

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing fields B through M: B Check if applicable, C Name of organization (MONTANA COMMUNITY FOUNDATION, INC.), D Employer identification number (81-0450150), E Telephone number (406-443-8313), F Name and address of principal officer (MARY RUTHERFORD), G Gross receipts (\$92,209,787), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.MTCF.ORG), K Form of organization (Corporation), L Year of formation (1988), M State of legal domicile (MT).

Part I Summary

Table with 3 main sections: 1. Activities & Governance (lines 1-7b), 2. Revenue (lines 8-12), 3. Expenses (lines 13-19), 4. Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Signature block section containing fields for Sign Here (Signature of officer: KACIE TOLLEFSON, EXEC. VP FINANCE & ADMIN.), Paid (Preparer's name: EMINA O. CRESSWELL, signature: EMINA O. CRESSWELL, date: 03/10/26, PTIN: P01217304), and Preparer Use Only (Firm's name: BAKER TILLY ADVISORY GROUP, LP, address: 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201, EIN: 39-0859910, phone: 509-747-2600).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: TO CREATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,372,706. including grants of \$ 10,809,611.) (Revenue \$ 3,192,558.) THE MONTANA COMMUNITY FOUNDATION BUILDS PERMANENT PHILANTHROPY ACROSS THE STATE OF MONTANA BY ACTING AS A BRIDGE BETWEEN DONORS AND RECIPIENTS. THE FOUNDATION CULTIVATES, MANAGES, AND GIVES CHARITABLE GIFTS AND GRANTS PRIMARILY FOR THE BENEFIT OF MONTANA. CURRENT, PLANNED, AND LEGACY GIVING THROUGH MCF HAS A LASTING IMPACT AS THE MAJORITY OF GIFTS ARE PERMANENTLY ENDOWED FOR THE GOOD OF MONTANA FOREVER.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,372,706.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, HI, IL, KS, KY, ME, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY RUTHERFORD CEO/PRESIDENT	40.00			X			222,166.	0.	26,840.	
(2) JESSICA STEWART-KUNTZ VICE PRESIDENT	40.00			X			131,031.	0.	18,678.	
(3) KACIE TOLLEFSON - EXECUTIVE VP FINANCE AND ADMINISTRATION	40.00			X			130,817.	0.	18,896.	
(4) JAMES BENNETT GIFT & ESTATE PLANNING DIRECTOR	40.00					X	103,930.	0.	16,403.	
(5) TOM MCGREE BOARD CHAIR	2.00	X		X			0.	0.	0.	
(6) KAREN LATKA VICE CHAIR	2.00	X		X			0.	0.	0.	
(7) DAN MCLEAN TREASURER	2.00	X		X			0.	0.	0.	
(8) SHEILA RICE SECRETARY	2.00	X		X			0.	0.	0.	
(9) CAMI SKINNER PAST CHAIR	2.00	X					0.	0.	0.	
(10) JO ANN EDER DIRECTOR	2.00	X					0.	0.	0.	
(11) MARY ANN PHIPPS DIRECTOR	2.00	X					0.	0.	0.	
(12) GREG HANSON DIRECTOR	2.00	X					0.	0.	0.	
(13) LEONARD SMITH DIRECTOR	2.00	X					0.	0.	0.	
(14) KELLY CRESSWELL DIRECTOR	2.00	X					0.	0.	0.	
(15) ALANNA WEIBERT DIRECTOR	2.00	X					0.	0.	0.	
(16) SHANE DOYLE DIRECTOR	2.00	X					0.	0.	0.	
(17) ANGIE MAIN DIRECTOR (THRU 12/2024)	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KENNY SMOKER JR DIRECTOR	2.00	X						0.	0.	0.
(19) DALE WOOLHISER DIRECTOR (THRU 12/2024)	2.00	X						0.	0.	0.
(20) COURTNEY SCOTT DIRECTOR	2.00	X						0.	0.	0.
(21) CURT BARNEKOFF DIRECTOR	2.00	X						0.	0.	0.
(22) SARAH BECKER DIRECTOR	2.00	X						0.	0.	0.
(23) TRACY COSGROVE DIRECTOR	2.00	X						0.	0.	0.
(24) JENNIFER ISERN DIRECTOR	2.00	X						0.	0.	0.
(25) TOD KASTEN DIRECTOR	2.00	X						0.	0.	0.
(26) STEFFI SIEGEL DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								587,944.	0.	80,817.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								587,944.	0.	80,817.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES, LLC 125 HIGH STREET, BOSTON, MA 02110	INVESTMENT MANAGEMENT	615,613.
NORLING ENTERPRISES, LLC 412 JOHN G MINE RD, HELENA, MT 59602	OFFICE BUILDING RENOVATIONS	163,945.
CIVITAS PUBLIC AFFAIRS GROUP, LLC, 4099 7TH ST NW STE 350, WASHINGTON, DC 20004	STRATEGY AND DEVELOPMENT ADVISING	146,215.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	20,548,506.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,295,341.					
	h Total. Add lines 1a-1f			20,548,506.				
Program Service Revenue	2 a COMMUNITY IMPACT FEES	Business Code	525990	3,042,930.	3,042,930.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			3,042,930.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,603,947.			2,603,947.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	204,550.				
			(ii) Personal					
	b Less: rental expenses ...	6b		528,480.				
	c Rental income or (loss)	6c		-323,930.				
	d Net rental income or (loss)			-323,930.		-246,342.	-77,588.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	65,767,774.				
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b		61,571,570.				
	c Gain or (loss)	7c		4,196,204.				
d Net gain or (loss)			4,196,204.			4,196,204.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	143,056.	143,056.			
	b PASSTHROUGH INCOME		900099	-100,976.		-100,976.		
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			42,080.				
12 Total revenue. See instructions				30,109,737.	3,185,986.	-347,318.	6,722,563.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,831,437.	9,831,437.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	978,174.	978,174.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	558,050.	311,236.	146,458.	100,356.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,468,562.	153,130.	636,041.	679,391.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,597.	8,872.	37,164.	37,561.
9 Other employee benefits	215,181.	47,611.	87,474.	80,096.
10 Payroll taxes	149,562.	31,929.	59,927.	57,706.
11 Fees for services (nonemployees):				
a Management	2,429,739.		2,429,739.	
b Legal	8,409.	481.	7,928.	
c Accounting	93,013.		93,013.	
d Lobbying	30,125.	10,125.	20,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	571,641.		571,641.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	128,362.	31,769.	95,843.	750.
12 Advertising and promotion	311,634.	253,794.	47,750.	10,090.
13 Office expenses	26,340.	4,483.	20,784.	1,073.
14 Information technology	190,655.	42,329.	109,401.	38,925.
15 Royalties				
16 Occupancy	128,150.	28,412.	75,024.	24,714.
17 Travel	89,432.	17,989.	29,233.	42,210.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	90,913.	24,363.	55,961.	10,589.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	13,610.		13,610.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	255,199.	255,199.		
b IMPACT LOAN EXPENSES	157,851.	157,851.		
c TRANSFER OF ASSETS	156,230.	156,230.		
d DUES AND OTHER FEES	65,930.	14,495.	49,771.	1,664.
e All other expenses	68,981.	12,797.	49,624.	6,560.
25 Total functional expenses. Add lines 1 through 24e	18,100,777.	12,372,706.	4,636,386.	1,091,685.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,340,496.	2	5,276,491.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,383.	4	3,444.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	0.	7	814,206.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	55,822.	9	87,281.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,409,233.		
	b Less: accumulated depreciation	10b 665,972.	1,784,543.	10c 1,743,261.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	181,729,362.	12	206,978,836.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	594,303.	15	576,210.
16 Total assets. Add lines 1 through 15 (must equal line 33)	188,507,909.	16	215,479,729.	
Liabilities	17 Accounts payable and accrued expenses	177,199.	17	187,701.
	18 Grants payable	3,595,890.	18	2,338,028.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,366,589.	23	1,311,022.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,646,690.	25	22,284,664.
	26 Total liabilities. Add lines 17 through 25	24,786,368.	26	26,121,415.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,277,947.	27	1,395,288.
	28 Net assets with donor restrictions	162,443,594.	28	187,963,026.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	163,721,541.	32	189,358,314.
33 Total liabilities and net assets/fund balances	188,507,909.	33	215,479,729.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,109,737.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,100,777.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,008,960.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	163,721,541.
5	Net unrealized gains (losses) on investments	5	15,798,327.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,170,514.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	189,358,314.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2024)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,038,983.	14,831,337.	9,593,868.	12,279,085.	20,548,506.	70,291,779.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,038,983.	14,831,337.	9,593,868.	12,279,085.	20,548,506.	70,291,779.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,960,450.
6 Public support. Subtract line 5 from line 4.						62,331,329.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13,038,983.	14,831,337.	9,593,868.	12,279,085.	20,548,506.	70,291,779.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,830,603.	1,831,552.	1,892,344.	2,001,883.	2,652,941.	10,209,323.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,694.	67,216.	42,281.	18,718.	143,056.	323,965.
11 Total support. Add lines 7 through 10						80,825,067.
12 Gross receipts from related activities, etc. (see instructions)					12	11,863,041.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	77.12 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	79.74 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 52,694.
 2021 AMOUNT: \$ 67,216.
 2022 AMOUNT: \$ 42,281.
 2023 AMOUNT: \$ 18,718.
 2024 AMOUNT: \$ 143,056.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,500,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,207,439.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,812,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 757,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 542,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 620,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 620,364.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK _____ _____ _____	\$ 3,500,000.	11/29/24
2	PUBLICLY TRADED STOCK _____ _____ _____	\$ 2,207,439.	06/30/25
7	PUBLICLY TRADED STOCK _____ _____ _____	\$ 9,332.	09/10/24
10	PUBLICLY TRADED STOCK _____ _____ _____	\$ 620,364.	06/30/25
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) 81-0450150
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	30,125.													
c Total lobbying expenditures (add lines 1a and 1b)	30,125.													
d Other exempt purpose expenditures	16,978,967.													
e Total exempt purpose expenditures (add lines 1c and 1d)	17,009,092.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	741,960.	766,887.	890,279.	1,000,000.	3,399,126.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,098,689.
c Total lobbying expenditures		30,000.		30,125.	60,125.
d Grassroots nontaxable amount	185,490.	191,722.	222,570.	250,000.	849,782.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,274,673.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	193	76
2 Aggregate value of contributions to (during year)	8,319,241.	2,245,517.
3 Aggregate value of grants from (during year)	3,687,871.	1,486,231.
4 Aggregate value at end of year	58,932,657.	29,230,716.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	156,262,898.	138,127,643.	127,541,234.	128,362,212.	92,492,406.
b Contributions	11,112,201.	6,908,080.	5,056,837.	20,155,817.	10,313,157.
c Net investment earnings, gains, and losses	18,790,314.	18,858,789.	12,753,898.	-14,700,113.	30,925,436.
d Grants or scholarships	9,686,042.	7,425,513.	7,015,601.	6,038,245.	5,169,571.
e Other expenditures for facilities and programs					
f Administrative expenses	246,409.	206,101.	208,725.	238,437.	199,216.
g End of year balance	176,232,962.	156,262,898.	138,127,643.	127,541,234.	128,362,212.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,367,623.	661,811.	1,705,812.
c Leasehold improvements				
d Equipment		41,610.	4,161.	37,449.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,743,261.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED INVESTMENTS	206,978,836.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	206,978,836.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER UNITRUSTS	110,979.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	17,246,602.
(4) CHARITABLE AND DEFERRED GIFT ANNUITIES	4,927,083.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	22,284,664.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	40,309,758.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15,798,327.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	622,871.
e	Add lines 2a through 2d	2e	16,421,198.
3	Subtract line 2e from line 1	3	23,888,560.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,221,177.
c	Add lines 4a and 4b	4c	6,221,177.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	30,109,737.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,155,503.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	528,480.
e	Add lines 2a through 2d	2e	528,480.
3	Subtract line 2e from line 1	3	13,627,023.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	517,482.
b	Other (Describe in Part XIII.)	4b	3,956,272.
c	Add lines 4a and 4b	4c	4,473,754.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,100,777.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS OF THE MONTANA COMMUNITY FOUNDATION SUPPORT CHARITABLE EFFORTS IN MONTANA, HELPING TO EMPOWER COMMUNITIES AND MAKE MONTANA A GREAT PLACE TO LIVE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE FOUNDATION COMPLIES WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2025 AND 2024, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	528,480.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	94,391.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	622,871.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST TRUST	539,787.
AGENCY ENDOWMENT FUND ACTIVITY	3,544,877.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
--	--

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		16,047,419.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,711,203.
3 a Subtotal	0	0			19,758,622.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			19,758,622.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS USING THE FAIR MARKET VALUE OF EACH FUND PER EACH FUND'S INVESTMENTS STATEMENT. THE AMOUNT IN COLUMN (F) IS THE COST BASIS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **MONTANA COMMUNITY FOUNDATION, INC.** Employer identification number **81-0450150**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 RANGES COMMUNITY RECREATION FOUNDATION - PO BOX 1095 - LIVINGSTON, MT 59047	86-1752330	501(C)(3)	7,500.	0.			4 RANGES WELLNESS CENTER
ABSAROCKEE COMMUNITY FOUNDATION PO BOX 72 ABSAROCKEE, MT 59001	73-1658638	501(C)(3)	26,390.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
ACLU OF MONTANA FOUNDATION INC PO BOX 1968 HELENA, MT 59624	81-0445339	501(C)(3)	29,343.	0.			REPRODUCTIVE & VOTING RIGHTS; GENERAL SUPPORT
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 59103-1556	81-0406157	501(C)(3)	44,390.	0.			ANNUAL DISTRIBUTION
ALL NATIONS HEALTH CENTER 850 WEST CENTRAL MISSOULA, MT 59801	81-0330646	501(C)(3)	10,000.	0.			WELCOMING OUR FUTURE PROGRAM
ALLIANCE FOR THE WILD ROCKIES PO BOX 505 HELENA, MT 59624	81-0455740	501(C)(3)	9,169.	0.			ANNUAL DISTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 316.

3 Enter total number of other organizations listed in the line 1 table 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION MT - 3010 11TH AVE N - BILLINGS, MT 59101	13-3039601	501(C)(3)	20,000.	0.			EDUCATION/OUTREACH & RESPITE CARE
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC - 225 N MICHIGAN AVE - CHICAGO, IL 60601	13-3039601	501(C)(3)	15,174.	0.			ANNUAL DISTRIBUTION
AMERICAN CANCER SOCIETY - MONTANA 3000 15TH AVE S GREAT FALLS, MT 59405	13-1788491	501(C)(3)	9,172.	0.			ANNUAL DISTRIBUTION
AMERICAN INDIAN INSTITUTE 502 W MENDENHALL ST BOZEMAN, MT 59715-3451	81-0339551	501(C)(3)	53,858.	0.			ANNUAL DISTRIBUTION
AMERICAN PRAIRIE FOUNDATION PO BOX 908 BOZEMAN, MT 59771-0908	81-0541893	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ANIMEALS 1700 RANKIN ST MISSOULA, MT 59808-1630	20-4694132	501(C)(3)	5,500.	0.			ANNUAL FUNDRAISER; GENERAL SUPPORT
APOSTLES LUTHERAN CHURCH 3140 BROADWATER AVE BILLINGS, MT 59102-4404	81-6035157	501(C)(3)	11,337.	0.			SCHOLARSHIP; ANNUAL DISTRIBUTION
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVE HELENA, MT 59602-9240	81-0284022	501(C)(3)	8,473.	0.			ANNUAL DISTRIBUTION
ASPEN-ABUSE SUPPORT & PREVENTION EDUCATION NETWORK - PO BOX 653 - LIVINGSTON, MT 59047-0653	81-0534941	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AWARE INC. 205 E PARK AVE ANACONDA, MT 59711-2340	81-0360391	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BAKER CHAMBER OF COMMERCE AND AGRICULTURE - PO BOX 849 - BAKER, MT 59313	27-1559645	501(C)(3)	10,000.	0.			AI-DRIVEN LOCATION ANALYTICS SOFTWARE
BEACON COMMUNITY FOUNDATION INC PO BOX 726 SCOBAY, MT 59263-0726	81-0498333	501(C)(3)	12,341.	0.			ANNUAL DISTRIBUTION
BENEFIS HEALTH SYSTEM FOUNDATION INC - PO BOX 7008 - GREAT FALLS, MT 59406-7008	81-0480587	501(C)(3)	15,679.	0.			HEALTHY AGING CENTER; ANNUAL DISTRIBUTION
BIG BROTHERS BIG SISTERS OF CENTRAL MONTANA - PO BOX 195 - HELENA, MT 59624	23-7138696	501(C)(3)	6,235.	0.			SCHOOL-BASED MENTORING; ANNUAL DISTRIBUTION
BIG BROTHERS BIG SISTERS OF YELLOWSTONE COUNTY - PO BOX 22033 - BILLINGS, MT 59104	23-7451775	501(C)(3)	10,000.	0.			SUPPORT FOR DISADVANTAGED CHILDREN
BIG SKY YOUTH EMPOWERMENT PROJECT, INC. - PO BOX 6757 - BOZEMAN, MT 59771-6757	81-0543203	501(C)(3)	15,000.	0.			UPSTREAM MENTAL HEALTH SUPPORT SERVICES
BIGFORK ACES, INC 439 GRAND #345 BIGFORK, MT 59911	30-0764283	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BIGFORK ART AND CULTURAL CENTER 525 ELECTRIC AVE BIGFORK, MT 59911-3644	36-6212000	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION - PO BOX 1230 - BIGFORK, MT 59911-1230	81-0424706	501(C)(3)	44,321.	0.			BIGFORK CENTER SUPPORT; ANNUAL DISTRIBUTION
BIGFORK FOOD BANK INC PO BOX 850 BIGFORK, MT 59911	47-2397420	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIGHORN BASIN PALEONTOLOGICAL INSTITUTE - 3959 WELSH RD, SUITE 208 - WILLOW GROVE, PA 19090-2900	81-3350752	501(C)(3)	18,540.	0.			ANNUAL DISTRIBUTION
BILLINGS CATHOLIC SCHOOLS FOUNDATION - PO BOX 31158 - BILLINGS, MT 59101-1158	38-3819006	501(C)(3)	56,500.	0.			HS BASEBALL; ST. FRANCIS SPEED BUMPS
BILLINGS COMMUNITY FOUNDATION 404 N 30TH ST BILLINGS, MT 59101-1251	20-4286919	501(C)(3)	25,697.	0.			ANNUAL DISTRIBUTION
BILLINGS FOOD BANK INC. PO BOX 1158 BILLINGS, MT 59103-1158	36-3519470	501(C)(3)	10,038.	0.			ANNUAL DISTRIBUTION
BILLINGS GOLDEN K KIWANIS FOUNDATION - PO BOX 20203 - BILLINGS, MT 59104-0203	84-1405699	501(C)(3)	5,199.	0.			ANNUAL DISTRIBUTION
BILLINGS STUDIO THEATRE INC 1500 RIMROCK RD BILLINGS, MT 59102-0742	81-0293924	501(C)(3)	10,330.	0.			ANNUAL DISTRIBUTION
BILLINGS SYMPHONY SOCIETY 2820 2ND AVE N BILLINGS, MT 59101-2037	23-7083873	501(C)(3)	6,137.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BITTER ROOT LAND TRUST PO BOX 1806 HAMILTON, MT 59840-1806	31-1595967	501(C)(3)	12,500.	0.			ACCELERATING CONSERVATION IN THE VALLEY
BLACKFEET COMMUNITY COLLEGE 504 SE BOUNDARY ST BROWNING, MT 59417	81-0378943	501(C)(3)	10,000.	0.			SCHOLARSHIP PROGRAM
BLACKFEET ECO KNOWLEDGE INC PO BOX 377 BROWNING, MT 59417	87-2993172	501(C)(3)	6,000.	0.			BOARDING SCHOOL CEREMONY
BLACKFEET TRIBE PO BOX 850 BROWNING, MT 59417-0850	81-0212955	501(C)(3)	6,857.	0.			ANNUAL DISTRIBUTION
BOY SCOUTS OF AMERICA MONTANA COUNCIL - 820 17TH AVE S - GREAT FALLS, MT 59405-5939	81-0343177	501(C)(3)	7,248.	0.			ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OF FLATHEAD RESERVATION & LAKE CO. - PO BOX 334 - RONAN, MT 59864-0334	81-0515029	501(C)(3)	11,449.	0.			ANNUAL DISTRIBUTION
BOYS AND GIRLS CLUB NORTHERN CHEYENNE NATION - PO BOX 309 - LAME DEER, MT 59043-0309	36-3945776	501(C)(3)	46,718.	0.			STAFF SALARY SUPPORT
BOYS AND GIRLS CLUB OF CASCADE COUNTY - PO BOX 652 - GREAT FALLS, MT 59403-0652	81-0475269	501(C)(3)	32,827.	0.			ANNUAL DISTRIBUTION
BOZEMAN PUBLIC LIBRARY FOUNDATION INC. - 104 EAST MAIN, SUITE 307 - BOZEMAN, MT 59715	81-0405940	501(C)(3)	16,892.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BOZEMAN PUBLIC SCHOOLS FOUNDATION PO BOX 1803 BOZEMAN, MT 59771-1803	20-1645473	501(C)(3)	6,376.	0.			FOOD PROGRAM; ANNUAL DISTRIBUTION
BOZEMAN SYMPHONY SOCIETY 402 E MAIN ST, SUITE 202 BOZEMAN, MT 59715	81-6019534	501(C)(3)	26,712.	0.			CHILDREN'S PROGRAMMING; ANNUAL DISTRIBUTION
BRIDGE FOUNDATION 239 ANNANDALE RD BILLINGS, MT 59105	81-4399499	501(C)(3)	10,000.	0.			NEVO' ESTANEHEVEMA COLLECTIVE BOOKS PROJECT
BRIDGERCARE 1288 N 14TH AVE STE 201 BOZEMAN, MT 59715	81-0363189	501(C)(3)	79,288.	0.			MONTANA FAMILY PLANNING NETWORK; GENERAL SUPPORT
BROADWATER PRODUCTIONS, INC. (GRANDSTREET THEATRE) - 325 NORTH PARK AVE - HELENA, MT 59601-5060	81-0357843	501(C)(3)	11,006.	0.			ANNUAL DISTRIBUTION
BUTTE EMERGENCY FOOD BANK 1019 E 2ND ST BUTTE, MT 59701-2984	81-0469563	501(C)(3)	6,213.	0.			ANNUAL DISTRIBUTION
BUTTE SPIRIT CENTER 609 W GALENA ST BUTTE, MT 59701	83-3127164	501(C)(3)	28,895.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
BUTTE-SILVER BOW COMMUNITY FOUNDATION - PO BOX 430 - BUTTE, MT 59703-0430	27-3492133	501(C)(3)	13,327.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
CARTER COUNTY GEOLOGICAL SOCIETY PO BOX 445 EKALAKA, MT 59324-0445	81-6012684	501(C)(3)	47,049.	0.			VETERANS PARK MEMORIAL; ANNUAL DISTRIBUTION; DISC GOLF COURSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CENTER FOR MENTAL HEALTH PO BOX 1653 GREAT FALLS, MT 59403	81-0347441	501(C)(3)	5,465.	0.			ANNUAL DISTRIBUTION
CENTER FOR RESTORATIVE YOUTH JUSTICE - 29 3RD STREET EAST - KALISPELL, MT 59901	84-1428210	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CENTRAL MONTANA CHILDCARE ALLIANCE PO BOX 947 LEWISTOWN, MT 59457	88-2650594	501(C)(3)	51,000.	0.			GENERAL SUPPORT
CHILD BRIDGE INC PO BOX 310 BIGFORK, MT 59911	27-3382066	501(C)(3)	34,400.	0.			FOSTER FAMILY TRAUMA TRAINING; CHILDREN'S PLACEMENT; GENERAL SUPPORT
CHILDRENS ONCOLOGY CAMP FOUNDATION PO BOX 1450 MISSOULA, MT 59806-1450	81-0472959	501(C)(3)	11,950.	0.			CHILDREN WITH CANCER; GENERAL SUPPORT
CITY OF BAKER PO BOX 1512 BAKER, MT 59313	81-6001232	501(C)(3)	6,600.	0.			RV WASTEWATER DUMP STATION
CODE GIRLS UNITED P.O. BOX 8272 KALISPELL, MT 59904	83-1174058	501(C)(3)	20,600.	0.			GENERAL SUPPORT
COLUMBUS COMMUNITY FOUNDATION PO BOX 462 COLUMBUS, MT 59019-0462	47-4302357	501(C)(3)	9,421.	0.			ANNUAL DISTRIBUTION
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - PO BOX 486 - BIGFORK, MT 59911	23-7067099	501(C)(3)	21,808.	0.			ANNUAL DISTRIBUTION

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COMMUNITY LEADERSHIP & DEVELOPMENT INC - PO BOX 3381 - BILLINGS, MT 59103-3381	81-0397424	501(C)(3)	11,899.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
CORVALLIS SCHOOLS FOUNDATION 1151 EASTSIDE HWY CORVALLIS, MT 59828	81-0516863	501(C)(3)	7,500.	0.			CAPACITY BUILDING; BULLYING PREVENTION
CUSTER COUNTY FOOD BANK, INC. 15 NORTH 8TH STREET MILES CITY, MT 59301	81-0541769	501(C)(3)	8,000.	0.			STORAGE ROOM REMODEL
CUSTER COUNTY SHERIFFS PROTECTIVE ASSOCIATION - 1010 MAIN ST - MILES CITY, MT 59301	92-2288319	501(C)(3)	8,000.	0.			EQUIP UTV WITH TRACK SYSTEM
CUSTER NETWORK AGAINST DOMESTIC ABUSE - 2200 BOX ELDER ST STE 135 - MILES CITY, MT 59301	81-0508294	501(C)(3)	35,400.	0.			GENERAL SUPPORT
DAHL MEMORIAL HEALTHCARE ASSOCIATION - PO BOX 46 - EKALAKA, MT 59324-0046	81-0264548	501(C)(3)	16,596.	0.			ANNUAL DISTRIBUTION
DAWSON COUNTY ARTS UNLIMITED INC. 109 NORTH MERRILL AVE GLENDIVE, MT 59330-1632	36-3779957	501(C)(3)	6,000.	0.			BUILDING FOUNDATION REPAIRS
DEER LODGE FOOD PANTRY PO BOX 285 DEER LODGE, MT 59722-0285	41-2123009	501(C)(3)	7,929.	0.			FOOD COSTS; ANNUAL DISTRIBUTION
DOMESTIC AND SEXUAL VIOLENCE SERVICES OF CARBON COUNTY - PO BOX 314 - RED LODGE, MT 59068-0314	20-2358889	501(C)(3)	64,000.	0.			TRANSITIONAL HOUSING PROGRAM; GENERAL SUPPORT

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EAGLE MOUNT OF BOZEMAN 6901 GOLDENSTEIN LN BOZEMAN, MT 59715-8005	84-1383214	501(C)(3)	15,635.	0.			HORSEMANSHIP EDUCATION CENTER; GENERAL SUPPORT
EASTERN PLAINS ECONOMIC DEVELOPMENT CORPORATION - PO BOX 321 - BAKER, MT 59313	20-8067492	501(C)(3)	5,434.	0.			GLENDDIVE BILLBOARD; REIMAGINING RURAL SESSIONS
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N 30TH ST - BILLINGS, MT 59101	81-0452904	501(C)(3)	24,469.	0.			GRIFFIN VIOLIN PROGRAM; ANNUAL DISTRIBUTION; SCHOOL PANTRY
ELIZABETH SCOTT WELLNESS INITIATIVE - PO BOX 123 - BAKER, MT 59313	99-1473035	501(C)(3)	103,014.	0.			HOSPITAL BUILDING REPAIRS
ELK RIVER EXCHANGE INC 2228 BUCKRAKE AVE BOZEMAN, MT 59718	87-3106319	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EMERSON CENTER FOR ARTS AND CULTURE - 111 S GRAND AVE - BOZEMAN, MT 59715	81-0478307	501(C)(3)	5,163.	0.			ANNUAL DISTRIBUTION
EMPOWERMT 320 E. MAIN ST MISSOULA, MT 59802	81-0526099	501(C)(3)	25,000.	0.			REGRANTING; GRASSROOTS AND GRASSTOPS
ENERGY SHARE OF MONTANA 3117 COONEY DR STE 102 HELENA, MT 59602	81-0411562	501(C)(3)	8,047.	0.			ANNUAL DISTRIBUTION
EVERGREEN SCHOOL DISTRICT 18 WEST EVERGREEN DRIVE KALISPELL, MT 59901	81-6000400	501(C)(3)	25,000.	0.			SCHOOL-BASED MENTAL HEALTH

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FALLON COUNTY PO BOX 846 BAKER, MT 59313	81-6001356	501(C)(3)	10,000.	0.			EMS SKILLFORGE
FAMILY PROMISE OF GALLATIN VALLEY INC - 1603 TSCHACHE LANE - BOZEMAN, MT 59718	11-3739588	501(C)(3)	25,000.	0.			EARLY LEARNING CENTER; DONATION MATCHING
FAMILY PROMISE OF GREAT FALLS PO BOX 455 GREAT FALLS, MT 59403	46-2655042	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FAMILY SERVICE INC. PO BOX 1020 BILLINGS, MT 59103-1020	81-0232120	501(C)(3)	6,745.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
FARM IN THE DELL INTERNATIONAL 6080 GIN DALE RD EAST HELENA, MT 59635	81-0412886	501(C)(3)	12,030.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
FIRST UNITED METHODIST CHURCH - BILLINGS - 2800 4TH AVE N - BILLINGS, MT 59101	81-0232801	501(C)(3)	5,200.	0.			OPERATIONS & MAINTENANCE
FIVE VALLEYS LAND TRUST INC. 120 HICKORY ST STE B MISSOULA, MT 59801	23-7182055	501(C)(3)	25,066.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
FLATHEAD INDUSTRIES 66 4TH AVE WN KALISPELL, MT 59901	23-7359797	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION INC - 777 GRANDVIEW DR - KALISPELL, MT 59901-2622	81-0365752	501(C)(3)	43,067.	0.			ARTS PROGRAMS & ART STUDENT SUPPORT; ANNUAL DISTRIBUTION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FLORENCE CRITTENTON HOME AND SERVICES - 3404 COONEY DR - HELENA, MT 59602	81-0231788	501(C)(3)	10,573.	0.			INDIGENOUS MOTHER'S ALLIANCE; ANNUAL DISTRIBUTION
FOREVER FORSYTH INC PO BOX 353 FORSYTH, MT 59327	99-1956653	501(C)(3)	19,950.	0.			WAYFINDING SIGNAGE; DOWNTOWN BEAUTIFICATION; REIMAGINING RURAL
FORSYTH GOLF COURSE FOUNDATION PO BOX 191 FORSYTH, MT 59327-0191	81-0830492	501(C)(3)	19,500.	0.			JOHN DEERE ROUGH MOWER; TREE THINNING & LANDSCAPING
FORT PECK FINE ARTS COUNCIL PO BOX 973 GLASGOW, MT 59230-0973	81-0306649	501(C)(3)	14,067.	0.			ANNUAL DISTRIBUTION
FOUNDATION FOR ANIMALS PO BOX 389 HELENA, MT 59624-0389	55-0911292	501(C)(3)	7,796.	0.			ANNUAL DISTRIBUTION
FRANK HERVEY COOK TRUST PO BOX 1678 HELENA, MT 59624	81-6032266	501(C)(3)	5,850.	0.			ANNUAL DISTRIBUTION
FRIENDS OF MONTANA SHAKESPEARE IN THE PARKS - PO BOX 6214 - BOZEMAN, MT 59771	84-3393904	501(C)(3)	6,644.	0.			ROSEBUD COUNTY PERFORMANCES; ANNUAL DISTRIBUTION
FRIENDS OF PUBLIC RADIO INC 1500 UNIVERSITY DR BILLINGS, MT 59101-0245	81-0402593	501(C)(3)	5,216.	0.			ANNUAL DISTRIBUTION
FRIENDS OF THE CHILDREN - MONTANA 400 W BROADWAY SUITE 101 PMB 116 MISSOULA, MT 59801	86-3594655	501(C)(3)	10,000.	0.			MENTORSHIP PROGRAMS - FLATHEAD INDIAN RESERVATION

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FRIENDS OF THE CHILDREN-EASTERN MONTANA - PO BOX 22275 - BILLINGS, MT 59104	88-2204402	501(C)(3)	10,000.	0.			MENTORSHIP PROGRAM
FRIENDS OF THE PIONEER MUSEUM INC PO BOX 975 GLASGOW, MT 59230-0975	81-0479627	501(C)(3)	22,204.	0.			ANNUAL DISTRIBUTION
FRIENDSHIP CENTER OF HELENA INC 1430 N SANDERS ST HELENA, MT 59601-3012	23-7131678	501(C)(3)	9,393.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
FRIENDSHIP HOUSE OF CHRISTIAN SERVICE INC - 3123 8TH AVE S - BILLINGS, MT 59101-3939	81-0300497	501(C)(3)	5,721.	0.			ANNUAL DISTRIBUTION
GALLATIN VALLEY LAND TRUST PO BOX 7021 BOZEMAN, MT 59771-7021	81-0464513	501(C)(3)	30,406.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
GAMMA BETA 14177 PO BOX 181 BAKER, MT 59313	81-0542428	501(C)(3)	10,000.	0.			BAKER CHILDCARE & EARLY LEARNING CENTER
GLACIER SYMPHONY ORCHESTRA AND CHORALE INC - PO BOX 2491 - KALISPELL, MT 59903-2491	81-0413320	501(C)(3)	10,546.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
GLACIER-TWO MEDICINE ALLIANCE INC PO BOX 181 EAST GLACIER PARK, MT 59434-0181	81-0437595	501(C)(3)	9,500.	0.			GENERAL SUPPORT
GLASGOW EVANGELICAL CHURCH 152 ABERDEEN ST GLASGOW, MT 59230-2104	81-0359599	501(C)(3)	9,364.	0.			ANNUAL DISTRIBUTION

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GLASGOW SCOTTIES BOOSTER CLUB PO BOX 735 GLASGOW, MT 59230-0735	20-3402373	501(C)(3)	13,085.	0.			ANNUAL DISTRIBUTION
GOD'S LOVE INC 533 N LAST CHANCE GULCH HELENA, MT 59601-3346	81-0400234	501(C)(3)	15,557.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
GREAT FALLS PUBLIC SCHOOLS FOUNDATION - PO BOX 2429 - GREAT FALLS, MT 59403-2429	27-2577990	501(C)(3)	6,131.	0.			CM RUSSELL HS AUDITORIUM REFURBISHMENT
GREAT FALLS RESCUE MISSION PO BOX 129 GREAT FALLS, MT 59403-0129	81-6014374	501(C)(3)	16,261.	0.			WOMEN'S SHELTER; GENERAL SUPPORT
GREAT FALLS SYMPHONY ASSOCIATION INC - PO BOX 1078 - GREAT FALLS, MT 59403-1078	81-6014907	501(C)(3)	64,849.	0.			YOUTH ORCHESTRA; ANNUAL DISTRIBUTION
GREATER GALLATIN UNITED WAY INC 945 TECHNOLOGY BLVD STE 101F BOZEMAN, MT 59718-6859	81-0384820	501(C)(3)	18,202.	0.			ANNUAL DISTRIBUTION
GREATER POLSON COMMUNITY FOUNDATION INC. - PO BOX 314 - POLSON, MT 59860-0314	26-2883184	501(C)(3)	97,408.	0.			ANNUAL DISTRIBUTION
HEALTHY MOTHERS HEALTHY BABIES - THE MONTANA COALITION - 318-20 NORTH LAST CHANCE GULCH, STE 2C - HELENA, MT 59601-5019	81-0436517	501(C)(3)	106,048.	0.			MT DOULA COLLABORATIVE; GENERAL SUPPORT
HELENA AREA COMMUNITY FOUNDATION PO BOX 92 HELENA, MT 59624-0092	81-0536902	501(C)(3)	60,708.	0.			GREATER HELENA GIVES; ANNUAL DISTRIBUTION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELENA AREA HABITAT FOR HUMANITY PO BOX 459 HELENA, MT 59624-0459	81-0476317	501(C)(3)	12,608.	0.			HOME CONSTRUCTION & ADMINISTRATION; GENERAL SUPPORT
HELENA EDUCATION FOUNDATION PO BOX 792 HELENA, MT 59624-0792	81-0544494	501(C)(3)	45,014.	0.			SCHOOL PRINCIPAL MINDFULNESS SUPPORT; PROJECT SUPPLIES; ANNUAL DISTRIBUTION
HELENA FOOD SHARE INC PO BOX 943 HELENA, MT 59624-0943	36-3507623	501(C)(3)	16,531.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
HELENA SYMPHONY SOCIETY 2 N LAST CHANCE GULCH STE 100 HELENA, MT 59601-4143	81-0352076	501(C)(3)	11,811.	0.			ANNUAL DISTRIBUTION
HELENA YOUTH SOCCER ASSOCIATION INC - PO BOX 6972 - HELENA, MT 59604-6972	81-0472455	501(C)(3)	5,656.	0.			ANNUAL DISTRIBUTION
HIGHLAND PARK ELEMENTARY SCHOOL 716 SOUTH CALE MILES CITY, MT 59301	81-6000209	501(C)(3)	7,865.	0.			EARLY CHILDHOOD SUPPORT; SPECIAL NEEDS PLAYGROUND
HINSDALE COOPERATIVE COMMUNITY SCHOLARSHIP FUND - PO BOX 127 - HINSDALE, MT 59241-0127	81-6001060	501(C)(3)	5,642.	0.			ANNUAL DISTRIBUTION
HOCKADAY MUSEUM OF ART 302 2ND AVE E KALISPELL, MT 59901-4942	81-0303038	501(C)(3)	5,460.	0.			ANNUAL DISTRIBUTION
HOLTER MUSEUM OF ART 12 E LAWRENCE ST HELENA, MT 59601-4019	81-0472958	501(C)(3)	43,754.	0.			MURDOCH GRANT SUPPORT; ANNUAL DISTRIBUTION

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HOLY SPIRIT PARISH 130 S 6TH ST E MISSOULA, MT 59801-4222	81-0257611	501(C)(3)	10,500.	0.			PARISH OPERATIONS & OUTREACH NEEDS
HUMAN RESOURCE DEV COUNCIL OF DISTRICT IX INC. - 206 E GRIFFIN DRIVE - BOZEMAN, MT 59715	81-0350886	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF WESTERN MONTANA PO BOX 1059 MISSOULA, MT 59806-1059	81-0290933	501(C)(3)	13,056.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
HUMANITIES MONTANA 311 BRANTLY MISSOULA, MT 59812-0001	23-7357909	501(C)(3)	5,386.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
IMAGINEIF LIBRARY FOUNDATION 247 1ST AVE EAST KALISPELL, MT 59901	81-0460195	501(C)(3)	40,000.	0.			IMAGINEIF & BIGFORK LIBRARY SUPPORT
INDIAN LAW RESOURCE CENTER 602 N EWING ST HELENA, MT 59601-3603	52-1121079	501(C)(3)	9,508.	0.			ANNUAL DISTRIBUTION
INSEPARABLE INC 409 7TH ST NW STE 350 WASHINGTON, DC 20004	85-0938575	501(C)(3)	45,000.	0.			WIN THE WIN COMMUNICATIONS
INTERMOUNTAIN 500 S LAMBORN ST HELENA, MT 59601-5417	81-0231775	501(C)(3)	23,187.	0.			SUPPORT FOR DISADVANTAGED CHILDREN; ANNUAL DISTRIBUTION
INTERMOUNTAIN PLANNED PARENTHOOD, INC. - 1643 LEWIS AVE STE 211 - BILLINGS, MT 59102-4151	81-0307201	501(C)(3)	32,374.	0.			REPRODUCTIVE RIGHTS & HEALTHCARE; ANNUAL DISTRIBUTION

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INTERNATIONAL CHORAL FESTIVAL INC PO BOX 8203 MISSOULA, MT 59807-8203	81-0459276	501(C)(3)	15,278.	0.			ANNUAL DISTRIBUTION
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - USA - PO BOX 1320 - LOLO, MT 59847-1320	37-1145157	501(C)(3)	8,170.	0.			ANNUAL DISTRIBUTION
JEFFERSON HIGH SCHOOL 312 S MAIN ST. BOULDER, MT 59632	81-0295260	501(C)(3)	5,500.	0.			KENNADY TRETIN MEMORIAL SCHOLARSHIP
JEFFERSON VALLEY COMMUNITY FOUNDATION - PO BOX 144 - WHITEHALL, MT 59759-0144	46-3196448	501(C)(3)	19,551.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
KEEP MILES CITY BEAUTIFUL PO BOX 722 MILES CITY, MT 59301	90-0622503	501(C)(3)	15,095.	0.			ENHANCE UNDERPASS APPEARANCE
KINSEY IRRIGATION DISTRICT 29 MASTIN RD KINSEY, MT 59338	88-3945988	501(C)(3)	5,225.	0.			KINSEY SCALE HOUSE MUSEUM CONVERSION
LAUREL MONTANA COMMUNITY FOUNDATION, INC. - PO BOX 1138 - LAUREL, MT 59044-1138	47-3756434	501(C)(3)	18,299.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
LEADERSHIP MONTANA INC. PO BOX 5155 BOZEMAN, MT 59717-5155	20-8571151	501(C)(3)	6,443.	0.			STRATEGIC PLAN SUPPORT; ANNUAL DISTRIBUTION
LEGAL VOICE 907 PINE ST, STE 500 SEATTLE, WA 98101	91-1047900	501(C)(3)	14,500.	0.			LEGAL VOICE & MONTANA PROGRAMMING

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LEWIS & CLARK FOUNDATION 4201 GIANT SPRINGS RD GREAT FALLS, MT 59405	81-0471734	501(C)(3)	10,055.	0.			SUMMER SEASONAL INTERPRETER; ANNUAL DISTRIBUTION
LEWIS & CLARK HUMANE SOCIETY PO BOX 4455 HELENA, MT 59604-4455	81-6014910	501(C)(3)	5,436.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
LEWIS & CLARK LIBRARY FOUNDATION 120 S LAST CHANCE GULCH HELENA, MT 59601-4165	81-0419768	501(C)(3)	5,635.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
LITTLE RANGERS LEARNING CENTER PO BOX 1794 WEST YELLOWSTONE, MT 59758	81-4256779	501(C)(3)	14,073.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MARY QUEEN OF PEACE PARISH 120 S 34TH ST BILLINGS, MT 59101	45-4978567	501(C)(3)	7,246.	0.			ANNUAL DISTRIBUTION
MENTAL HEALTH AMERICA OF MONTANA PO BOX 88 BOZEMAN, MT 59771	81-0289661	501(C)(3)	10,000.	0.			GOOD MEDICINE WELLNESS CLINIC
MESSENGERS FOR HEALTH PO BOX 940 CROW AGENCY, MT 59022	27-0566321	501(C)(3)	70,744.	0.			THE STRONG HEART PROJECT; SMALL GROUP EDUCATION; GENERAL SUPPORT
MILES CITY AREA CHAMBER OF COMMERCE - 511 PLEASANT ST - MILES CITY, MT 59301	81-0166625	501(C)(3)	37,164.	0.			MURAL PROJECT; PIGEON MITIGATION PROJECT
MILES CITY PUBLIC LIBRARY 1 S 10TH STREET MILES CITY, MT 59301	81-6001292	501(C)(3)	10,000.	0.			AREA FOR STEAM ACTIVITIES

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MILES CITY YOUTH SOCCER ASSOCIATION - PO BOX 551 - MILES CITY, MT 59301	81-0517016	501(C)(3)	12,300.	0.			PURCHASE OF SHED
MILES COMMUNITY COLLEGE 2715 DICKINSON ST MILES CITY, MT 59301-4774	81-6000208	501(C)(3)	50,321.	0.			ACCELERATING CREDENTIALS INITIATIVE
MILESTOWN COMMUNITY IMPROVEMENT PO BOX 728 MILES CITY, MT 59301	45-4807401	501(C)(3)	7,000.	0.			FROG POND & SPLASH PAD ASSESSMENT
MINERAL COUNTY COMMUNITY FOUNDATION - PO BOX 93 - SUPERIOR, MT 59872-0093	81-0501990	501(C)(3)	12,548.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
MIRACLE OF AMERICA STORY INC 36094 MEMORY LN POLSON, MT 59860-8446	81-0437386	501(C)(3)	11,323.	0.			ANNUAL DISTRIBUTION
MISSION VALLEY AQUATICS PO BOX 774 POLSON, MT 59860	43-2011432	501(C)(3)	5,211.	0.			ANNUAL DISTRIBUTION
MISSOULA ART MUSEUM 335 N PATTEE ST MISSOULA, MT 59802-4520	81-0496898	501(C)(3)	24,430.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MISSOULA CIVIC SYMPHONY ASSOCIATION - PO BOX 8301 - MISSOULA, MT 59807-8301	81-0290730	501(C)(3)	16,229.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59806-8806	81-0539830	501(C)(3)	45,243.	0.			MISSOULA GIVES; ANNUAL DISTRIBUTION

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MISSOULA FOOD BANK & COMMUNITY CENTER - 1720 WYOMING ST - MISSOULA, MT 59801	81-0414143	501(C)(3)	9,072.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MISSOULA INTERNATIONAL SCHOOL 808 S. 3RD ST. W. MISSOULA, MT 59801	81-0501614	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MONTANA ABORTION ACCESS PROGRAM PO BOX 7525 MISSOULA, MT 59807	27-0670177	501(C)(3)	20,900.	0.			ABORTION & TRANSPORTATION SERVICES; GENERAL SUPPORT
MONTANA ARTS COUNCIL PO BOX 202201 HELENA, MT 59620-2201	81-6017343	501(C)(3)	10,000.	0.			ARTIST IS SCHOOLS & COMMUNITIES GRANTS
MONTANA AUDUBON PO BOX 595 HELENA, MT 59624-0595	81-0412530	501(C)(3)	15,105.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH STE 220 HELENA, MT 59601	80-0624179	501(C)(3)	60,000.	0.			MONTANA ADVOCATES FOR CHILDREN; GENERAL SUPPORT
MONTANA COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE - PO BOX 818 - HELENA, MT 59624	81-0433126	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MONTANA CONCERNS OF POLICE SURVIVORS - PO BOX 1173 - THREE FORKS, MT 59752	52-1354370	501(C)(3)	9,172.	0.			ANNUAL DISTRIBUTION
MONTANA COUNCIL OF ECONOMIC EDUCATION - PO BOX 1306 - HELENA, MT 59624	81-0340006	501(C)(3)	8,500.	0.			FY25 MCEE SPONSORSHIP

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MONTANA ENVIRONMENTAL INFORMATION CENTER INC. - PO BOX 1184 - HELENA, MT 59624-1184	23-7337100	501(C)(3)	15,389.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MONTANA FOOD BANK NETWORK INC. 5780 ALLOY NORTH MISSOULA, MT 59808	81-0421243	501(C)(3)	20,320.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MONTANA HISTORICAL SOCIETY PO BOX 201201 HELENA, MT 59620-1201	81-0302402	501(C)(3)	50,757.	0.			MONTANA HERITAGE CENTER CAMPAIGN
MONTANA HISTORY FOUNDATION 1750 N WASHINGTON ST HELENA, MT 59601-1204	81-0435459	501(C)(3)	8,976.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MONTANA HOMEOWNERSHIP NETWORK INC P.O. BOX 1025 GREAT FALLS, MT 59403	81-0543240	501(C)(3)	28,500.	0.			DISASTER PREPAREDNESS TRAINING
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624-1509	81-0472423	501(C)(3)	36,500.	0.			MT WOMEN VOTE LEADERSHIP DEVELOPMENT; CATALYST MONTANA
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624-0355	81-0369262	501(C)(3)	18,082.	0.			CONSERVATION PROJECTS; ANNUAL DISTRIBUTION
MONTANA LEARNING CENTER AT CANYON FERRY LAKE, INC. - 7653 CANYON FERRY RD - HELENA, MT 59602-8517	16-1694479	501(C)(3)	10,735.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MONTANA NATURAL HISTORY CENTER 120 HICKORY ST, SUITE A MISSOULA, MT 59801-1820	81-0472379	501(C)(3)	6,663.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION

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MONTANA PROFESSIONAL TEACHING FOUNDATION - 1232 E 6TH AVE - HELENA, MT 59601-3927	81-0511792	501(C)(3)	65,603.	0.			ANNUAL DISTRIBUTION
MONTANA PUBLIC RADIO KUFM - UNIVERSITY OF MONTANA - 32 CAMPUS DR - MISSOULA, MT 59812-8064	81-0362989	501(C)(3)	11,221.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
MONTANA RESCUE MISSION PO BOX 3232 BILLINGS, MT 59103-3232	81-6013963	501(C)(3)	59,746.	0.			UNIFIED CAMPUS PROJECT; ANNUAL DISTRIBUTION; GENERAL SUPPORT
MONTANA STATE UNIVERSITY BILLINGS FOUNDATION - 1500 UNIVERSITY DR - BILLINGS, MT 59101-0245	81-0301477	501(C)(3)	16,494.	0.			ACCOUNTING SCHOLARSHIPS; YELLOWJACKET PANTRY; ANNUAL DISTRIBUTION
MONTANA STATE UNIVERSITY FOUNDATION - PO BOX 172750 - BOZEMAN, MT 59715	81-6001649	501(C)(3)	152,180.	0.			TRAVIS ATKINS VETERAN SUPPORT CENTER; VIRTUAL PROGRAM; ANNUAL DISTRIBUTION
MONTANA STATE UNIVERSITY-NORTHERN FOUNDATION - PO BOX 1691 - HAVRE, MT 59501-1691	81-0375335	501(C)(3)	22,000.	0.			25-50 YEAR CLUB SCHOLARSHIP; SWEETGRASS SOCIETY POWWOW
MONTANA TECHNOLOGY ENTERPRISE CENTER - 1121 EAST BROADWAY - MISSOULA, MT 59802	81-0529738	501(C)(3)	15,600.	0.			GENERAL SUPPORT
MONTANA WILDERNESS ASSOCIATION INC. - 80 S WARREN ST - HELENA, MT 59601-5700	51-0198932	501(C)(3)	40,753.	0.			PUBLIC LAND PROTECTION; ANNUAL DISTRIBUTION; GENERAL SUPPORT
MONTANA YOUTH CHALLENGE FOUNDATION 790 E CORNELL ST DILLON, MT 59725	81-0537307	501(C)(3)	10,000.	0.			MENTOR SUPPORT

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MONTANANS FOR CHOICE PO BOX 17557 MISSOULA, MT 59808	36-5031006	501(C)(3)	10,500.	0.			BUTTERFLY HEALTH & LIFEWAYS TEACHINGS
MOUNTAIN HOME MONTANA INC. 4720 23RD AVE MISSOULA, MT 59803	81-0520628	501(C)(3)	19,900.	0.			CAMPAIGN SUPPORT; GENERAL SUPPORT
MUSEUM OF THE ROCKIES 600 W KAGY BLVD BOZEMAN, MT 59717-2730	81-6016828	501(C)(3)	10,056.	0.			ANNUAL DISTRIBUTION
MUSEUM, INC. PO BOX 628 LIBBY, MT 59923-0628	51-0141565	501(C)(3)	6,000.	0.			COOKHOUSE ROOF
MUSSELSHELL VALLEY COMMUNITY FOUNDATION - PO BOX 713 - ROUNDUP, MT 59072-0713	81-0512493	501(C)(3)	24,842.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
MY NEIGHBOR IN NEED PO BOX 1562 GREAT FALLS, MT 59403	45-4415506	501(C)(3)	10,000.	0.			NEIGHBOR & STUDENTS IN NEED
NACDC FINANCIAL SERVICES INC PO BOX 3029 BROWNING, MT 59417	27-3156259	501(C)(3)	38,123.	0.			NATIVE COMMUNITY DEVELOPMENT FELLOWSHIP; ANNUAL DISTRIBUTION
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NW CHAPTER - PO BOX 54879 - LOS ANGELES, CA 90054	13-5661935	501(C)(3)	5,500.	0.			PRIMARY PROGRESSIVE MS RESEARCH/TREATMENT
NEW AGRARIAN SCHOOL 990 MCCAFFERY RD BIGFORK, MT 59911	99-1853957	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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NORTH VALLEY FOOD BANK 251 FLATHEAD AVE WHITEFISH, MT 59937	81-0456048	501(C)(3)	33,100.	0.			POSTPARTUM MEAL KIT & NUTRITION EDUCATION
NORTHEAST MONTANA STAT AIR AMBULANCE COOP - 81 AIRPORT RD - GLASGOW, MT 59230	20-4748673	501(C)(3)	8,000.	0.			CARDIAC MONITORS FOR AIR AMBULANCE; SLIDESCOPES
NORTHEAST MONTANA VETERAN'S MEMORIAL, INC - P.O. BOX 202 - GLASGOW, MT 59230	46-2087724	501(C)(3)	30,000.	0.			MEMORIAL MAINTENANCE & UPKEEP
NORTHERN CHEYENNE TRIBE PO BOX 128 LAME DEER, MT 59043-0128	81-0432358	501(C)(3)	25,000.	0.			SCHOOL-BASED MENTAL HEALTH
NORTHWEST MONTANA COMMUNITY LAND TRUST INC - PO BOX 9316 - KALISPELL, MT 59904	27-1832846	501(C)(3)	5,500.	0.			WFM GRANT MATCHING FUNDS
NOVA CENTER FOR THE PERFORMING ARTS INC. - PO BOX 11 - BILLINGS, MT 59103	81-0514788	501(C)(3)	6,903.	0.			ANNUAL DISTRIBUTION
NOXON PUBLIC SCHOOLS 300 NOXON AVE NOXON, MT 59853-9762	81-6000922	501(C)(3)	13,750.	0.			ELEMENTARY TECH BOOST; CHROMEBOOKS
NYE COMMUNITY FOUNDATION PO BOX 528 NYE, MT 59061-0528	81-0531083	501(C)(3)	13,171.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
O'FALLON HISTORICAL SOCIETY PO BOX 692 BAKER, MT 59313	81-0383755	501(C)(3)	27,367.	0.			TRACKLESS TRAIN PURCHASE

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OFF THE STREETS CORPORATION PO BOX 867 BILLINGS, MT 59103	87-2982199	501(C)(3)	9,000.	0.			BEDS & FURNISHINGS FOR THE UNHOUSED
ONE VALLEY COMMUNITY FOUNDATION 1627 W MAIN ST # 404 BOZEMAN, MT 59715	81-0519514	501(C)(3)	25,000.	0.			BE WELL BIG SKY / NAVIGATOR NETWORK; GENERAL SUPPORT
OPPORTUNITIES INC 905 1ST AVE N GREAT FALLS, MT 59401	81-0295813	501(C)(3)	10,350.	0.			GENERAL SUPPORT
OPPORTUNITY RESOURCES INC. 2821 S RUSSELL ST MISSOULA, MT 59801-7913	81-0247708	501(C)(3)	8,652.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
OVANDO SCHOOL DISTRICT PO BOX 176 OVANDO, MT 59854-0176	81-6000809	501(C)(3)	19,755.	0.			MUSIC PROGRAM; ANNUAL DISTRIBUTION
PARADISE CENTER PO BOX 162 PARADISE, MT 59856	47-1975683	501(C)(3)	10,000.	0.			ENHANCED TAPESTRY PROGRAM ACTIVITIES
PARIS GIBSON SQUARE INCORPORATED 1400 1ST AVE N GREAT FALLS, MT 59401	81-0361663	501(C)(3)	6,642.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
PARTNERS FOR PARKS FOUNDATION PO BOX 80832 BILLINGS, MT 59108	81-0398679	501(C)(3)	9,000.	0.			BUILDING OF KADEN'S COURT
PCRS 360 PO BOX 216 LIVINGSTON, MT 59047	86-2793822	501(C)(3)	15,000.	0.			PROGRAM EXPANSION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETRA ACADEMY INC 4720 CLASSICAL WAY BOZEMAN, MT 59718	81-0503427	501(C)(3)	8,226.	0.			GENERAL SUPPORT
PHILIPSBURG AREA EDUCATIONAL FOUNDATION - PO BOX 900 - PHILIPSBURG, MT 59858-0900	81-0529195	501(C)(3)	9,339.	0.			ANNUAL DISTRIBUTION
PHILLIPS COUNTY COMMUNITY FOUNDATION - PO BOX 275 - MALTA, MT 59538-0275	27-3611210	501(C)(3)	9,426.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
PLAINS PUBLIC SCHOOLS #1 PO BOX 549 PLAINS, MT 59859-0549	81-6000915	501(C)(3)	39,353.	0.			PRINCIPAL'S DISCRETIONARY FUND; ANNUAL DISTRIBUTION
PLANNED PARENTHOOD ADVOCATES OF MONTANA INC - 1643 LEWIS AVE STE 211 - BILLINGS, MT 59102	81-0467220	501(C)(3)	50,000.	0.			501(C)(3) PERMISSIBLE WORK INCLUDING LOBBYING
PLENTY DOORS COMMUNITY DEVELOPMENT CORPORATION - PO BOX 1061 - CROW AGENCY, MT 59022-1061	82-2045927	501(C)(3)	15,000.	0.			PLENTY DOORS MENTORSHIP PILOT
PLYMOUTH CONGREGATIONAL CHURCH 400 S OAKES ST HELENA, MT 59601-4605	81-0298891	501(C)(3)	5,623.	0.			ANNUAL DISTRIBUTION
POPLAR SCHOOL DISTRICT PO BOX 458 POPLAR, MT 59255	81-6000886	501(C)(3)	30,000.	0.			HEALTHCARE CAREER PATHWAY
POWELL COUNTY SEARCH AND RESCUE 311 MONTANA AVE DEER LODGE, MT 59722	36-3811514	501(C)(3)	8,000.	0.			MOBILE COMMAND UNIT & SUPPLY STORAGE

Schedule I (Form 990)

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PRETTY EAGLE WOMAN RESOURCE FOUNDATION - PO BOX 1092 - LAME DEER, MT 59043	87-3377614	501(C)(3)	20,400.	0.			CULTURAL HERITAGE RETREAT; GENERAL SUPPORT
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624-0892	81-0506868	501(C)(3)	27,170.	0.			LAND ACQUISITION/PRESERVATION; TRAIL MAINTENANCE; ANNUAL DISTRIBUTION
PUBLIC CITIZEN FOUNDATION INC 1600 20TH STREET NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	10,000.	0.			LITIGATING FOR ACCOUNTABILITY CAMPAIGN
RANGE RIDERS INC 435 L P ANDERSON RD MILES CITY, MT 59301-4753	81-0255838	501(C)(3)	18,477.	0.			UPGRADE SECURITY SYSTEM & CARPETING; ANNUAL DISTRIBUTION
RAVALLI SERVICES CORPORATION 219 PENNSYLVANIA AVE HAMILTON, MT 59840-2036	81-0350140	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REACH INC 322 GALLATIN PARK DR BOZEMAN, MT 59715-7909	81-0347366	501(C)(3)	12,461.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
RED ANTS PANTS FOUNDATION PO BOX 637 WHITE SULPHUR SPRINGS, MT 59645	45-1237337	501(C)(3)	30,600.	0.			GIRLS LEADERSHIP PROGRAM
RED LODGE AREA COMMUNITY FOUNDATION - PO BOX 1871 - RED LODGE, MT 59068-1871	20-0192255	501(C)(3)	52,542.	0.			SUPPORT FOR DISADVANTAGED CHILDREN; COMMUNITY GRANTS; ANNUAL DISTRIBUTION
RED LODGE MUSIC FESTIVAL INC 1925 GRAND AVE STE #102B BILLINGS, MT 59102	81-6016990	501(C)(3)	5,418.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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REDWATER VALLEY AMBULANCE SERVICES, INC - PO BOX 567 - CIRCLE, MT 59215-0567	81-6022852	501(C)(3)	8,500.	0.			NEW AMBULANCE
RIVERSTONE HEALTH FOUNDATION PO BOX 1562 BILLINGS, MT 59103	35-2332179	501(C)(3)	7,143.	0.			ANNUAL DISTRIBUTION
ROBERTS COMMUNITY FOUNDATION PO BOX 284 ROBERTS, MT 59070-0284	84-1425182	501(C)(3)	14,920.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
ROCKY MOUNTAIN COLLEGE 1511 POLY DR BILLINGS, MT 59102-1739	81-0235407	501(C)(3)	5,344.	0.			ANNUAL DISTRIBUTION
RONALD MCDONALD HOUSE CHARITIES OF EASTERN MONTANA INC - 1144 N 30TH ST - BILLINGS, MT 59101-0124	81-0400667	501(C)(3)	5,980.	0.			ANNUAL DISTRIBUTION
ROOTS FAMILY COLLABORATIVE 1716 W MAIN ST. #8D BOZEMAN, MT 59718	81-4604049	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROSEBUD COUNTY SEARCH AND RESCUE PO BOX 405 FORSYTH, MT 59327	81-0441529	501(C)(3)	45,000.	0.			UPGRADE ESSENTIAL EQUIPMENT
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - PO BOX 40 - ROUNDUP, MT 59072-0040	81-0245848	501(C)(3)	17,020.	0.			ANNUAL DISTRIBUTION
RURAL BEHAVIORAL HEALTH INSTITUTE PO BOX 203 LIVINGSTON, MT 59047	85-1210248	501(C)(3)	44,100.	0.			MENTAL HEALTH SCREENING LINKED TO CARE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SACRED DEFENSE FUND PO BOX 27 SANTA FE, MT 87504	99-2707481	501(C)(3)	25,000.	0.			SOVEREIGN BODIES INSTITUTE
SACRED HEART SCHOOL 519 NORTH CENTER MILES CITY, MT 59301	81-0295759	501(C)(3)	35,000.	0.			EXTERIOR DOOR REPLACEMENT
SAE INTERNATIONAL FOUNDATION 400 COMMONWEALTH DR WARRENDALE, PA 15096	25-1494402	501(C)(3)	50,000.	0.			ROCKY MOUNTAIN INITIATIVE
SALISH KOOTENAI COLLEGE PO BOX 70 PABLO, MT 59855-0070	81-0378823	501(C)(3)	20,000.	0.			CPW MENTAL HEALTH PROGRAMMING; SCHOLARSHIPS
SALVATION ARMY - INTERMOUNTAIN DIVISION - PO BOX 2369 - DENVER, MT 80201-2369	94-1156347	501(C)(3)	7,246.	0.			ANNUAL DISTRIBUTION
SALVATION ARMY - MILES CITY OFFICE PO BOX 1202 MILES CITY, MT 59301-1202	94-1156347	501(C)(3)	10,000.	0.			COAT DRIVE
SAMARITAN HOUSE INC 124 9TH AVENUE WEST KALISPELL, MT 59901	81-0466186	501(C)(3)	20,000.	0.			EXPANSION & APARTMENTS FOR FAMILIES/VETERANS
SANDERS COUNTY COUNCIL ON AGING PO BOX 339 HOT SPRINGS, MT 59845	81-0386386	501(C)(3)	7,100.	0.			HOME DELIVERED MEALS/CONGREGATE MEALS; GENERAL SUPPORT
SCHOOL ADMINISTRATORS OF MONTANA 900 N MONTANA AVE STE A4 HELENA, MT 59601-3845	81-0371541	501(C)(3)	103,087.	0.			COMMUNITY SCHOOLS INITIATIVE; GENERAL SUPPORT; ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SCHOOL COMMUNITY DEVELOPMENT COUNCIL - PO BOX 421 - BROADUS, MT 59317	81-0514945	501(C)(3)	81,299.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
SCHOOLHOUSE HISTORY & ART CENTER PO BOX 430 COLSTRIP, MT 59323-0430	36-3575420	501(C)(3)	117,456.	0.			REPAIR/REPLACE SIDING & WOOD FLOORING
SEELEY LAKE COMMUNITY FOUNDATION PO BOX 25 SEELEY LAKE, MT 59868-0025	31-1711576	501(C)(3)	28,968.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
SELWAY-BITTERROOT FOUNDATION 120 HICKORY ST STE A MISSOULA, MT 59801	27-2868220	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SHRINERS HOSPITALS FOR CHILDREN 2900 N. ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	20,000.	0.			SHRINERS CHILDREN'S HOSPITAL IN SPOKANE
SNOWY MOUNTAIN DEVELOPMENT CORPORATION - 507 W MAIN ST - LEWISTOWN, MT 59457	81-0542382	501(C)(3)	20,400.	0.			LEADERSHIP CENTRAL MONTANA
SOUTHEASTERN MONTANA AREA REVITALIZATION TEAM (SMART) - PO BOX 53 - BAKER, MT 59313-0053	90-0073844	501(C)(3)	29,546.	0.			PRELIMINARY ARCHITECTURAL REPORT
SOUTHEASTERN MONTANA DEVELOPMENT CORPORATION - PO BOX 1935 - COLSTRIP, MT 59323-1935	81-0485103	501(C)(3)	441,900.	0.			REGIONAL BUSINESS DEVELOPMENT; BUSINESS INNOVATION
SOWERS INTERNATIONAL PO BOX 77160 CORONA, MT 92877	33-0575561	501(C)(3)	400,000.	0.			JOY FOUNDATION BRAZIL CAMP; CAPITAL CAMPAIGN

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SPECIAL K RANCH PO BOX 479 COLUMBUS, MT 59019-0479	36-3378581	501(C)(3)	12,583.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
SPECIAL OLYMPICS MONTANA INC. 710 1ST AVE N GREAT FALLS, MT 59401-2602	81-0367064	501(C)(3)	13,500.	0.			CHILDREN IN NEED; GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,000.	0.			CHILDREN NEEDING CARE
ST. PETER'S CATHEDRAL PO BOX 819 HELENA, MT 59624	81-6001215	501(C)(3)	7,565.	0.			ANNUAL DISTRIBUTION
ST. PETERS HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601-4928	81-0392270	501(C)(3)	12,539.	0.			ANNUAL DISTRIBUTION
ST. VINCENT HEALTHCARE FOUNDATION 1233 N. 30TH ST BILLINGS, MT 59101	81-0468034	501(C)(3)	14,966.	0.			SAINTS BALL; ANNUAL DISTRIBUTION
STAFFORD ANIMAL SHELTER 3 BUSINESS PARK ROAD LIVINGSTON, MT 59047	36-3432468	501(C)(3)	10,500.	0.			MINDRAY M9 ULTRASOUND MACHINE
STEVENSVILLE COMMUNITY FOUNDATION INC - PO BOX 413 - STEVENSVILLE, MT 59870-0413	81-0490459	501(C)(3)	9,706.	0.			ANNUAL DISTRIBUTION
STONE CHILD COLLEGE CORPORATION 8294 UPPER BOX ELDER RD BOX ELDER, MT 59521-8752	81-0420650	501(C)(3)	10,000.	0.			SCHOLARSHIP PROGRAM

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SUNBURST COMMUNITY CENTER FOUNDATION - 314 1ST ST N - SUNBURST, MT 59482	99-3775832	501(C)(3)	7,500.	0.			NEW SOUND SYSTEM
SUPPORT AND TECHNIQUES FOR EMPOWERING PEOPLE - 11 N 26TH ST - BILLINGS, MT 59101	81-0366245	501(C)(3)	10,000.	0.			PLAYGROUND EQUIPMENT
SWAN VALLEY CONNECTIONS 6887 MT HIGHWAY 83 CONDON, MT 59826-9005	81-0512368	501(C)(3)	8,500.	0.			RIVER HOUSE CAMPAIGN; GENERAL SUPPORT
SWEET GRASS HEALTH CARE FOUNDATION, INC. - PO BOX 1082 - BIG TIMBER, MT 59011-1082	36-3662839	501(C)(3)	51,412.	0.			ANNUAL DISTRIBUTION
TAMARACK GRIEF RESOURCE CENTER INC 405 S. 1ST STREET W MISSOULA, MT 59801	26-2278278	501(C)(3)	20,000.	0.			BUILDING ADVOCATES; GENERAL SUPPORT
THE ANGEL FUND PO BOX 7436 HELENA, MT 59604-7436	81-0535130	501(C)(3)	10,807.	0.			STUDENT CLOTHING; GENERAL SUPPORT
THE FRIENDS OF IRISH STUDIES IN THE WEST - PO BOX 4693 - MISSOULA, MT 59806-4693	26-1391012	501(C)(3)	9,169.	0.			ANNUAL DISTRIBUTION
THE MYRNA LOY 15 N EWING ST HELENA, MT 59601-4345	51-0185430	501(C)(3)	45,070.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
THE SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES INC - PO BOX 5248 - EUREKA, CA 95502-5248	68-0027247	501(C)(3)	20,400.	0.			BLUE HEAVEN HARNESING HOPE

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THRIVE 407 S FERGUSON AVE BOZEMAN, MT 59718	36-3501185	501(C)(3)	10,500.	0.			EXPAND PARENT'S LIAISON PROGRAM-BELGRADE
TOWN OF WEST YELLOWSTONE PO BOX 1570 WEST YELLOWSTONE, MT 59758	81-0299400	501(C)(3)	15,000.	0.			FOOD BANK SUPPORT
TRIGG-C.M. RUSSELL MUSEUM, INC 400 13TH ST N GREAT FALLS, MT 59401-1426	81-6003526	501(C)(3)	12,466.	0.			ANNUAL DISTRIBUTION
TRINITY LUTHERAN CHURCH 537 GRAND AVE BILLINGS, MT 59101	81-0300195	501(C)(3)	5,588.	0.			ANNUAL DISTRIBUTION
TUMBLEWEED RUNAWAY PROGRAM INC 505 N 24TH ST BILLINGS, MT 59101-1344	36-3343886	501(C)(3)	13,000.	0.			GENERAL SUPPORT
TWO RIVERS ECONOMIC GROWTH, INC. 54147 US HIGHWAY 2 # 2 GLASGOW, MT 59230	81-0466553	501(C)(3)	15,950.	0.			VALLEY COUNTY WOMEN'S LEADERSHIP; CNA PATHWAY PROJECT
UKRAINE TRUSTCHAIN P.O. BOX 6142 EVANSTON, IL 60204	88-1192170	501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNITED WAY OF CASCADE COUNTY PO BOX 1343 GREAT FALLS, MT 59403-1343	81-0304170	501(C)(3)	19,397.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
UNITED WAY OF THE LEWIS AND CLARK AREA INC - PO BOX 862 - HELENA, MT 59624	81-6017354	501(C)(3)	19,183.	0.			ANNUAL DISTRIBUTION

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UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807-7159	81-0362989	501(C)(3)	127,356.	0.			SCHOOL OF LAW; REAL CO-LAB; ARTS/MEDIA; AUTIO FUND; ANNUAL DISTRIBUTION
VALLEY CHRISTIAN SCHOOL 2526 SUNSET LN MISSOULA, MT 59804	81-0381097	501(C)(3)	11,001.	0.			ANNUAL DISTRIBUTION
VALLEY COUNTY COMMUNITY FOUNDATION PO BOX 304 GLASGOW, MT 59230-0304	81-0526746	501(C)(3)	69,798.	0.			GRANTS & COMMUNITY NEEDS; ANNUAL DISTRIBUTION
VETERANS OF FOREIGN WARS FOUNDATION - 406 W 34TH ST - KANSAS CITY, MO 64111	43-1758998	501(C)(3)	13,758.	0.			ANNUAL DISTRIBUTION
WATSON CHILDREN'S SHELTER INC 4978 BUCKHOUSE LN MISSOULA, MT 59804-9504	81-0369020	501(C)(3)	12,231.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
WEST YELLOWSTONE FOUNDATION PO BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)(3)	252,806.	0.			WOLVERINE CARE FUND; GENERAL SUPPORT; ANNUAL DISTRIBUTION
WEST YELLOWSTONE SKI EDUCATION FOUNDATION - PO BOX 956 - WEST YELLOWSTONE, MT 59758	81-0508729	501(C)(3)	11,000.	0.			GOLF TOURNAMENT; GENERAL SUPPORT
WESTERN MONTANA CREATIVE INITIATIVES - PO BOX 8643 - MISSOULA, MT 59807-8643	83-2465407	501(C)(3)	100,500.	0.			OPEN AIR WMCI SUPPORT
WHITEFISH COMMUNITY FOUNDATION PO BOX 1060 WHITEFISH, MT 59937-1060	81-0533002	501(C)(3)	11,938.	0.			GREAT FISH CHALLENGE; ANNUAL DISTRIBUTION

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WIBAUX COUNTY NURSING HOME 712 WIBAUX ST S WIBAUX, MT 59353-9022	81-0392225	501(C)(3)	7,732.	0.			TV PURCHASE; ANNUAL DISTRIBUTION
WOLF POINT AREA MUSEUM, INC. PO BOX 1205 WOLF POINT, MT 59201-2205	81-6033737	501(C)(3)	11,000.	0.			NEW WING CONSTRUCTION; MUSEUM DISPLAY INSULATION
WOMEN'S RESOURCE CENTER OF DILLON PO BOX 888 DILLON, MT 59725-0888	81-0391466	501(C)(3)	25,400.	0.			GENERAL SUPPORT
WORLD CENTRAL KITCHEN, INC. PO BOX 96538 WASHINGTON, DC 20090	27-3521132	501(C)(3)	5,369.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
WORLD MUSEUM OF MINING INC. PO BOX 33 BUTTE, MT 59703-0033	81-6014901	501(C)(3)	8,120.	0.			ANNUAL DISTRIBUTION
YELLOW BIRD LIFE WAYS CENTER PO BOX 1138 LAME DEER, MT 59043	83-4458369	501(C)(3)	25,600.	0.			GENERAL SUPPORT
YELLOWSTONE ART MUSEUM 401 N 27TH ST BILLINGS, MT 59101-1241	81-6014902	501(C)(3)	51,688.	0.			ANNUAL DISTRIBUTION
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC - 2050 OVERLAND AVE - BILLINGS, MT 59102-6453	81-0419905	501(C)(3)	82,874.	0.			CAMPUS SECURITY PROJECT; ANNUAL DISTRIBUTION; REC EQUIPMENT
YELLOWSTONE FOREVER PO BOX 1857 BOZEMAN, MT 59771	47-5427975	501(C)(3)	8,936.	0.			EXPEDITION YELLOWSTONE PROGRAMS; ANNUAL DISTRIBUTION

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YELLOWSTONE HISTORIC CENTER, INC. PO BOX 1299 WEST YELLOWSTONE, MT 59758-1299	81-0521215	501(C)(3)	10,000.	0.			ARCHIVE PROGRAM
YELLOWSTONE RIVER PARKS ASSOCIATION INC. - PO BOX 1201 - BILLINGS, MT 59103-1201	36-4096295	501(C)(3)	7,075.	0.			ANNUAL DISTRIBUTION
YELLOWSTONE SENIOR SOCIAL CENTER INC. - PO BOX 1592 - WEST YELLOWSTONE, MT 59758-1592	41-2129790	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YELLOWSTONE WESTERN HERITAGE CENTER FOUNDATION - 2822 MONTANA AVE - BILLINGS, MT 59101-2305	23-7155997	501(C)(3)	7,337.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
YELLOWSTONE WILDLIFE SANCTUARY PO BOX 675 RED LODGE, MT 59068-0675	81-0422009	501(C)(3)	7,660.	0.			ANNUAL DISTRIBUTION
YOUNG LIFE - GREAT FALLS 1617 6TH AVE N GREAT FALLS, MT 59401	84-0385934	501(C)(3)	12,050.	0.			BOLD MOVE-PHOENIX AZ
YOUNG MENS CHRISTIAN ASSOCIATION OF HELENA INC - 1200 N LAST CHANCE GULCH - HELENA, MT 59601-2906	81-0231815	501(C)(3)	16,034.	0.			SPORTS REGISTRATION FOR CHILDREN IN NEED; ANNUAL DISTRIBUTION
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BILLINGS MT - 909 WYOMING AVENUE - BILLINGS, MT 59101	81-0235415	501(C)(3)	16,423.	0.			SOFT INTAKE ROOM; GENERAL SUPPORT; ANNUAL DISTRIBUTION
YOUTH HOMES PO BOX 7616 MISSOULA, MT 59807	81-0331313	501(C)(3)	13,062.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION

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YWCA MISSOULA 1800 S 3RD ST W MISSOULA, MT 59801	81-0245851	501(C)(3)	6,001.	0.			GENERAL SUPPORT; ANNUAL DISTRIBUTION
YWCA OF GREAT FALLS 220 2ND ST N GREAT FALLS, MT 59401	81-0236853	501(C)(3)	5,250.	0.			GENERAL SUPPORT
YWCA OF HELENA 501 N PARK AVE HELENA, MT 59601-2703	81-0235416	501(C)(3)	33,596.	0.			RESIDENT PROGRAM EQUIPMENT & SUPPLIES; GENERAL SUPPORT
ZOOTOWN ARTS COMMUNITY CENTER 216 W MAIN ST MISSOULA, MT 59802	80-0253229	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR POST-SECONDARY EDUCATION	345	937,574.	0.		
GRANTS FOR PROJECTS THAT EXPLORE MT'S LAND PEOPLE	5	15,400.	0.		
GRANTS FOR MMIW ASSISTANCE	25	25,200.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MCF FOLLOWS A DUE DILIGENCE FOR GRANTMAKING POLICY FOR EACH GRANT REQUEST. THIS PROCESS REQUIRES THAT GRANT REQUESTS MUST COMPLY WITH THE PURPOSE OF THE ENDOWMENT OR NON-PERMANENT FUND PAYING THE GRANT, 501(C)(3) STATUS IS VERIFIED, AND COMPLIANCE WITH CONFLICT OF INTEREST POLICIES IS REVIEWED. MCF ALSO ENSURES WE DO NOT FUND HATE GROUPS, PER MCF'S ANTI-HATE GRANTMAKING POLICY. THE MAJORITY OF GRANTS AWARDED BY MCF SUPPORT THE GENERAL OPERATING AND PROGRAM PURPOSES OF THE 501(C)(3) ORGANIZATIONS AWARDED, AND AS SUCH, WE DO NOT REQUIRE A REPORT OF HOW THE GRANT FUNDS WERE USED. GRANT AWARD LETTERS ARE SENT WITH THE GRANT CHECKS, AND THE AWARD LETTERS INSTRUCT THE RECIPIENT ORGANIZATION THAT THE FUNDS CAN BE USED ONLY FOR THE PURPOSE THE GRANT WAS AWARDED FROM MCF.

PART III:

SCHOLARSHIP ADVISORY COMMITTEES, UNDER THE OVERSIGHT OF MCF, SELECT SCHOLARSHIP RECIPIENTS EACH YEAR BASED ON THE APPLICATIONS RECEIVED. SCHOLARSHIP FUNDS ARE TRANSFERRED DIRECTLY FROM THE FOUNDATION TO THE SCHOOL AND APPLIED AGAINST THE AWARDED STUDENT'S TUITION ACCOUNT.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
---	---

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY RUTHERFORD CEO/PRESIDENT	(i)	222,166.	0.	0.	10,928.	15,912.	249,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **MONTANA COMMUNITY FOUNDATION, INC.**
Employer identification number: **81-0450150**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	110	9,107,369.	DAILY AVERAGE OF PRICES
10 Securities - Closely held stock	X	3	187,972.	FMV ON DATE OF SALE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINAL DRAFT OF THE FEDERAL FORM 990 IS REVIEWED BY MANAGEMENT BEFORE
BEING PRESENTED TO THE AUDIT COMMITTEE. ALL BOARD MEMBERS ARE WELCOME TO
ATTEND. THE DRAFT IS THEN APPROVED THROUGH AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE ANNUAL MEETING, THE BOARD RECEIVES TRAINING ON GOVERNANCE MATTERS,
INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST. THE GRANTS COMMITTEE IS
REMINDING TO DISCLOSE POTENTIAL CONFLICTS PRIOR TO DISCUSSING AND APPROVING
DISCRETIONARY GRANTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO/PRESIDENT IS THE RESPONSIBILITY OF THE
EXECUTIVE COMMITTEE OF THE INDEPENDENT BOARD OF DIRECTORS. THE ANNUAL
PERFORMANCE APPRAISAL CONSIDERS THE CEO'S PERFORMANCE COMPARED TO THE
EXPECTATIONS OUTLINED IN THE JOB DESCRIPTION, AND THE GOALS SET FORTH IN
THE STRATEGIC PLAN. COMPARABLE COMPENSATION DATA IS USED AND APPROVED BY
THE EXECUTIVE COMMITTEE. COMPENSATION DECISIONS FOR KEY OFFICERS ARE THE
RESPONSIBILITY OF THE CEO/PRESIDENT. COMPARATIVE SALARY DATA PAID BY
SIMILAR ORGANIZATIONS IS CONSIDERED AS PART OF THE COMPENSATION DECISION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, FL, HI, IL, KS, KY, ME, MD, MA, MI, MN, MT, NH, NJ, NM, NY, NC, ND, OK, OR, PA
RI, SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S
WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ENDOWMENT AGENCY FUND ACTIVITY	-2,680,808.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND	94,391.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-539,787.
PASSTHROUGH LOSS FROM K-1S	100,976.
ELIMINATION ENTRY	854,714.
TOTAL TO FORM 990, PART XI, LINE 9	-2,170,514.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization <p align="center">MONTANA COMMUNITY FOUNDATION, INC.</p>	Employer identification number <p align="center">81-0450150</p>
--	--

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MCF REAL PROPERTY LLC - 47-3656226 P.O. BOX 1145 HELENA, MT 59624	ACCEPT AND LIQUIDATE GIFTED PROPERTY ON BEHALF OF MCF, INC.	MONTANA	0.	0.	MONTANA COMMUNITY FOUNDATION, INC.
33 S. LAST CHANCE GULCH, LLC - 35-2572088 P.O. BOX 1145 HELENA, MT 59624	LLC TO OWN PROPERTY	MONTANA	1,077,180.	2,090,084.	MONTANA COMMUNITY FOUNDATION, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. MONTANA COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 81-0450150
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1145	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59624	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KACIE TOLLEFSON**
33 S LAST CHANCE GULCH, SUITE 2A - HELENA, MT 59601

Telephone No. **406-443-8313** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20**25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form sections A through F: A. Check box if address changed; B. Exempt under section 501(c)(3); C. Book value of all assets at end of year; D. Employer identification number; E. Group exemption number; F. Check box if an amended return.

G. Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H. Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I. Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J. Enter the number of attached Schedules A (Form 990-T): 1

K. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes, No.

L. The books are in care of KACIE TOLLEFSON Telephone number 406-443-8313

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (description, amount).

Part II Tax Computation table with 7 rows and 2 columns (description, amount).

Part III Tax and Payments table with 4 main rows and sub-rows (1a-1e, 2, 3a-3e, 4) and 2 columns (description, amount).

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>27,887.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
523000		\$ 278,362.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.				
	Signature of officer	Date	Title	EXEC VP FINANCE & ADMIN	
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	EMINA O. CRESSWELL	EMINA O. CRESSWELL	03/10/26		P01217304
	Firm's name	Firm's address		Firm's EIN	Phone no.
BAKER TILLY ADVISORY GROUP, LP	601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201		39-0859910	509-747-2600	

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	73,256.	62,722.	10,534.	10,534.
06/30/18	17,353.	0.	17,353.	17,353.
NOL CARRYOVER AVAILABLE THIS YEAR			27,887.	27,887.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business PASSIVE INCOME ACTIVITIES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, etc.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A 33 LAST CHANCE GULCH, HELENA, MT 98225

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	204,550.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <i>STMT 8</i>	82,892.			
b Other deductions (attach statement) <i>STMT 9</i>	445,588.			
c Total deductions (add lines 3a and 3b, columns A through D)	528,480.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <i>STMT 6</i>	1,341,409.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <i>STMT 7</i>	1,763,902.			
6 Divide line 4 by line 5	76.048%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	155,556.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				155,556.
9 Allocable deductions. Multiply line 3c by line 6	401,898.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				401,898.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
CORE INDUSTRIAL PARTNERS FUND I, LP - ORDINARY BUSINESS INCOME (LOSS)		-49,910.
KLINE HILL PARTNERS FUND LP - ORDINARY BUSINESS INCOME (LOSS)		1,168.
TRUEBRIDGE CAPITAL PARTNERS FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)		245.
DOVER STREET X LP - ORDINARY BUSINESS INCOME (LOSS)		-11,087.
MC PRIVATE EQUITY PARTNERS I-A FEEDER, LP - ORDINARY BUSINESS INCOME (LOSS)		-172.
C-BRIDGE HEALTHCARE FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)		-2,454.
CORE INDUSTRIAL PARTNERS FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		-34,578.
ENR PARTNERS II LP - ORDINARY BUSINESS INCOME (LOSS)		-17,061.
LEVEL EQUITY OPPORTUNITIES FUND 2021, LP - ORDINARY BUSINESS INCOME (LOSS)		-8.
MANULIFE PRIVATE EQUITY PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)		610.
PRESERVER, LP - ORDINARY BUSINESS INCOME (LOSS)		7,200.
SIRIS PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)		2.
TRUEBRIDGE CAPITAL PARTNERS FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)		1,324.
TRUEBRIDGE CAPITAL PARTNERS FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)		2,178.
LEVEL EQUITY GROWTH PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)		-6.
SENTINEL CAPITAL PARTNERS VII LP - ORDINARY BUSINESS INCOME (LOSS)		-2,965.
SENTINEL JUNIOR CAPITAL II LP - ORDINARY BUSINESS INCOME (LOSS)		1,402.
PEAK ROCK CAPITAL CREDIT FUND II LP - ORDINARY BUSINESS INCOME (LOSS)		-2,453.
SENTINEL CONTINUATION FUND I, LP - ORDINARY BUSINESS INCOME (LOSS)		-427.
TENEX CAPITAL PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)		-43,491.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-150,483.

FORM 990-T (A)	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
RENTAL MANAGEMENT FEES		23,206.
TOTAL TO SCHEDULE A, PART I, LINE 12		23,206.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

PROFESSIONAL FEES

44,675.

TOTAL TO SCHEDULE A, PART II, LINE 14

44,675.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20	88,396.	0.	88,396.	88,396.
06/30/21	24,065.	0.	24,065.	24,065.
06/30/22	127,009.	0.	127,009.	127,009.
06/30/23	38,892.	0.	38,892.	38,892.
NOL CARRYOVER AVAILABLE THIS YEAR			278,362.	278,362.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 6
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	1	
BEGINNING FIRST MONTH		1,366,589.
BEGINNING SECOND MONTH		1,361,980.
BEGINNING THIRD MONTH		1,357,803.
BEGINNING FOURTH MONTH		1,353,016.
BEGINNING FIFTH MONTH		1,348,362.
BEGINNING SIXTH MONTH		1,343,988.
BEGINNING SEVENTH MONTH		1,339,157.
BEGINNING EIGHTH MONTH		1,334,605.
BEGINNING NINTH MONTH		1,330,036.
BEGINNING TENTH MONTH		1,325,015.
BEGINNING ELEVENTH MONTH		1,320,414.
BEGINNING TWELFTH MONTH		1,315,943.
TOTAL OF ALL MONTHS		16,096,908.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		1,341,409.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 7
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	1	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		1,784,543.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		1,743,261.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,763,902.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		82,892.	
- SUBTOTAL -	1		82,892.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			82,892.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
OTHER PROFESSIONAL FEES		58,349.		
OFFICE EXPENSES		4,605.		
INSURANCE		11,191.		
INTEREST		45,526.		
OCCUPANCY		325,917.		
- SUBTOTAL -	1	445,588.	1.00	445,588.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				445,588.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				290.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	290.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				48,146.
11 Enter gain from Form 4797, line 7 or 9			11	1,071.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	49,217.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	290.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	49,217.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	49,507.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 10							

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3
4
5
6
7 1,071.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9 1,071.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11 ()
12
13
14
15
16
17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 10

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
KLINE HILL PARTNERS FUND LP						65.
DOVER STREET X LP						41.
ENR PARTNERS II LP						184.
MANULIFE PRIVATE EQUITY PARTNERS, LP						526.
PRESERVER, LP						253.
SENTINEL CAPITAL PARTNERS VII LP						-3.
SENTINEL CONTINUATION FUND I, LP						5.
TOTAL TO 4797, PART I, LINE 2						1,071.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
---	--

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				580.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	580.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				96,292.
11 Enter gain from Form 4797, line 7 or 9			11	2,142.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	98,434.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	580.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	98,434.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	99,014.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 11						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 2,142.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 2,142.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
KLINE HILL PARTNERS FUND LP						65.
KLINE HILL PARTNERS FUND LP						65.
DOVER STREET X LP						41.
DOVER STREET X LP						41.
ENR PARTNERS II LP						184.
ENR PARTNERS II LP						184.
MANULIFE PRIVATE EQUITY PARTNERS, LP						526.
MANULIFE PRIVATE EQUITY PARTNERS, LP						526.
PRESERVER, LP						253.
PRESERVER, LP						253.
SENTINEL CAPITAL PARTNERS VII LP						-3.
SENTINEL CAPITAL PARTNERS VII LP						-3.
SENTINEL CONTINUATION FUND I, LP						5.
SENTINEL CONTINUATION FUND I, LP						5.
TOTAL TO 4797, PART I, LINE 2						2,142.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. MONTANA COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 81-0450150
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1145	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59624	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KACIE TOLLEFSON**
33 S LAST CHANCE GULCH, SUITE 2A - HELENA, MT 59601

Telephone No. **406-443-8313** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20**25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.