None	\$0.00
Hot Springs MT			None	\$0.00
Buckel	N/A	N/A	Accessible housing	\$3,410.00
Kimberley			None	\$0.00
Billings MT			None	\$0.00
Buikema	N/A	N/A	Assistive equipment/devi	\$2,000.00
Robert			None	\$0.00
Laurel MT			None	\$0.00
Burke	N/A	N/A	Medical/dental rehab	\$480.00
Marsha			None	\$0.00
Missoula MT			None	\$0.00
Christmas 2015	N/A	N/A	Local support	\$5,000 00
			None	\$0.00
			None	\$0.00
Clark	N/A	N/A	Assistive equipment/devi	\$325 00
Scott			None	\$0 00
Missoula MT			None	\$0.00
Cobban	N/A	N/A	Assistive equipment/devi	\$497.50
Linda			None	\$0.00
Missoula MT			None	\$0.00
Coleman	N/A	N/A	Assistive equipment/devi	\$2,277 00
Shannon			None	\$0 00
Missoula MT			None	\$0 00
Davis	N/A	N/A	Assistive equipment/devi	\$1,741 00
Loretta			None	\$0 00
Billings MT			None	\$0 00

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 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Davis	N/A	N/A	Assistive equipment/devi	\$888.00
Ethan			None	\$0.00
Missoula MT			None	\$0.00
Dawson	N/A	N/A	Assistive equipment/devi	\$1,890.00
Sierra			None	\$0.00
Missoula MT			None	\$0.00
Delao	N/A	N/A	Assistive equipment/devi	\$1,182.12
Shirley			None	\$0.00
Billings MT			None	\$0.00
Eagle Watch	N/A	N/A	Local support	\$663.82
Ted Heuchling			None	\$0.00
Missoula MT			None	\$0.00
Eagle Watch	N/A	N/A	Local support	\$1,000.00
Ted Heuchling			None	\$0.00
Missoula MT			None	\$0.00
East Missoula Lions	N/A	N/A	Local support	\$500.00
			None	\$0.00
			None	\$0.00
Emigh	N/A	N/A	Sight	\$2,426.90
John			None	\$0.00
Billings MT			None	\$0.00
Farris	N/A	N/A	Accessible housing	\$2,975.00
Nora			None	\$0.00
Billings MT			None	\$0.00
Foley	N/A	N/A	Assisted living	\$1,095.00
Bill			None	\$0.00
Hamilton MT			None	\$0.00

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 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Recipient	Relati- onship	Fdn Status	Purpose	Amount
Forshee	N/A	N/A	Accessible housing	\$5,250.00
Jewell			None	\$0.00
Billings MT			None	\$0.00
Furey	N/A	N/A	Assistive equipment/devi	\$185.00
Lenny			None	\$0.00
Missoula MT			None	\$0.00
Gentry	N/A	N/A	Sight	\$3,495.00
David			None	\$0.00
Missoula MT			None	\$0.00
Gibson	N/A	N/A	Medical/dental rehab	\$1,869.00
Richard			Medical/dental rehab	\$0.00
Missoula MT			None	\$0.00
Gimbel	N/A	N/A	Accessible housing	\$4,980.00
Ginger			None	\$0.00
Libby MT			None	\$0.00
Gray	N/A	N/A	Accessible housing	\$5,000.00
Janet			None	\$0.00
Bridger MT			None	\$0.00
Great Falls Community Food Bank	N/A	N/A	Local support	\$1,000.00
Dave Abbott			None	\$0.00
Great Falls MT			None	\$0.00
Guide Dogs for the Blind	N/A	N/A	Local support	\$5,000.00
Nora Nelson			None	\$0.00
Boring OR			None	\$0.00
Hauer	N/A	N/A	Assistive equipment/devi	\$650.00
Clint (Eric)			None	\$0.00
Missoula MT			None	\$0.00

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 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Haus	N/A	N/A	Accessible housing	\$2,150.00
Ginger			None	\$0.00
Colstrip MT			None	\$0.00
House	N/A	N/A	Sight	\$2,635.00
Lily			None	\$0.00
Missoula MT			None	\$0.00
Isom	N/A	N/A	Medical/dental rehab	\$4,200.00
Mary			None	\$0.00
Glendive MT			None	\$0.00
Kelly	N/A	N/A	Assistive equipment/devi	\$174.95
Brittany			None	\$0.00
Billings MT			None	\$0.00
Kelly	N/A	N/A	Assistive equipment/devi	\$1,249.40
Lynne			None	\$0.00
Missoula MT			None	\$0.00
Knudsen	N/A	N/A	Accessible housing	\$7,425.00
Robert & Nancy			None	\$0.00
Hysham MT			None	\$0.00
Knutson	N/A	N/A	Sight	\$615.00
Patricia			None	\$0 00
Ronan MT			None	\$0.00
Kolb	N/A	N/A	Assistive equipment/devi	\$144.94
Kezia			None	\$0 00
Missoula MT			None	\$0.00
LaFromboise	N/A	N/A	Accessible housing	\$3,900.00
Ruth			None	\$0 00
Billings MT			None	\$0.00

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 FORM 990 PF PG 11 PART XV LINE 3
 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Lewis	N/A	N/A	Financial assistance	\$1,000.00
Mason			None	\$0.00
Hamilton MT			None	\$0.00
Loveless	N/A	N/A	Assistive equipment/devi	\$611.00
Judy			None	\$0.00
Stevensville MT			None	\$0.00
Mason	N/A	N/A	Hearing	\$750.00
Alischa			None	\$0.00
Helena MT			None	\$0.00
Matthews	N/A	N/A	Assistive equipment/devi	\$1,000.00
Susan			None	\$0.00
Hamilton MT			None	\$0.00
McCabe	N/A	N/A	Medical/dental rehab	\$395.00
Mitchell			None	\$0 00
Missoula MT			None	\$0.00
McCown JR	N/A	N/A	Medical/dental rehab	\$500.00
Kermit			None	\$0.00
Hamilton MT			None	\$0.00
McGrath	N/A	N/A	Assistive equipment/devi	\$138.00
Forrest			None	\$0.00
Missoula MT			None	\$0.00
McKnight	N/A	N/A	Assistive equipment/devi	\$3,000.00
Richard			None	\$0.00
Missoula MT			None	\$0 00
McNabb	N/A	N/A	Assistive equipment/devi	\$67 00
Julie			None	\$0 00
Kalispell MT			None	\$0.00

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 GRANTS AND CONTRIBUTIONS
 a. PAID DURING THE YEAR

Recipient	Relationship	Fdn Status	Purpose	Amount
Mission Valley Senior Citizens	N/A	N/A	Local support	\$5,000.00
Linda Schoon			None	\$0.00
Ronan MT			None	\$0.00
Missoula Aging Services	N/A	N/A	Local support	\$5,000.00
Susan Kohler			None	\$0.00
Missoula MT			None	\$0.00
Myrna Loy Center	N/A	N/A	Local support	\$3,000.00
Krys Holmes			None	\$0.00
Helena MT			None	\$0.00
Neal	N/A	N/A	Accessible housing	\$3,685.00
Diana			None	\$0.00
Lodge Grass MT			None	\$0.00
Partners in Home Care	N/A	N/A	Local support	\$1,050.00
Valeria Piercy			None	\$0.00
Missoula MT			None	\$0.00
Pretty On Top	N/A	N/A	Accessible housing	\$4,895.00
Burton			None	\$0.00
Billings MT			None	\$0.00
Raschkow	N/A	N/A	Assistive equipment/devi	\$4,270.00
Carol			None	\$0.00
Billings MT			None	\$0.00
Reopelle	N/A	N/A	Assistive equipment/devi	\$889.97
Mary			None	\$0.00
Missoula MT			None	\$0.00
Roylance	N/A	N/A	Assistive equipment/devi	\$900.00
Lisa			None	\$0.00
Missoula MT			None	\$0.00

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FORM 990 PF PG 11 PART XV LINE 3

GRANTS AND CONTRIBUTIONS

a. PAID DURING THE YEAR

Receipient	Relati- onship	Fdn Status	Purpose	Amount
Savoie	N/A	N/A	Accessible housing	\$5,600.00
Loren			None	\$0.00
Billings MT			None	\$0.00
Schwarz	N/A	N/A	Accessible housing	\$3,290.00
Deborah			None	\$0.00
Terry MT			None	\$0.00
Smith	N/A	N/A	Assistive equipment/devi	\$998.00
David			None	\$0.00
Stevensville MT			None	\$0.00
Snell	N/A	N/A	Assistive equipment/devi	\$2,211.93
Darren			None	\$0.00
Florence MT			None	\$0.00
Special Olympics Montana	N/A	N/A	Local support	\$5,000.00
Tom Figarelle			None	\$0.00
Great Falls MT			None	\$0.00
Steinert	N/A	N/A	Sight	\$1,070.00
Mary			None	\$0.00
Missoula MT			None	\$0.00
Sylva	N/A	N/A	Accessible housing	\$2,995.00
Donald			None	\$0.00
Laurel MT			None	\$0.00
Tamarack Grief Resource Center	N/A	N/A	Local support	\$2,500.00
Tina Barrett			None	\$0.00
Missoula MT			None	\$0.00
The Alex Foundation	N/A	N/A	Local support	\$1,500.00
Cindie Bacon			None	\$0.00
Helena MT			None	\$0.00

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 GRANTS AND CONTRIBUTIONS
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Recipient	Relationship	Fdn Status	Purpose	Amount
Trites	N/A	N/A	Assistive equipment/devi	\$683.00
Barbara			None	\$0.00
Hamilton MT			None	\$0.00
Van Dyke	N/A	N/A	Assistive equipment/devi	\$6,055.00
Sharon			None	\$0.00
Huntley MT			None	\$0.00
Van Hoozen	N/A	N/A	Assistive equipment/devi	\$261.12
Mary Ellen			None	\$0.00
Great Falls MT			None	\$0.00
Waggoner	N/A	N/A	Assistive equipment/devi	\$5,000.00
Colette			None	\$0.00
Park City MT			None	\$0.00
Walker	N/A	N/A	Assistive equipment/devi	\$480.00
Shavonne			None	\$0.00
Elmo MT			None	\$0.00
Walradt	N/A	N/A	Assistive equipment/devi	\$1,250.00
Susan			None	\$0.00
Billings MT			None	\$0.00
Watson Children's Shelter	N/A	N/A	Local support	\$1,000.00
			None	\$0.00
Missoula MT			None	\$0.00
Weaselhead	N/A	N/A	Assistive equipment/devi	\$881.60
Arienna			None	\$0.00
St Ignatius MT			None	\$0.00
Wilson	N/A	N/A	Accessible housing	\$4,725.00
Joe			None	\$0.00
Billings MT			None	\$0.00

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 GRANTS AND CONTRIBUTIONS
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Receipient	Relati- onship	Fdn Status	Purpose	Amount
YWCA	N/A	N/A	Local support	\$2,500.00
Kellie Goodwin McBride			None	\$0.00
Helena MT			None	\$0.00
YWCA	N/A	N/A	Local support	\$1,000.00
			None	\$0.00
Missoula MT			None	\$0.00