

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MONTANA COMMUNITY FOUNDATION, INC. Doing business as N/A Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1145 City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59624 <b>F</b> Name and address of principal officer: MARY RUTHERFORD 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT	<b>D</b> Employer identification number 81-0450150 <b>E</b> Telephone number 406-443-8313 <b>G</b> Gross receipts \$ 89,264,878. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.MTCF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1988
		<b>M</b> State of legal domicile: MT

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: TO CREATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	22
	6	Total number of volunteers (estimate if necessary)	6	260
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	9,593,868.	12,279,085.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,044,208.	2,627,453.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,343,066.	2,811,549.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,043.	76,751.
	12		15,011,185.	17,794,838.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,926,027.	9,040,167.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,984,814.	2,239,493.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,043,463.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,421,907.	3,525,926.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,332,748.	14,805,586.
	19	Revenue less expenses. Subtract line 18 from line 12	2,678,437.	2,989,252.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	165,936,044.	188,507,909.
	22	Net assets or fund balances. Subtract line 21 from line 20	21,635,580.	24,786,368.
			144,300,464.	163,721,541.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	KACIE TOLLEFSON, VP FINANCE AND ADMINISTRATION Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EMINA O. CRESSWELL, CPA	EMINA O. CRESSWELL, CPA	03/10/25		P01217304
	Firm's name	Firm's EIN			
	MOSS ADAMS LLP	91-0189318			
	Firm's address	Phone no.			
	601 W. RIVERSIDE AVENUE STE 1800	509-747-2600			
	SPOKANE, WA 99201				

May the IRS discuss this return with the preparer shown above? See instructions ☒ 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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 9,853,485. including grants of \$ 9,040,167. ) (Revenue \$ 2,646,171. )

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 9,853,485.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

Note: All Form 990 filers are required to complete Schedule O

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 61	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 22		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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 ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	17			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	X
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	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. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**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  
 KACIE TOLLEFSON - 406-443-8313  
 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601

**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				213,532.	0.	27,235.
(2) JESSICA STEWART-KUNTZ VICE PRESIDENT	40.00			X				124,626.	0.	17,440.
(3) KACIE TOLLEFSON VICE PRESIDENT	40.00			X				122,864.	0.	17,507.
(4) CAMI SKINNER BOARD CHAIR	2.00	X		X				0.	0.	0.
(5) TOM MCGREE VICE CHAIR	2.00	X		X				0.	0.	0.
(6) DAN MCLEAN TREASURER	2.00	X		X				0.	0.	0.
(7) KAREN LATKA SECRETARY	2.00	X		X				0.	0.	0.
(8) KELLY BRUGGEMAN PAST CHAIR (THRU 12/23)	2.00	X						0.	0.	0.
(9) ANGIE MAIN DIRECTOR	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) TAWNIA RUPE MRAZ DIRECTOR (THRU 12/23)	2.00	X						0.	0.	0.
(14) LEONARD SMITH DIRECTOR	2.00	X						0.	0.	0.
(15) SHANE DOYLE DIRECTOR	2.00	X						0.	0.	0.
(16) KENNY SMOKER JR. DIRECTOR	2.00	X						0.	0.	0.
(17) SHEILA RICE DIRECTOR	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) DALE WOOLHISER DIRECTOR	2.00	X						0.	0.	0.
(19) COURTNEY SCOTT DIRECTOR	2.00	X						0.	0.	0.
(20) SARA BECKER DIRECTOR	2.00	X						0.	0.	0.
(21) KELLY CRESSWELL DIRECTOR	2.00	X						0.	0.	0.
(22) ALANNA WEIBERT DIRECTOR	2.00	X						0.	0.	0.
(23) MACK CLAPP DIRECTOR (THRU 07/23)	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								461,022.	0.	62,182.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								461,022.	0.	62,182.

**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

3

- 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* .....
- 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* .....
- 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* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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	428,727.
FLYING HORSE COMMUNICATIONS, INC, 2121 DISCOVERY DR. SUITE D, BOZEMAN, MT 59718	MARKETING CONSULTING	116,000.

**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

2

Form **990** (2023)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,279,085.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,344,807.				
	<b>h Total.</b> Add lines 1a-1f .....			12,279,085.			
<b>Program Service Revenue</b>	<b>2 a</b> COMMUNITY IMPACT FEES	<b>Business Code</b>	525990	2,627,453.	2,627,453.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			2,627,453.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,941,475.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real 257,318.				
<b>b</b> Less: rental expenses ...		<b>6b</b>	179,077.				
<b>c</b> Rental income or (loss) .....		<b>6c</b>	78,241.				
<b>d</b> Net rental income or (loss) .....				78,241.		59,873.	18,368.
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities 72,161,037.				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	71,290,963.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	870,074.				
<b>d</b> Net gain or (loss) .....				870,074.			870,074.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	18,718.	18,718.		
	<b>b</b> PASSTHROUGH INCOME		900099	-20,208.		-20,208.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			-1,490.			
	<b>12 Total revenue.</b> See instructions .....			17,794,838.	2,646,171.	39,665.	2,829,917.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,165,887.	8,165,887.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	874,280.	874,280.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	535,632.	295,144.	141,911.	98,577.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,305,880.	110,298.	583,379.	612,203.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	67,049.	5,672.	32,605.	28,772.
<b>9</b> Other employee benefits .....	199,667.	34,818.	81,860.	82,989.
<b>10</b> Payroll taxes .....	131,265.	27,380.	53,138.	50,747.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	2,044,800.		2,044,800.	
<b>b</b> Legal .....				
<b>c</b> Accounting .....	117,746.		117,746.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	415,737.		415,737.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	118,801.	18,946.	96,355.	3,500.
<b>12</b> Advertising and promotion .....	72,537.	17,777.	32,431.	22,329.
<b>13</b> Office expenses .....	25,125.	4,655.	17,576.	2,894.
<b>14</b> Information technology .....	145,080.	38,643.	64,943.	41,494.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	112,796.	21,415.	64,544.	26,837.
<b>17</b> Travel .....	106,025.	13,421.	32,693.	59,911.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	65,107.	24,484.	38,544.	2,079.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	10,446.	26.	10,420.	
<b>24</b> 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.)				
<b>a</b> LCF PROGRAM	180,508.	180,508.		
<b>b</b> DUES AND OTHER FEES	54,663.	10,552.	42,466.	1,645.
<b>c</b> PRINTING AND PUBLICATION	36,662.	7,330.	21,119.	8,213.
<b>d</b> MISCELLANEOUS	13,600.	2,249.	10,078.	1,273.
<b>e</b> All other expenses	6,293.		6,293.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,805,586.	9,853,485.	3,908,638.	1,043,463.
<b>26</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,695,922.	<b>2</b>	4,340,496.
	<b>3</b> Pledges and grants receivable, net .....	400,000.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net .....	3,444.	<b>4</b>	3,383.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	53,608.	<b>9</b>	55,822.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,367,623.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 583,080.		
		1,863,272.	<b>10c</b>	1,784,543.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	161,326,176.	<b>12</b>	181,729,362.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	593,622.	<b>15</b>	594,303.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	165,936,044.	<b>16</b>	188,507,909.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	158,635.	<b>17</b>	177,199.
	<b>18</b> Grants payable .....	1,838,428.	<b>18</b>	3,595,890.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,420,143.	<b>23</b>	1,366,589.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	18,218,374.	<b>25</b>	19,646,690.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	21,635,580.	<b>26</b>	24,786,368.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,194,623.	<b>27</b>	1,277,947.
	<b>28</b> Net assets with donor restrictions .....	143,105,841.	<b>28</b>	162,443,594.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	144,300,464.	<b>32</b>	163,721,541.	
<b>33</b> Total liabilities and net assets/fund balances .....	165,936,044.	<b>33</b>	188,507,909.	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,794,838.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,805,586.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,989,252.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	144,300,464.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	18,558,591.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-2,126,766.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	163,721,541.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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? _____		X
<b>b</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 _____		

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,330,235.	13,038,983.	14,831,337.	9,593,868.	12,279,085.	59,073,508.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9,330,235.	13,038,983.	14,831,337.	9,593,868.	12,279,085.	59,073,508.
<b>5</b> 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) .....						4,451,110.
<b>6 Public support.</b> Subtract line 5 from line 4.						54,622,398.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	9,330,235.	13,038,983.	14,831,337.	9,593,868.	12,279,085.	59,073,508.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,630,099.	1,830,603.	1,831,552.	1,892,344.	2,001,883.	9,186,481.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	59,390.	52,694.	67,216.	42,281.	18,718.	240,299.
<b>11 Total support.</b> Add lines 7 through 10						68,500,288.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,468,765.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	79.74 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	75.00 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2023

**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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2023

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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

2019 AMOUNT: \$ 59,390.

2020 AMOUNT: \$ 52,694.

2021 AMOUNT: \$ 67,216.

2022 AMOUNT: \$ 42,281.

2023 AMOUNT: \$ 18,718.

## SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: FUNDING FOR COMMUNITY TRANSITION PLANNING EFFORTS.

DATE: 12/31/19 AMOUNT: 10032788.

**Schedule B**  
(Form 990)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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 foundationCheck 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).

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

Schedule B (Form 990) (2023)

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

**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		\$ 1,560,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 710,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 550,398.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 546,947.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 542,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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		\$ 330,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 262,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**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
4	PUBLICLY TRADED STOCK	\$ 550,398.	12/31/23
5	PUBLICLY TRADED STOCK	\$ 546,947.	12/31/23
7	PUBLICLY TRADED STOCK	\$ 278,718.	12/31/23
		\$	
		\$	
		\$	

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

**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)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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 <b>MONTANA COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>81-0450150</b>
-------------------------------------------------------------------	-----------------------------------------------------

**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 employer identification number (EIN) 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) 2023

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		0.													
<b>d</b> Other exempt purpose expenditures		14,805,586.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		14,805,586.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		890,279.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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:	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:	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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		222,570.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	681,544.	741,960.	766,887.	890,279.	3,080,670.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,621,005.
<b>c</b> Total lobbying expenditures	5,000.		30,000.	0.	35,000.
<b>d</b> Grassroots nontaxable amount	170,386.	185,490.	191,722.	222,570.	770,168.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,155,252.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

2023.05060 MONTANA COMMUNITY FOUNDAT 618625 1

**SCHEDULE D**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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 .....	177	75
2 Aggregate value of contributions to (during year) .....	3,199,249.	1,586,012.
3 Aggregate value of grants from (during year) .....	2,584,898.	1,169,961.
4 Aggregate value at end of year .....	46,880,999.	25,178,392.
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 .....

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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	138,127,643.	127,541,234.	128,362,212.	92,492,406.	88,126,179.
b Contributions	6,908,080.	5,056,837.	20,155,817.	10,313,157.	6,580,545.
c Net investment earnings, gains, and losses	18,858,789.	12,753,898.	-14,700,113.	30,925,436.	2,277,347.
d Grants or scholarships	7,425,513.	7,015,601.	6,038,245.	5,169,571.	2,876,875.
e Other expenditures for facilities and programs					
f Administrative expenses	206,101.	208,725.	238,437.	199,216.	1,614,790.
g End of year balance	156,262,898.	138,127,643.	127,541,234.	128,362,212.	92,492,406.

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.	583,080.	1,784,543.
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,784,543.

Schedule D (Form 990) 2023

**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	181,729,362.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	181,729,362.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	94,796.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	14,565,793.
(4) CHARITABLE AND DEFERRED GIFT ANNUITIES	4,986,101.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,646,690.

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 ... ☒

Schedule D (Form 990) 2023



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	31,375,034.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	18,558,591.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	199,285.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	18,757,876.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	12,617,158.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	374,780.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,802,900.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,177,680.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	17,794,838.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,953,958.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	179,077.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	179,077.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,774,881.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	374,780.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,655,925.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,030,705.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,805,586.

**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

**Part XIII** Supplemental Information (continued)

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, 2024 AND

2023, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 179,077.

PASSTHROUGH INCOME 20,208.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 199,285.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT FUND ACTIVITY 2,188,874.

COMMUNITY IMPACT FEE 1,879,655.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 705,970.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME

FUND 28,401.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 4,802,900.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 179,077.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES 2,044,800.

AGENCY ENDOWMENT FUND ACTIVITY 611,125.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,655,925.

**SCHEDULE F  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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		16,320,982.
EUROPE	0	0	INVESTMENTS		3,650,000.
<b>3 a</b> Subtotal .....	0	0			19,970,982.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			19,970,982.

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

Schedule F (Form 990) 2023

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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

Schedule F (Form 990) 2023

**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.

**SCHEDULE I**  
**(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABSARKEE COMMUNITY FOUNDATION PO BOX 72 ABSARKEE, MT 59001	73-1658638	501(C)(3)	21,394.	0.			ANNUAL DISTRIBUTION
ACLU OF MONTANA FOUNDATION INC P. O. BOX 1317 HELENA, MT 59624	81-0445339	501(C)(3)	6,215.	0.			ANNUAL DISTRIBUTION
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 59103-1556	81-0406157	501(C)(3)	45,196.	0.			ANNUAL DISTRIBUTION
ALLIANCE FOR THE WILD ROCKIES PO BOX 505 HELENA, MT 59624	81-0455740	501(C)(3)	9,337.	0.			ANNUAL DISTRIBUTION
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC - 225 N MICHIGAN AVE - CHICAGO, IL 60601	13-3039601	501(C)(3)	13,687.	0.			ANNUAL DISTRIBUTION
AMERICAN CANCER SOCIETY - MONTANA 3000 15H AVE S GREAT FALLS, MT 59405	13-1788491	501(C)(3)	5,395.	0.			ANNUAL DISTRIBUTION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 274.

**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) 2023



**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
AMERICAN INDIAN INSTITUTE 502 W MENDENHALL ST BOZEMAN, MT 59715-3451	81-0339551	501(C)(3)	54,834.	0.			ANNUAL DISTRIBUTION
AMERICAN PRAIRIE FOUNDATION PO BOX 908 BOZEMAN, MT 59771-0908	81-0541893	501(C)(3)	40,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	6,000.	0.			EMERGENCY SUPPORT SERVICES
ANACONDA PCA FAMILY RESOURCE CENTER - PO BOX 1179 - ANACONDA, MT 59711	81-0453993	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ANIMEALS 1700 RANKIN ST MISSOULA, MT 59808-1630	20-4694132	501(C)(3)	5,500.	0.			GENERAL SUPPORT
APOSTLES LUTHERAN CHURCH 3140 BROADWATER AVE BILLINGS, MT 59102-4404	81-6035157	501(C)(3)	51,671.	0.			BUILDING LOAN
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVE HELENA, MT 59602-9240	81-0284022	501(C)(3)	8,437.	0.			ANNUAL DISTRIBUTION
ARLEE COMMUNITY DEVELOPMENT CORPORATION - PO BOX 452 - ARLEE, MT 59821-0452	77-0591042	501(C)(3)	45,000.	0.			GENERAL SUPPORT
ASPEN-ABUSE SUPPORT & PREVENTION EDUCATION NTWK - PO BOX 653 - LIVINGSTON, MT 59047	81-0534941	501(C)(3)	25,000.	0.			FUNDING FOR DIRECT SERVICE WORK

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
BAKER CHAMBER OF COMMERCE AND AGRICULTURE - PO BOX 849 - BAKER, MT 59313	27-1559645	501(C)(3)	31,980.	0.			FUNDING FOR EQUIPMENT
BEACON COMMUNITY FOUNDATION INC PO BOX 726 SCOBEE, MT 59263-0726	81-0498333	501(C)(3)	12,402.	0.			ANNUAL DISTRIBUTION
BEARTOOTH BILLINGS CLINIC FOUNDATION - PO BOX 590 - RED LODGE, MT 59068-0590	81-0484562	501(C)(3)	5,069.	0.			ANNUAL DISTRIBUTION
BENEFIS HEALTH SYSTEM FOUNDATION INC - PO BOX 7008 - GREAT FALLS, MT 59406-7008	81-0480587	501(C)(3)	15,576.	0.			GIFT OF LIFE HOUSING REMODEL
BIG BROTHERS BIG SISTERS OF CENTRAL MONTANA - 18 6TH STREET NORTH, STE 26 - GREAT FALLS, MT 59401	23-7138696	501(C)(3)	5,046.	0.			ANNUAL DISTRIBUTION
BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION - PO BOX 1230 - BIGFORK, MT 59911-1230	81-0424706	501(C)(3)	35,574.	0.			ANNUAL DISTRIBUTION
BIGHORN BASIN PALEONTOLOGICAL INSTITUTE - 3959 WELSH RD, SUITE 208 - WILLOW GROVE, PA 19090	81-3350752	501(C)(3)	13,837.	0.			ANNUAL DISTRIBUTION
BIGHORN VALLEY HEALTH CENTER INC 10 WEST 4TH ST B HARDIN, MT 59034	27-3113428	501(C)(3)	25,000.	0.			RENOVATE MILLIGAN BUILDING
BILLINGS CATHOLIC SCHOOLS PO BOX 31158 BILLINGS, MT 59107	81-0342894	501(C)(3)	5,500.	0.			WRESTLING MAT FOR HOME DUALS

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
BILLINGS COMMUNITY FOUNDATION 404 N 30TH ST BILLINGS, MT 59101	20-4286919	501(C)(3)	26,491.	0.			ANNUAL DISTRIBUTION
BILLINGS DIST COUNCIL-SOCIETY OF ST. VINCENT DE PAUL - 3005 1ST AVENUE S - BILLINGS, MT 59101	91-0879988	501(C)(3)	50,000.	0.			RENT, UTILITIES, RECOVERY HOUSING FEES
BILLINGS FOOD BANK INC. PO BOX 1158 BILLINGS, MT 59103-1158	36-3519470	501(C)(3)	6,613.	0.			ANNUAL DISTRIBUTION
BILLINGS GOLDEN K KIWANIS FOUNDATION - PO BOX 20203 - BILLINGS, MT 59104-0203	84-1405699	501(C)(3)	5,294.	0.			ANNUAL DISTRIBUTION
BILLINGS STUDIO THEATRE INC 1500 RIMROCK RD BILLINGS, MT 59102-0742	81-0293924	501(C)(3)	8,676.	0.			ANNUAL DISTRIBUTION
BILLINGS SYMPHONY SOCIETY 2820 2ND AVE N BILLINGS, MT 59101-2037	23-7083873	501(C)(3)	6,241.	0.			ANNUAL DISTRIBUTION
BITTERROOT EARLY LEARNING NETWORK 201 S 8TH ST HAMILTON, MT 59840	36-3630200	501(C)(3)	55,000.	0.			INCREASE ACCESS AND ENHANCE QUALITY OF CHILDCARE
BLACKFEET RESERVATION DEVELOPMENT FUND INC - P.O. BOX 730 - BROWNING, MT 59417	36-3784925	501(C)(3)	27,055.	0.			ANNUAL DISTRIBUTION
BLACKFEET TRIBE PO BOX 850 BROWNING, MT 59417-0850	81-0212955	501(C)(3)	7,483.	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
BOY SCOUTS OF AMERICA MONTANA COUNCIL - 2409 ARNOLD LN - BILLINGS, MT 59102	81-0343177	501(C)(3)	7,786.	0.			ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OF FLATHEAD RESERVATION & LAKE CO. - PO BOX 334 - RONAN, MT 59864-0334	81-0515029	501(C)(3)	10,447.	0.			ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OF YELLOWSTONE COUNTY - 505 ORCHARD LN - BILLINGS, MT 59101-5027	81-0308003	501(C)(3)	20,000.	0.			SCHOLARSHIPS & STEM CENTER
BOYS AND GIRLS CLUB NORTHERN CHEYENNE NATION - PO BOX 309 - LAME DEER, MT 59043-0309	36-3945776	501(C)(3)	130,347.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CASCADE COUNTY - 600 1ST AVE SW - GREAT FALLS, MT 59404	81-0475269	501(C)(3)	33,225.	0.			ANNUAL DISTRIBUTION
BOYS AND GIRLS CLUB OF RED LODGE & THE BEARTOOTH FRONT INC. - PO BOX 11 - RED LODGE, MT 59068-0011	81-0493132	501(C)(3)	5,015.	0.			ANNUAL DISTRIBUTION
BOZEMAN PUBLIC LIBRARY FOUNDATION INC. - 104 EAST MAIN, STE 307 - BOZEMAN, MT 59715	81-0405940	501(C)(3)	17,184.	0.			ANNUAL DISTRIBUTION
BOZEMAN PUBLIC SCHOOLS FOUNDATION PO BOX 1803 BOZEMAN, MT 59771-1803	20-1645473	501(C)(3)	6,148.	0.			ANNUAL DISTRIBUTION
BOZEMAN SYMPHONY SOCIETY 1822 W LINCOLN STE 3 BOZEMAN, MT 59715	81-6019534	501(C)(3)	26,729.	0.			CHILDREN'S PROGRAMMING AND 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.)

(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
BREAD BASKET INC PO BOX 346 RONAN, MT 59864	81-0458935	501(C)(3)	25,000.	0.			PURCHASE OF FOOD
BREAD OF LIFE CHURCH 3135 LYNN AVENUE BILLINGS, MT 59102	88-4087765	501(C)(3)	50,000.	0.			GENERAL SUPPORT
BRIDGERCARE 1288 N 14TH AVE STE 201 BOZEMAN, MT 59715	81-0363189	501(C)(3)	52,496.	0.			RURAL ACCESS TO SEXUAL/REPRODUCTIVE HEALTHCARE
BROADWATER PRODUCTIONS, INC. (GRANDSTREET THEATRE) - 325 NORTH PARK AVE - HELENA, MT 59601	81-0357843	501(C)(3)	11,052.	0.			ANNUAL DISTRIBUTION
BUTTE EMERGENCY FOOD BANK 1019 E 2ND ST BUTTE, MT 59701-2984	81-0469563	501(C)(3)	6,299.	0.			ANNUAL DISTRIBUTION
BUTTE NATIVE WELLNESS CENTER 55 E GALENA ST BUTTE, MT 59701	86-2382508	501(C)(3)	50,000.	0.			YOUTH PROGRAM DEVELOPMENT
BUTTE-SILVER BOW COMMUNITY FOUNDATION - PO BOX 430 - BUTTE, MT 59703	27-3492133	501(C)(3)	7,477.	0.			ANNUAL DISTRIBUTION
CARTER COUNTY GEOLOGICAL SOCIETY PO BOX 445 EKALAKA, MT 59324-0445	81-6012684	501(C)(3)	63,468.	0.			VETERANS PARK
CATHOLIC MEDICAL MISSION BOARD INC 33-01 11TH STREET LONG ISLAND CITY, NY 11106	13-5602319	501(C)(3)	6,000.	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.)

(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
CATHOLIC RELIEF SERVICES, INC. 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	6,000.	0.			SUPPORT FOR UKRAINE AND REFUGEES
CENTER FOR MENTAL HEALTH PO BOX 1653 GREAT FALLS, MT 59403	81-0347441	501(C)(3)	5,566.	0.			ANNUAL DISTRIBUTION
CENTRAL MONTANA COMMUNITY CUPBOARD INC - PO BOX 194 - LEWISTOWN, MT 59457	36-3342406	501(C)(3)	10,000.	0.			FOOD SECURITY PROJECT
CHIEF CLIFF FIRE SERVICE AREA PO BOX 18 DAYTON, MT 59914	01-0762420	501(C)(3)	35,000.	0.			PURCHASE TYPE 6 FIRE TRUCK
CITY OF FORSYTH PO BOX 226 FORSYTH, MT 59327-0226	81-6001263	501(C)(3)	11,581.	0.			SWIMMING POOL, DIVING BOARD, AND COLD PLUNGE TUB
CODE GIRLS UNITED P.O. BOX 8272 KALISPELL, MT 59904	83-1174058	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COLSTRIP SPORTSMENS CLUB PO BOX 893 COLSTRIP, MT 59323-0893	92-1733666	501(C)(3)	8,000.	0.			GENERAL SUPPORT
COLUMBUS COMMUNITY FOUNDATION PO BOX 462 COLUMBUS, MT 59019-0462	47-4302357	501(C)(3)	9,440.	0.			ANNUAL DISTRIBUTION
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - PO BOX 486 - BIGFORK, MT 59911	23-7067099	501(C)(3)	20,888.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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COMMUNITY LEADERSHIP & DEVELOPMENT INC - PO BOX 3381 - BILLINGS, MT 59103-3381	81-0397424	501(C)(3)	10,331.	0.			ANNUAL DISTRIBUTION
CONVENT KEEPERS 1411 LEIGHTON BLVD MILES CITY, MT 59301	27-0861744	501(C)(3)	28,000.	0.			PAINT WINDOWS, INSTALL STORM WINDOWS, UPGRADE ELECTRICAL
COUTTS-SWEET GRASS LIONS CLUB PO BOX 722 SUNBURST, MT 59482	81-0490583	501(C)(3)	8,000.	0.			COMMUNITY PARKS PROJECT
CUSTER COUNTY FOOD BANK, INC. 15 NORTH 8TH STREET MILES CITY, MT 59301	81-0541769	501(C)(3)	42,220.	0.			GENERAL SUPPORT
CUSTER COUNTY RURAL VOLUNTEER FIRE COMPANY - 1010 MAIN ST STE 2 - MILES CITY, MT 59301	81-0540843	501(C)(3)	9,000.	0.			PURCHASE SLIDE-IN FIREFIGHTER TANK
CUSTER COUNTY SHERIFFS PROTECTIVE ASSOCIATION - 1010 MAIN ST - MILES CITY, MT 59301	92-2288319	501(C)(3)	15,000.	0.			PURCHASE PPE FOR RESERVE UNIT
DAHL MEMORIAL HEALTHCARE ASSOCIATION - PO BOX 46 - EKALAKA, MT 59324-0046	81-0264548	501(C)(3)	13,577.	0.			ANNUAL DISTRIBUTION
DEER LODGE FOOD PANTRY PO BOX 285 DEER LODGE, MT 59722-0285	41-2123009	501(C)(3)	5,339.	0.			ANNUAL DISTRIBUTION
DOMESTIC AND SEXUAL VIOLENCE SERVICES OF CARBON COUNTY - PO BOX 314 - RED LODGE, MT 59068-0314	20-2358889	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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EAGLE MOUNT OF BOZEMAN 6901 GOLDENSTEIN LN BOZEMAN, MT 59715-8005	84-1383214	501(C)(3)	23,161.	0.			HOSEMANSHIP EDUCATION CENTER ENDOWMENT
EASTERN MONTANA ECONOMIC DEVELOPMENT AUTHORITY - PO BOX 53 - BAKER, MT 59313	36-4587061	501(C)(3)	37,051.	0.			PLAYGROUND EQUIPMENT AND LITTLE LEAGUE BASEBALL PARK
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N 30TH ST - BILLINGS, MT 59101	81-0452904	501(C)(3)	30,207.	0.			GENERAL SUPPORT
EMERSON CENTER FOR ARTS AND CULTURE - 111 S GRAND AVE - BOZEMAN, MT 59715	81-0478307	501(C)(3)	5,258.	0.			ANNUAL DISTRIBUTION
FALLON COUNTY MENTAL HEALTH COUNCIL - PO BOX 244 - BAKER, MT 59313	88-0906668	501(C)(3)	50,000.	0.			CATALYST FOR CHANGE PROGRAM
FAMILY PROMISE OF GALLATIN VALLEY INC - 1603 TSCHACHE LANE - BOZEMAN, MT 59718	11-3739588	501(C)(3)	15,000.	0.			PRESCHOOL AND GENERAL SUPPORT
FAST BLACKFEET 108 2ND ST NW BROWNING, MT 59417	81-3755269	501(C)(3)	75,000.	0.			IMPROVE FOOD SECURITY
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 310 N 27TH ST - BILLINGS, MT 59101-1236	81-0231776	501(C)(3)	10,000.	0.			GREEN SPACE & PLAYGROUND
FIVE VALLEYS LAND TRUST INC. 120 HICKORY ST STE B MISSOULA, MT 59801	23-7182055	501(C)(3)	21,035.	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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FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION INC - 777 GRANDVIEW DR - KALISPELL, MT 59901-2622	81-0365752	501(C)(3)	23,213.	0.			ANNUAL DISTRIBUTION
FOREVER FORSYTH INC PO BOX 65 FORSYTH, MT 59327	99-1956653	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FORSYTH PUBLIC SCHOOLS PO BOX 319 FORSYTH, MT 59327-0319	81-6000897	501(C)(3)	41,130.	0.			PLAYGROUND FENCING AND PORTABLE BLEACHERS
FORT PECK FINE ARTS COUNCIL PO BOX 973 GLASGOW, MT 59230-0973	81-0306649	501(C)(3)	18,077.	0.			ANNUAL DISTRIBUTION
FOUNDATION FOR ANIMALS PO BOX 389 HELENA, MT 59624	55-0911292	501(C)(3)	7,853.	0.			ANNUAL DISTRIBUTION
FRANK HERVEY COOK TRUST PO BOX 1678 HELENA, MT 59624-1678	81-6032266	501(C)(3)	5,675.	0.			ANNUAL DISTRIBUTION
FRIENDS OF FMC FOUNDATION PO BOX 820 BAKER, MT 59313	43-1975486	501(C)(3)	15,512.	0.			NEW EQUIPMENT
FRIENDS OF MONTANA SHAKESPEARE IN THE PARKS - PO BOX 174120 - BOZEMAN, MT 59717	84-3393904	501(C)(3)	5,674.	0.			PROGRAMMING IN ROSEBUD COUNTY
FRIENDS OF PUBLIC RADIO INC 1500 UNIVERSITY DR BILLINGS, MT 59101-0245	81-0402593	501(C)(3)	10,208.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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FRIENDS OF THE CHILDREN - MONTANA 400 W BROADWAY SUITE 101 PMB 116 MISSOULA, MT 59801	86-3594655	501(C)(3)	60,000.	0.			MENTORING SERVICES AND MENTAL HEALTH CRISIS SUPPORT
FRIENDS OF THE PIONEER MUSEUM INC PO BOX 975 GLASGOW, MT 59230-0975	81-0479627	501(C)(3)	22,592.	0.			ANNUAL DISTRIBUTION
FRIENDSHIP HOUSE OF CHRISTIAN SERVICE INC - 3123 8TH AVE S - BILLINGS, MT 59101-3939	81-0300497	501(C)(3)	5,826.	0.			ANNUAL DISTRIBUTION
GALLATIN VALLEY LAND TRUST PO BOX 7021 BOZEMAN, MT 59771-7021	81-0464513	501(C)(3)	26,505.	0.			GENERAL SUPPORT
GLACIER SYMPHONY ORCHESTRA AND CHORALE INC - P.O. BOX 2491 - KALISPELL, MT 59903-2491	81-0413320	501(C)(3)	10,230.	0.			ANNUAL DISTRIBUTION
GLASGOW EVANGELICAL CHURCH 152 ABERDEEN ST GLASGOW, MT 59230-2104	81-0359599	501(C)(3)	9,273.	0.			ANNUAL DISTRIBUTION
GLASGOW SCOTTIES BOOSTER CLUB PO BOX 735 GLASGOW, MT 59230	20-3402373	501(C)(3)	12,919.	0.			ANNUAL DISTRIBUTION
GOD'S LOVE INC 533 N LAST CHANCE GULCH HELENA, MT 59601-3346	81-0400234	501(C)(3)	20,686.	0.			GENERAL SUPPORT
GREAT FALLS PUBLIC LIBRARY FOUNDATION - PO BOX 742 - GREAT FALLS, MT 59403-0742	23-7295568	501(C)(3)	5,370.	0.			LIBRARY REMODEL

Schedule I (Form 990)

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GREAT FALLS SYMPHONY ASSOCIATION INC - PO BOX 1078 - GREAT FALLS, MT 59403-1078	81-6014907	501(C)(3)	58,502.	0.			ANNUAL DISTRIBUTION
GREATER GALLATIN UNITED WAY INC 945 TECHNOLOGY BLVD STE 101F BOZEMAN, MT 59718-6859	81-0384820	501(C)(3)	18,533.	0.			ANNUAL DISTRIBUTION
GREATER POLSON COMMUNITY FOUNDATION INC. - PO BOX 314 - POLSON, MT 59860-0314	26-2883184	501(C)(3)	94,804.	0.			ANNUAL DISTRIBUTION
HARVEST FOOD PANTRY INC 12 N CENTRAL AVE CUT BANK, MT 59427	81-0467593	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HEALTHY MOTHERS HEALTHY BABIES - THE MONTANA COALITION - 318-20 NORTH LAST CHANCE GULCH, STE 2C - HELENA, MT 59601-5019	81-0436517	501(C)(3)	105,019.	0.			HOME VISITING COALITION, CAR SEATS, & SLEEP KITS FOR INFANTS
HELENA AREA COMMUNITY FOUNDATION PO BOX 92 HELENA, MT 59624-0092	81-0536902	501(C)(3)	55,004.	0.			ANNUAL DISTRIBUTION
HELENA AREA HABITAT FOR HUMANITY PO BOX 459 HELENA, MT 59624-0459	81-0476317	501(C)(3)	50,000.	0.			CRITICAL HOME REPAIRS
HELENA EDUCATION FOUNDATION PO BOX 792 HELENA, MT 59624-0792	81-0544494	501(C)(3)	27,879.	0.			ANNUAL DISTRIBUTION
HELENA FOOD SHARE INC PO BOX 943 HELENA, MT 59624-0943	36-3507623	501(C)(3)	46,490.	0.			TEACHING KITCHEN EQUIPMENT & GENERAL SUPPORT

Schedule I (Form 990)

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HELENA INDIAN ALLIANCE 501 EUCLID AVE HELENA, MT 59601	81-0304870	501(C)(3)	25,000.	0.			FOOD PANTRY & TRIBAL ASSISTANCE PROGRAM
HELENA SYMPHONY SOCIETY 2 N LAST CHANCE GULCH STE 100 HELENA, MT 59601-4143	81-0352076	501(C)(3)	11,942.	0.			ANNUAL DISTRIBUTION
HELENA YOUTH SOCCER ASSOCIATION INC - 2601 BROADWAY - HELENA, MT 59601	81-0472455	501(C)(3)	5,759.	0.			ANNUAL DISTRIBUTION
HEROES AND HORSES INC PO BOX 1067 MANHATTAN, MT 59741-1067	46-4639973	501(C)(3)	12,181.	0.			GENERAL SUPPORT
HINSDALE COOPERATIVE COMMUNITY SCHOLARSHIP FUND - PO BOX 127 - HINSDALE, MT 59241-0127	81-6001060	501(C)(3)	5,746.	0.			ANNUAL DISTRIBUTION
HOCKADAY MUSEUM OF ART 302 2ND AVE E KALISPELL, MT 59901-4942	81-0303038	501(C)(3)	5,561.	0.			ANNUAL DISTRIBUTION
HOLTER MUSEUM OF ART 12 E LAWRENCE ST HELENA, MT 59601-4019	81-0472958	501(C)(3)	38,197.	0.			ANNUAL DISTRIBUTION
HUMAN RESOURCE DEV COUNCIL OF DISTRICT IX INC. - 32 S TRACY AVE - BOZEMAN, MT 59715-4659	81-0350886	501(C)(3)	50,000.	0.			EMERGENCY SHELTER, TRANSITIONAL AND SUPPORTIVE HOUSING
HUMANE SOCIETY OF WESTERN MONTANA PO BOX 1059 MISSOULA, MT 59806-1059	81-0290933	501(C)(3)	11,337.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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HUMANITIES MONTANA 311 BRANTLY MISSOULA, MT 59812-0001	23-7357909	501(C)(3)	5,450.	0.			ANNUAL DISTRIBUTION
IMAGINEIF LIBRARY FOUNDATION 247 1ST AVE EAST KALISPELL, MT 59901	81-0460195	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INDIAN FAMILY HEALTH CLINIC OF GREAT FALLS INC - 1220 CENTRAL AVE STE B - GREAT FALLS, MT 59401	81-0542869	501(C)(3)	45,000.	0.			ENHANCE CULTURAL WELLNESS
INDIAN LAW RESOURCE CENTER 602 N EWING ST HELENA, MT 59601-3603	52-1121079	501(C)(3)	9,683.	0.			ANNUAL DISTRIBUTION
INTERMOUNTAIN 500 S LAMBORN ST HELENA, MT 59601-5417	81-0231775	501(C)(3)	17,083.	0.			ANNUAL DISTRIBUTION
INTERMOUNTAIN PLANNED PARENTHOOD, INC. - 1643 LEWIS AVE STE 211 - BILLINGS, MT 59102-4151	81-0307201	501(C)(3)	15,763.	0.			ADVOCACY AND OPERATIONS SUPPORT
INTERNATIONAL CHORAL FESTIVAL INC PO BOX 8203 MISSOULA, MT 59807-8203	81-0459276	501(C)(3)	12,009.	0.			ANNUAL DISTRIBUTION
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - USA - PO BOX 1320 - LOLO, MT 59847-1320	37-1145157	501(C)(3)	8,315.	0.			ANNUAL DISTRIBUTION
INTERNATIONAL SHRINE HEADQUARTERS/SHRINERS HOSPITALS - 2900 N ROCKY POINT DR - TAMPA, FL 33607	04-2121377	501(C)(3)	23,561.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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JEFFERSON VALLEY COMMUNITY FOUNDATION - PO BOX 144 - WHITEHALL, MT 59759-0144	46-3196448	501(C)(3)	14,228.	0.			ANNUAL DISTRIBUTION
KEEP MILES CITY BEAUTIFUL 909 MAIN ST MILES CITY, MT 59301	90-0622503	501(C)(3)	18,068.	0.			REHAB HISTORIC GAZEBO AND STORAGE SHED
KIWANIS FOUNDATION OF MONTANA PO BOX 10878 KALISPELL, MT 59935	81-0465739	501(C)(3)	20,000.	0.			ADA PLAYGROUND MUSIC EQUIPMENT
LAKEVIEW LADIES ASSOCIATION PO BOX 1274 BAKER, MT 59313	87-3259423	501(C)(3)	25,000.	0.			REPAIR PATIO AT GOLF COURSE
LAUREL MONTANA COMMUNITY FOUNDATION, INC. - PO BOX 1138 - LAUREL, MT 59044-1138	47-3756434	501(C)(3)	12,076.	0.			ANNUAL DISTRIBUTION
LEWIS & CLARK FOUNDATION 4201 GIANT SPRINGS RD GREAT FALLS, MT 59405	81-0471734	501(C)(3)	11,499.	0.			STUDENT INTERNSHIP PROGRAM
LEWIS & CLARK LIBRARY FOUNDATION 120 S LAST CHANCE GULCH HELENA, MT 59601-4165	81-0419768	501(C)(3)	5,668.	0.			ANNUAL DISTRIBUTION
LIBBY FOOD PANTRY PO BOX 311 LIBBY, MT 59923-0311	81-0418833	501(C)(3)	13,000.	0.			BACKPACK AND CENTRAL HIGH SCHOOL PANTRY
LIMITLESS KIDS MONTANA INC 3375 GREGORY DR W BILLINGS, MT 59102	92-3857212	501(C)(3)	8,000.	0.			SELF-CONTAINED CLASSROOM AT SENIOR HIGH

Schedule I (Form 990)

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LITTLE RANGERS LEARNING CENTER 420 YELLOWSTONE AVE WEST YELLOWSTONE, MT 59758	81-4256779	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MAUI UNITED WAY INC 95 MAHALANI STREET SUITE 24 WAILUKU, HI 96793	99-0086524	501(C)(3)	6,000.	0.			FIRE DAMAGE AND GENERAL SUPPORT
MESSENGERS FOR HEALTH PO BOX 940 CROW AGENCY, MT 59022	27-0566321	501(C)(3)	15,000.	0.			HEALTHCARE TRANSPORTATION PROGRAM
MILES CITY AREA CHAMBER OF COMMERCE - 511 PLEASANT ST - MILES CITY, MT 59301	81-0166625	501(C)(3)	15,000.	0.			MURALS AND COWTOWN MOOSIC
MILES CITY PUBLIC LIBRARY 1 S 10TH STREET MILES CITY, MT 59301	81-6001292	501(C)(3)	39,487.	0.			REPLACE WINDOWS AND INTERIOR UPGRADES
MILES CITY WRESTLING CLUB INC PO BOX 314 MILES CITY, MT 59301	81-0423116	501(C)(3)	10,000.	0.			AIR RETURN SYSTEM & SOUND DAMPENING PANELS
MILES CITY YOUTH BASEBALL ASSOCIATION - PO BOX 332 - MILES CITY, MT 59301	81-0422986	501(C)(3)	15,000.	0.			INDOOR PRACTICE FACILITY
MILES COMMUNITY COLLEGE 2715 DICKINSON ST MILES CITY, MT 59301-4774	81-6000208	501(C)(3)	34,825.	0.			OPPORTUNITY REALIZED PROGRAM
MINERAL COUNTY COMMUNITY FOUNDATION - PO BOX 93 - SUPERIOR, MT 59872-0093	81-0501990	501(C)(3)	7,591.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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MIRACLE OF AMERICA STORY INC 36094 MEMORY LN POLSON, MT 59860-8446	81-0437386	501(C)(3)	10,578.	0.			ANNUAL DISTRIBUTION
MISSOULA ART MUSEUM 335 N PATTEE ST MISSOULA, MT 59802-4520	81-0496898	501(C)(3)	14,772.	0.			GENERAL SUPPORT
MISSOULA CIVIC SYMPHONY ASSOCIATION - PO BOX 8301 - MISSOULA, MT 59807-8301	81-0290730	501(C)(3)	16,745.	0.			ANNUAL DISTRIBUTION
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59806-8806	81-0539830	501(C)(3)	39,092.	0.			ANNUAL DISTRIBUTION
MISSOULA FOOD BANK & COMMUNITY CENTER - 1720 WYOMING ST - MISSOULA, MT 59801-1526	81-0414143	501(C)(3)	6,403.	0.			ANNUAL DISTRIBUTION
MONTANA ARTS COUNCIL PO BOX 202201 HELENA, MT 59620-2201	81-6017343	501(C)(3)	34,936.	0.			GENERAL SUPPORT
MONTANA AUDUBON 7026 S. BILLINGS BLVD BILLINGS, MT 59102	81-0412530	501(C)(3)	13,378.	0.			ANNUAL DISTRIBUTION
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH STE 220 HELENA, MT 59601	80-0624179	501(C)(3)	50,250.	0.			GENERAL SUPPORT
MONTANA CHILD CARE RESOURCE & REFERRAL NETWORK - PO BOX 808 - LOLO, MT 59847	81-0508479	501(C)(3)	75,000.	0.			CHILDCARE RESOURCE PROVIDER SHARED SERVICES

Schedule I (Form 990)



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MONTANA CONCERNS OF POLICE SURVIVORS - 53 EVERGREEN DR - JOLIET, MT 59041	52-1354370	501(C)(3)	5,395.	0.			ANNUAL DISTRIBUTION
MONTANA CONSERVATION CORPS, INC 206 N. GRAND AVE BOZEMAN, MT 59715	81-0467431	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MONTANA CONTINUUM OF CARE COALITION - 2825 STOCKYARD RD UNIT I-1 - MISSOULA, MT 59808	46-4083599	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MONTANA ENVIRONMENTAL INFORMATION CENTER INC. - PO BOX 1184 - HELENA, MT 59624-1184	23-7337100	501(C)(3)	19,061.	0.			GENERAL SUPPORT
MONTANA FOOD BANK NETWORK INC. 5625 EXPRESSWAY MISSOULA, MT 59808-9071	81-0421243	501(C)(3)	12,774.	0.			GENERAL SUPPORT
MONTANA HOMEOWNERSHIP NETWORK INC P.O. BOX 1025 GREAT FALLS, MT 59403	81-0543240	501(C)(3)	7,000.	0.			SPRING CREEK RESIDENT RELOCATION PROGRAM
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624-0355	81-0369262	501(C)(3)	13,282.	0.			ANNUAL DISTRIBUTION
MONTANA LEARNING CENTER AT CANYON FERRY LAKE, INC. - 7653 CANYON FERRY RD - HELENA, MT 59602-8517	16-1694479	501(C)(3)	10,749.	0.			GENERAL SUPPORT
MONTANA NATURAL HISTORY CENTER 120 HICKORY ST, STE A MISSOULA, MT 59801-1820	81-0472379	501(C)(3)	7,255.	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
MONTANA PROFESSIONAL TEACHING FOUNDATION - 1232 E 6TH AVE - HELENA, MT 59601-3927	81-0511792	501(C)(3)	60,643.	0.			ANNUAL DISTRIBUTION
MONTANA RESCUE MISSION PO BOX 3232 BILLINGS, MT 59103-3232	81-6013963	501(C)(3)	8,716.	0.			ANNUAL DISTRIBUTION
MONTANA STATE UNIVERSITY BILLINGS FOUNDATION - 1500 UNIVERSITY DR - BILLINGS, MT 59101	81-0301477	501(C)(3)	25,790.	0.			YELLOWJACKET PANTRY AND SCHOLARSHIPS
MONTANA STATE UNIVERSITY FOUNDATION - 1501 S 11TH AVE - BOZEMAN, MT 59715	81-6001649	501(C)(3)	21,180.	0.			ANNUAL DISTRIBUTION
MONTANA STATE UNIVERSITY-NORTHERN FOUNDATION - PO BOX 1691 - HAVRE, MT 59501-1691	81-0375335	501(C)(3)	24,500.	0.			WINN FUND
MONTANA TECHNOLOGY ENTERPRISE CENTER - 1121 EAST BROADWAY - MISSOULA, MT 59802-4906	81-0529738	501(C)(3)	25,000.	0.			W.E.L.L. PROGRAMS AND GENERAL SUPPORT
MONTANA WILDERNESS ASSOCIATION INC. - 80 S WARREN ST - HELENA, MT 59601-5700	51-0198932	501(C)(3)	24,352.	0.			ANNUAL DISTRIBUTION
MONTANA YOUTH CHALLENGE FOUNDATION 790 E CORNELL ST DILLON, MT 59725	81-0537307	501(C)(3)	15,000.	0.			MENTOR SUPPORT
MOUNTAIN HOME MONTANA INC. 2606 SOUTH AVE W MISSOULA, MT 59804	81-0520628	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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MOUNTAIN SHADOW ASSOCIATION 444 CIRCLE F TRL BOZEMAN, MT 59718	83-2453245	501(C)(3)	75,000.	0.			RESTORATIVE SERVICES FOR APSAALOOKE FAMILIES
MSU EXTENSION - ROSEBUD AND TREASURE COUNTIES - PO BOX 269 - BROADUS, MT 59317-0269	81-6001424	501(C)(3)	14,500.	0.			FORSYTH DOWNTOWN REVITALIZATION, DISC GOLF, AND STORAGE GARAGE
MUSEUM OF THE ROCKIES 600 W KAGY BLVD BOZEMAN, MT 59717-2730	81-6016828	501(C)(3)	10,237.	0.			ANNUAL DISTRIBUTION
MUSSELSHELL VALLEY COMMUNITY FOUNDATION - PO BOX 713 - ROUNDUP, MT 59072-0713	81-0512493	501(C)(3)	17,167.	0.			ANNUAL DISTRIBUTION
NATIVE AMERICAN DEVELOPMENT CORPORATION - 17 N. 26TH STREET - BILLINGS, MT 59101	81-0512124	501(C)(3)	61,000.	0.			EMPOWERMENT PROGRAM CLIENT ASSISTANCE FUND
NEIGHBORHOOD HOUSING SERVICES INC OF GREAT FALLS - 509 1ST AVE S - GREAT FALLS, MT 59401-3604	81-0389825	501(C)(3)	50,000.	0.			HOMEOWNERSHIP MATCH SAVINGS PROGRAM
NORTH VALLEY FOOD BANK 251 FLATHEAD AVE WHITEFISH, MT 59937	81-0456048	501(C)(3)	65,000.	0.			STRENGTHENING FOOD ACCESS
NORTHEAST MONTANA HEALTH SERVICES CHARITABLE FOUNDATION - P.O. BOX 341 - POPLAR, MT 59255	38-3732814	501(C)(3)	36,215.	0.			APPELGREN ACTIVITIES ROOM REMODEL
NORTHEAST MONTANA HEALTH SERVICES INC - 315 KNAPP ST - WOLF POINT, MT 59201	81-0226578	501(C)(3)	49,805.	0.			NURSING HOME DOOR REPLACEMENT AND ACTIVITIES ROOM IMPROVEMENTS

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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NORTHERN CHEYENNE FOOD PANTRY PO BOX 159 LAME DEER, MT 59043	88-4256091	501(C)(3)	19,500.	0.			GENERAL SUPPORT
NOVA CENTER FOR THE PERFORMING ARTS INC. - PO BOX 114 - BILLINGS, MT 59103-0114	81-0514788	501(C)(3)	7,030.	0.			ANNUAL DISTRIBUTION
NYE COMMUNITY FOUNDATION PO BOX 528 NYE, MT 59061-0528	81-0531083	501(C)(3)	8,316.	0.			ANNUAL DISTRIBUTION
O'FALLON HISTORICAL SOCIETY PO BOX 692 BAKER, MT 59313	81-0383755	501(C)(3)	25,157.	0.			GENERAL SUPPORT
ORIGINAL MONTANA CLUB COOPERATIVE ASSOCIATION - PO BOX 637 - HELENA, MT 59624	82-5473314	501(C)(3)	17,800.	0.			BUILDING MAINTENANCE AND HISTORIC PRESERVATION
OUR REDEEMER'S LUTHERAN CHURCH 3580 N BENTON AVE HELENA, MT 59602-7413	81-6014310	501(C)(3)	7,380.	0.			GENERAL SUPPORT
OVANDO SCHOOL DISTRICT PO BOX 176 OVANDO, MT 59854-0176	81-6000809	501(C)(3)	19,011.	0.			ANNUAL DISTRIBUTION
PEOPLES PARTNER FOR COMMUNITY DEVELOPMENT - PO BOX 955 - LAME DEER, MT 59043	41-2102823	501(C)(3)	110,000.	0.			GENERAL SUPPORT
PHILIPSBURG AREA EDUCATIONAL FOUNDATION - PO BOX 900 - PHILIPSBURG, MT 59858-0400	81-0529195	501(C)(3)	8,804.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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PHILLIPS COUNTY COMMUNITY FOUNDATION - PO BOX 275 - MALTA, MT 59538-0275	27-3611210	501(C)(3)	5,267.	0.			ANNUAL DISTRIBUTION
PLAINS PUBLIC SCHOOLS #1 PO BOX 549 PLAINS, MT 59859-0549	81-6000915	501(C)(3)	24,616.	0.			ANNUAL DISTRIBUTION
PLANNED PARENTHOOD ADVOCATES OF MONTANA INC - 1643 LEWIS AVE STE 211 - BILLINGS, MT 59102	81-0467220	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PLYMOUTH CONGREGATIONAL CHURCH 400 S OAKES ST HELENA, MT 59601-4605	81-0298891	501(C)(3)	5,726.	0.			ANNUAL DISTRIBUTION
PREGNANCY OUTREACH CLINIC OF MILES CITY - PO BOX 596 - MILES CITY, MT 59301	27-1713093	501(C)(3)	9,150.	0.			CAR SEATS AND TRAINING
PREGNANCY RESOURCE CENTER OF HELENA - 1005 PARTRIDGE PLACE, STE. 1 - HELENA, MT 59602	26-1339005	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PRETTY EAGLEWOMAN RESOURCE FOUNDATION - PO BOX 1092 - LAME DEER, MT 59043	87-3377614	501(C)(3)	22,900.	0.			GENERAL SUPPORT
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624-0892	81-0506868	501(C)(3)	14,590.	0.			ANNUAL DISTRIBUTION
RANDOM ACTS OF SILLINESS PO BOX 6790 BOZEMAN, MT 59771	87-3798684	501(C)(3)	10,000.	0.			VISUAL ARTISTS SUPPORT

Schedule I (Form 990)

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RANGE RIDERS INC 435 L P ANDERSON RD MILES CITY, MT 59301-4753	81-0255838	501(C)(3)	29,973.	0.			REPLACE ROOF AND UPGRADE CARPETING
REACH INC 322 GALLATIN PARK DR BOZEMAN, MT 59715	81-0347366	501(C)(3)	6,412.	0.			ANNUAL DISTRIBUTION
RED ANTS PANTS FOUNDATION PO BOX 637 WHITE SULPHUR SPRINGS, MT 59645	45-1237337	501(C)(3)	11,500.	0.			GIRLS LEADERSHIP PROGRAM
RED LODGE AREA COMMUNITY FOUNDATION - PO BOX 1871 - RED LODGE, MT 59068-1871	20-0192255	501(C)(3)	31,681.	0.			ANNUAL DISTRIBUTION
RED LODGE MUSIC FESTIVAL INC 1925 GRAND AVE STE #102B BILLINGS, MT 59102	81-6016990	501(C)(3)	5,420.	0.			ANNUAL DISTRIBUTION
RIVERSTONE HEALTH FOUNDATION 123 SOUTH 27TH STREET BILLINGS, MT 59101	35-2332179	501(C)(3)	7,274.	0.			ANNUAL DISTRIBUTION
ROBERTS COMMUNITY FOUNDATION PO BOX 284 ROBERTS, MT 59070-0284	84-1425182	501(C)(3)	10,003.	0.			ANNUAL DISTRIBUTION
ROCKY MOUNTAIN COLLEGE 1511 POLY DR BILLINGS, MT 59102-1739	81-0235407	501(C)(3)	7,922.	0.			ANNUAL DISTRIBUTION
RONALD MCDONALD HOUSE CHARITIES OF EASTERN MONTANA INC - 1144 N 30TH ST - BILLINGS, MT 59101-0124	81-0400667	501(C)(3)	8,975.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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ROSEBUD COUNTY LIBRARY PO BOX 7 FORSYTH, MT 59327	81-6001424	501(C)(3)	10,300.	0.			PURCHASE COMPUTERS
ROSEBUD COUNTY SEARCH AND RESCUE PO BOX 405 FORSYTH, MT 59327	81-0441529	501(C)(3)	13,813.	0.			PURCHASE EQUIPMENT
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - PO BOX 40 - ROUNDUP, MT 59072-0040	81-0245848	501(C)(3)	16,911.	0.			ANNUAL DISTRIBUTION
RURAL BEHAVIORAL HEALTH INSTITUTE PO BOX 203 LIVINGSTON, MT 59047	85-1210248	501(C)(3)	40,000.	0.			YOUTH SUICIDE PREVENTION PROGRAM
SAE INTERNATIONAL FOUNDATION 400 COMMONWEALTH DR WARRENDALE, PA 15096	25-1494402	501(C)(3)	50,000.	0.			ROCKY MOUNTAIN INITIATIVE
SAFE HARBOR INC. PO BOX 497 RONAN, MT 59864	81-0482335	501(C)(3)	30,000.	0.			GENERAL SUPPORT
SALISH KOOTENAI COLLEGE PO BOX 70 PABLO, MT 59855-0070	81-0378823	501(C)(3)	25,000.	0.			STUDENT HEALTH
SALVATION ARMY - MILES CITY OFFICE PO BOX 1202 MILES CITY, MT 59301-1202	94-1156347	501(C)(3)	9,000.	0.			COAT DRIVE
SCHOOL ADMINISTRATORS OF MONTANA 900 N MONTANA AVE STE A4 HELENA, MT 59601-3845	81-0371541	501(C)(3)	6,198.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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SCHOOL COMMUNITY DEVELOPMENT COUNCIL - PO BOX 421 - BROADUS, MT 59317	81-0514945	501(C)(3)	62,794.	0.			ANNUAL DISTRIBUTION
SCHOOLHOUSE HISTORY & ART CENTER PO BOX 430 COLSTRIP, MT 59323-0430	36-3575420	501(C)(3)	6,684.	0.			CUSTOM TABLES AND STOOLS
SEELEY LAKE COMMUNITY FOUNDATION PO BOX 25 SEELEY LAKE, MT 59868-0025	31-1711576	501(C)(3)	27,055.	0.			ANNUAL DISTRIBUTION
SESAME WORKSHOP 1900 BROADWAY NEW YORK, NY 10023	13-2655731	501(C)(3)	100,000.	0.			UKRAINE RESPONSE & MENTAL HEALTH EFFORTS
SHELTER SOLUTIONS FOR CENTRAL MONTANA - PO BOX 375 - LEWISTOWN, MT 59457	93-3208505	501(C)(3)	17,000.	0.			WARMING CENTER FOR 2025 WINTER
SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP QUARTET SINGING - PO BOX 761 - KALISPELL, MT 59903	81-6030585	501(C)(3)	13,158.	0.			GENERAL SUPPORT
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS, INC - 23564 CALABASAS RD STE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	8,000.	0.			SOFT LANDING MISSOULA
SOUTHEASTERN MONTANA AREA REVITALIZATION TEAM (SMART) - PO BOX 53 - BAKER, MT 59313-0053	90-0073844	501(C)(3)	62,950.	0.			VISITOR CENTER ROOF & POCKET PARK
SOUTHEASTERN MONTANA DEVELOPMENT CORPORATION - PO BOX 1935 - COLSTRIP, MT 59323-1935	81-0485103	501(C)(3)	235,800.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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SPAY MONTANA PO BOX 7447 HELENA, MT 59604	80-0165195	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ST. LABRE INDIAN SCHOOL PO BOX 216 ASHLAND, MT 59003	81-0244542	501(C)(3)	6,000.	0.			COMMERCIAL CAFETERIA SERVING LINE
ST. PETERS HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601	81-0392270	501(C)(3)	12,769.	0.			ANNUAL DISTRIBUTION
STEVENSVILLE COMMUNITY FOUNDATION INC - PO BOX 413 - STEVENSVILLE, MT 59870-0413	81-0490459	501(C)(3)	9,884.	0.			ANNUAL DISTRIBUTION
SWEET GRASS HEALTH CARE FOUNDATION, INC. - PO BOX 1082 - BIG TIMBER, MT 59011	36-3662839	501(C)(3)	50,495.	0.			ANNUAL DISTRIBUTION
SWEET MEMORIAL NURSING HOME PO BOX 1149 CHINOOK, MT 59523	81-6017655	501(C)(3)	6,500.	0.			GENERAL SUPPORT
THAI THEATRE FOUNDATION INC 520 8TH AVE 24TH FLOOR NEW YORK, NY 10018	84-1772708	501(C)(3)	7,000.	0.			MAKHAMPOM IN CHIANG DAO & YOUNG PRIDE IN CHIANG MAI
THE ANGEL FUND PO BOX 7436 HELENA, MT 59604-7436	81-0535130	501(C)(3)	8,242.	0.			CLOTHES FOR CHILDREN & GENERAL SUPPORT
THE FRIENDS OF IRISH STUDIES IN THE WEST - PO BOX 4693 - MISSOULA, MT 59806-4693	26-1391012	501(C)(3)	9,337.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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THE MYRNA LOY 15 N EWING ST HELENA, MT 59601-4245	51-0185430	501(C)(3)	45,529.	0.			ANNUAL DISTRIBUTION
TIMBERLINE DISC GOLF INC 2605 MIZPAH MILES CITY, MT 59301	99-2244348	501(C)(3)	20,000.	0.			DISC GOLF COURSE AT WOODRUFF PARK
TOWN OF PLEVNA PO BOX 97 PLEVNA, MT 59344	81-0414330	501(C)(3)	11,300.	0.			GENERAL SUPPORT
TOWN OF WEST YELLOWSTONE PO BOX 1570 WEST YELLOWSTONE, MT 59758	81-0299400	501(C)(3)	15,000.	0.			FOOD BANK
TRIGG-C.M. RUSSELL MUSEUM, INC 400 13TH ST N GREAT FALLS, MT 59401-1426	81-6003526	501(C)(3)	13,491.	0.			ANNUAL DISTRIBUTION
TRINITY LUTHERAN CHURCH 537 GRAND AVE BILLINGS, MT 59101	81-0300195	501(C)(3)	5,691.	0.			ANNUAL DISTRIBUTION
TRUST MONTANA INC PO BOX 8791 MISSOULA, MT 59807-8791	45-3204921	501(C)(3)	37,723.	0.			GENERAL SUPPORT
TUMBLEWEED RUNAWAY PROGRAM INC 505 N 24TH ST BILLINGS, MT 59101-1344	36-3343886	501(C)(3)	8,500.	0.			GENERAL SUPPORT
UNITED WAY OF CASCADE COUNTY PO BOX 1343 GREAT FALLS, MT 59403-1343	81-0304170	501(C)(3)	9,243.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

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UNITED WAY OF THE LEWIS AND CLARK AREA INC - 75 EAST LYNDAL - HELENA, MT 59601-2918	81-6017354	501(C)(3)	19,121.	0.			ANNUAL DISTRIBUTION
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	10,000.	0.			ONCOLOGY PROGRAM METASTATIC RESEARCH
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807-7159	81-0362989	501(C)(3)	42,660.	0.			ANNUAL DISTRIBUTION
UNIVERSITY OF ROCHESTER 300 E RIVER RD ROCHESTER, NY 14627	16-0743209	501(C)(3)	10,000.	0.			SCHAFER FAMILY SCHOLARSHIP
VALLEY CHRISTIAN SCHOOL 2526 SUNSET LN MISSOULA, MT 59804	81-0381097	501(C)(3)	6,470.	0.			ANNUAL DISTRIBUTION
VALLEY COUNTY COMMUNITY FOUNDATION PO BOX 304 GLASGOW, MT 59230-0304	81-0526746	501(C)(3)	64,174.	0.			ANNUAL DISTRIBUTION
VETERANS OF FOREIGN WARS FOUNDATION - 406 W 34TH ST - KANSAS CITY, MO 64111	43-1758998	501(C)(3)	8,092.	0.			ANNUAL DISTRIBUTION
VIOLENCE FREE CRISIS LINE PO BOX 1401 KALISPELL, MT 59903	81-0361221	501(C)(3)	61,000.	0.			GENERAL SUPPORT
WALLEYES UNLIMITED OF MONTANA PO BOX 20918 BILLINGS, MT 59104	81-0416151	501(C)(3)	30,000.	0.			RESTROOM FOR HILLEMANN RECREATION AREA

Schedule I (Form 990)

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WATERWORKS ART MUSEUM 85 WATER PLANT RD MILES CITY, MT 59301	51-0175533	501(C)(3)	20,325.	0.			CONCRETE REPAIR & NEW ROOF
WATSON CHILDREN'S SHELTER INC 4978 BUCKHOUSE LN MISSOULA, MT 59804-9504	81-0369020	501(C)(3)	5,681.	0.			GENERAL SUPPORT
WEST YELLOWSTONE FOUNDATION PO BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)(3)	183,800.	0.			ANNUAL DISTRIBUTION
WEST YELLOWSTONE SKI EDUCATION FOUNDATION - PO BOX 956 - WEST YELLOWSTONE, MT 59758	81-0508729	501(C)(3)	40,000.	0.			BUILDING PROJECT
WESTERN MONTANA CREATIVE INITIATIVES - PO BOX 8643 - MISSOULA, MT 59807-8643	83-2465407	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WIBAUX COUNTY PO BOX 199 WIBAUX, MT 59353	81-6001447	501(C)(3)	10,621.	0.			ANNUAL DISTRIBUTION
WINNETT ACES INC PO BOX 118 WINNETT, MT 59087	84-2797938	501(C)(3)	27,200.	0.			GENERAL SUPPORT
WOLF POINT AREA MUSEUM, INC. PO BOX 1205 WOLF POINT, MT 59201-2205	81-6033737	501(C)(3)	15,000.	0.			INSULATION IN NEW BUILDING
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, 7TH FL WASHINGTON DC, DC 20001	27-3521132	501(C)(3)	9,106.	0.			UKRAINE SUPPORT & WORK IN GAZA

Schedule I (Form 990)

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WORLD MUSEUM OF MINING INC. PO BOX 33 BUTTE, MT 59703-0033	81-6014901	501(C)(3)	8,269.	0.			ANNUAL DISTRIBUTION
YELLOW BIRD LIFE WAYS CENTER PO BOX 1138 LAME DEER, MT 59043	83-4458369	501(C)(3)	25,000.	0.			GENERAL SUPPORT
YELLOWSTONE ART MUSEUM 401 N 27TH ST BILLINGS, MT 59101-1241	81-6014902	501(C)(3)	52,636.	0.			ANNUAL DISTRIBUTION
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC - 2050 OVERLAND AVE - BILLINGS, MT 59102-6453	81-0419905	501(C)(3)	98,911.	0.			UIHLEIN REC CENTER ROOF PROJECT
YELLOWSTONE FOREVER PO BOX 1857 BOZEMAN, MT 59771	47-5427975	501(C)(3)	8,805.	0.			ANNUAL DISTRIBUTION
YELLOWSTONE HISTORIC CENTER, INC. PO BOX 1299 WEST YELLOWSTONE, MT 59758-1299	81-0521215	501(C)(3)	10,000.	0.			ARCHIVE PROJECT
YELLOWSTONE RIVER PARKS ASSOCIATION INC. - PO BOX 1201 - BILLINGS, MT 59103-1201	36-4096295	501(C)(3)	7,205.	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 VALLEY ANIMAL SHELTER, INC - PO BOX 20920 - BILLINGS, MT 59104-0920	26-1389957	501(C)(3)	5,101.	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.)

(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
YELLOWSTONE WESTERN HERITAGE CENTER FOUNDATION - 2822 MONTANA AVE - BILLINGS, MT 59101-2305	23-7155997	501(C)(3)	7,463.	0.			ANNUAL DISTRIBUTION
YELLOWSTONE WILDLIFE SANCTUARY PO BOX 675 RED LODGE, MT 59068-0675	81-0422009	501(C)(3)	7,801.	0.			ANNUAL DISTRIBUTION
YOUNG MENS CHRISTIAN ASSOCIATION OF HELENA INC - 1200 N LAST CHANCE GULCH - HELENA, MT 59601-2906	81-0231815	501(C)(3)	16,107.	0.			ANNUAL DISTRIBUTION
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BILLINGS MT - 909 WYOMING AVE - BILLINGS, MT 59101-1638	81-0235415	501(C)(3)	64,995.	0.			GENERAL SUPPORT
YOUTH HOMES PO BOX 7616 MISSOULA, MT 59807	81-0331313	501(C)(3)	5,387.	0.			ANNUAL DISTRIBUTION
YWCA OF HELENA 501 N PARK AVE HELENA, MT 59601-2703	81-0235416	501(C)(3)	23,891.	0.			GENERAL SUPPORT
ZOOMONTANA, INC. 2100 SOUTH SHILOH ROAD BILLINGS, MT 59106	81-0411290	501(C)(3)	9,500.	0.			BEAR CUB RELOCATION & ANIMAL ENRICHMENT FUND

Schedule I (Form 990)

**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	279	848,670.	0.		
GRANTS FOR PROJECTS THAT EXPLORE MT'S LAND PEOPLE	4	15,110.	0.		
GRANTS FOR MMIW ASSISTANCE	10	10,500.	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

**Part IV** Supplemental Information

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)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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) 2023

**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.

[illegible]

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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	80	3,344,807.	DAILY AVERAGE OF PRICES
10 Securities - Closely held stock .....				
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

30a During the year, did the organization receive by contribution any property reported in 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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

**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 REPORTED IS BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 PRESENTED TO THE AUDIT

COMMITTEE, AND 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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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 -1,412,603.

## CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME

FUND -28,401.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -705,970.

PASSTHROUGH LOSS FROM K-1S 20,208.

TOTAL TO FORM 990, PART XI, LINE 9 -2,126,766.

**SCHEDULE R**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

**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	325,612.	2,048,184.	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) 2023





**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	
<b>2</b> 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)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**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](http://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**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  MONTANA COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN)  81-0450150
	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		

• 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 25, 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 23, and ending JUN 30, 20 24

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **8868** (Rev. 1-2024)

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

OMB No. 1545-0047

**2023**

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](https://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

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		MONTANA COMMUNITY FOUNDATION, INC.	81-0450150
		Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1145	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59624	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year		188,507,909.	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) 1			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of KACIE TOLLEFSON Telephone number 406-443-8313			

**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	4,332.
2	Reserved	2	
3	Add lines 1 and 2	3	4,332.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	4,332.
6	Deduction for net operating loss. See instructions STATEMENT 3	6	4,332.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2	0.		
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e	3f	0.		
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.		
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.		

**Part III Tax and Payments** (continued)

<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>		
<b>j</b>	Other (see instructions) .....	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2023 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 .....	<b>Yes</b>	<b>No</b>
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ 31,786. 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.		
<b>5</b>	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.	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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.			
	VP FINANCE AND ADMINISTRATION			
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	EMINA O. CRESSWELL, CPA	EMINA O. CRESSWELL, CPA	03/10/25	P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318		
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201	Phone no. 509-747-2600		

Form **990-T** (2023)

## FORM 990-T

## CONTRIBUTIONS

## STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2023 DONATIONS	N/A	9,040,167.
CHARITABLE CONTRIBUTIONS - MANULIFE PRIVATE EQUITY PARTNERS, LP	N/A	5.
CHARITABLE CONTRIBUTIONS - CORE INDUSTRIAL PARTNERS FUND I, LP	N/A	35.
CHARITABLE CONTRIBUTIONS - CORE INDUSTRIAL PARTNERS FUND II, LP	N/A	10.
CHARITABLE CONTRIBUTIONS - SENTINEL CONTINUATION FUND I LP	N/A	1.
TOTAL TO FORM 990-T, PART I, LINE 4		9,040,218.



## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
FOR TAX YEAR 2018 3,405,278  
FOR TAX YEAR 2019 4,408,947  
FOR TAX YEAR 2020 6,236,344  
FOR TAX YEAR 2021 6,556,021  
FOR TAX YEAR 2022 6,926,037

TOTAL CARRYOVER 27,532,627  
TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,040,218

TOTAL CONTRIBUTIONS AVAILABLE 36,572,845  
TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 36,572,845  
EXCESS 100% CONTRIBUTIONS 0  
TOTAL EXCESS CONTRIBUTIONS 36,572,845

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	31,786.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	4,332.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE

1

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	4,332.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	27,454.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	73,256.	58,823.	14,433.	14,433.
06/30/18	17,353.	0.	17,353.	17,353.
NOL CARRYOVER AVAILABLE THIS YEAR			31,786.	31,786.

**SCHEDULE A  
(Form 990-T)**Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**Go to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0047

**2023**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization MONTANA COMMUNITY FOUNDATION, INC.	<b>B</b> Employer identification number 81-0450150
<b>C</b> Unrelated business activity code (see instructions) 523000	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business **PASSIVE INCOME ACTIVITIES**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	21,451.		21,451.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 5	-41,659.		-41,659.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	196,910.	137,037.	59,873.
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	176,702.	137,037.	39,665.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	1,483.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) SEE STATEMENT 6	<b>14</b>	33,850.
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	35,333.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	4,332.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	4,332.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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	<b>Total deductions.</b> 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	<input type="checkbox"/>	33 LAST CHANCE GULCH, HELENA, MT 98225			
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) STMT 10 .....	257,318.			
b	Other deductions (attach statement) STMT 11 .....	78,348.			
c	Total deductions (add lines 3a and 3b, columns A through D) .....	100,729.			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 8 .....	179,077.			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 9 .....	1,395,721.			
6	Divide line 4 by line 5 .....	1,823,908.			
7	Gross income reportable. Multiply line 2 by line 6 .....	76.524 %	%	%	%
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	196,910.			
9	Allocable deductions. Multiply line 3c by line 6 .....	137,037.			
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	137,037.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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).
<b>Totals</b>			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).
<b>Totals</b>		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	

Schedule A (Form 990-T) 2023

2023.05060 MONTANA COMMUNITY FOUNDAT 618625 1

## FORM 990-T (A)

## INCOME (LOSS) FROM PARTNERSHIPS

## STATEMENT 5

DESCRIPTION	NET INCOME OR (LOSS)
CORE INDUSTRIAL PARTNERS FUND I, LP - ORDINARY BUSINESS INCOME (LOSS)	-34,445.
CORE INDUSTRIAL PARTNERS FUND I, LP - INTEREST INCOME	344.
CORE INDUSTRIAL PARTNERS FUND I, LP - OTHER INCOME (LOSS)	25,615.
KLINE HILL PARTNERS FUND LP - ORDINARY BUSINESS INCOME (LOSS)	51.
KLINE HILL PARTNERS FUND LP - INTEREST INCOME	400.
KLINE HILL PARTNERS FUND LP - DIVIDEND INCOME	540.
KLINE HILL PARTNERS FUND LP - OTHER INCOME (LOSS)	-1,807.
TRUEBRIDGE CAPITAL PARTNERS FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-60.
TRUEBRIDGE CAPITAL PARTNERS FUND V, LP - OTHER INCOME (LOSS)	239.
KHP STRATEGIC 9 LP - OTHER INCOME (LOSS)	-11.
DOVER STREET X LP - ORDINARY BUSINESS INCOME (LOSS)	647.
DOVER STREET X LP - INTEREST INCOME	945.
DOVER STREET X LP - DIVIDEND INCOME	1,259.
DOVER STREET X LP - OTHER INCOME (LOSS)	-12,241.
MC PRIVATE EQUITY PARTNERS I-A FEEDER, LP - INTEREST INCOME	13.
MC PRIVATE EQUITY PARTNERS I-A FEEDER, LP - OTHER INCOME (LOSS)	-185.
CENTER ROCK CAPITAL PARTNERS FUND I, LP - INTEREST INCOME	1,518.
CENTER ROCK CAPITAL PARTNERS FUND I, LP - OTHER INCOME (LOSS)	-923.
STEPSTONE VC GLOBAL PARTNERS IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)	-1.
C-BRIDGE HEALTHCARE FUND V, LP - OTHER INCOME (LOSS)	-3,826.
CORE INDUSTRIAL PARTNERS FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-6,580.
CORE INDUSTRIAL PARTNERS FUND II, LP - INTEREST INCOME	73.
CORE INDUSTRIAL PARTNERS FUND II, LP - OTHER INCOME (LOSS)	5,658.
ENR PARTNERS II LP - ORDINARY BUSINESS INCOME (LOSS)	26,928.
ENR PARTNERS II LP - INTEREST INCOME	2.
ENR PARTNERS II LP - OTHER INCOME (LOSS)	-40,908.
LEVEL EQUITY OPPORTUNITIES FUND 2021, LP - ORDINARY BUSINESS INCOME (LOSS)	-8.
MANULIFE PRIVATE EQUITY PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	2,883.
MANULIFE PRIVATE EQUITY PARTNERS, LP - INTEREST INCOME	411.
MANULIFE PRIVATE EQUITY PARTNERS, LP - OTHER INCOME (LOSS)	-1,036.
PRESERVER, LP - ORDINARY BUSINESS INCOME (LOSS)	-9,178.
PRESERVER, LP - INTEREST INCOME	3,942.
PRESERVER, LP - DIVIDEND INCOME	6.
PRESERVER, LP - OTHER INCOME (LOSS)	-3,695.
SIRIS PARTNERS IV (CAYMAN) MAIN, L.P. - INTEREST INCOME	2.
SIRIS PARTNERS IV (CAYMAN) MAIN, L.P. - OTHER INCOME (LOSS)	-1.
SIRIS PARTNERS IV, LP - INTEREST INCOME	10.
TRUEBRIDGE CAPITAL PARTNERS FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	65.

TRUEBRIDGE CAPITAL PARTNERS FUND VI, LP - OTHER INCOME (LOSS)	496.
TRUEBRIDGE CAPITAL PARTNERS FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)	405.
TRUEBRIDGE CAPITAL PARTNERS FUND VII, LP - OTHER INCOME (LOSS)	999.
LEVEL EQUITY GROWTH PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	-38.
SENTINEL CAPITAL PARTNERS VII LP - ORDINARY BUSINESS INCOME (LOSS)	-2,620.
SENTINEL CAPITAL PARTNERS VII LP - INTEREST INCOME	1.
SENTINEL CAPITAL PARTNERS VII LP - OTHER INCOME (LOSS)	1.
SENTINEL JUNIOR CAPITAL II LP - ORDINARY BUSINESS INCOME (LOSS)	429.
SENTINEL JUNIOR CAPITAL II LP - OTHER INCOME (LOSS)	1.
SENTINEL CONTINUATION FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-242.
SENTINEL CONTINUATION FUND I LP - OTHER INCOME (LOSS)	-254.
PEAK ROCK CAPITAL CREDIT FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	2,517.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>	<b>-41,659.</b>

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		33,850.
<b>TOTAL TO SCHEDULE A, PART II, LINE 14</b>		<b>33,850.</b>

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 7
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.
<b>NOL CARRYOVER AVAILABLE THIS YEAR</b>			<b>278,362.</b>	<b>278,362.</b>



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FORM 990-T (A)      PART V - UNRELATED DEBT-FINANCED INCOME      STATEMENT 8  
AVERAGE ACQUISITION DEBT

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DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	1	
BEGINNING FIRST MONTH		1,420,143.
BEGINNING SECOND MONTH		1,415,398.
BEGINNING THIRD MONTH		1,411,105.
BEGINNING FOURTH MONTH		1,407,105.
BEGINNING FIFTH MONTH		1,402,321.
BEGINNING SIXTH MONTH		1,397,983.
BEGINNING SEVENTH MONTH		1,393,630.
BEGINNING EIGHTH MONTH		1,389,109.
BEGINNING NINTH MONTH		1,385,031.
BEGINNING TENTH MONTH		1,380,178.
BEGINNING ELEVENTH MONTH		1,375,614.
BEGINNING TWELFTH MONTH		1,371,034.
TOTAL OF ALL MONTHS		16,748,651.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		1,395,721.

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

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FORM 990-T (A)      PART V - UNRELATED DEBT-FINANCED INCOME      STATEMENT 9  
AVERAGE ADJUSTED BASIS

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DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	1	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		1,863,272.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		1,784,543.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,823,908.

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

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FORM 990-T (A)	PART V - DEPRECIATION DEDUCTION	STATEMENT 10
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		78,348.	
- SUBTOTAL -	1		78,348.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			78,348.

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FORM 990-T (A)	PART V - OTHER DEDUCTIONS	STATEMENT 11
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
OTHER PROFESSIONAL FEES		14,745.		
OFFICE EXPENSES		194.		
OCCUPANCY		21,740.		
INTEREST		55,674.		
INSURANCE		7,995.		
MISCELLANEOUS		381.		
- SUBTOTAL -	1	100,729.	1.00	100,729.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				100,729.

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				-7.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	-7.

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				21,379.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	79.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	21,458.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	21,451.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	21,451.

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



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

<b>Part II</b>	<b>Long-Term.</b>
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**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2023**Attachment  
Sequence No. **27**

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 2023 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 12							

- 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**

79.

**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**

79.

**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 .....
- 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.

**11****12****13****14****15****16****17**

**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.

Form **4797** (2023)

**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			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20	Gross sales price ( <b>Note:</b> 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	<b>If section 1245 property:</b>		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
26	<b>If section 1250 property:</b> 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 <b>smaller</b> 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 <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	<b>If section 1252 property:</b> 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 <b>smaller</b> of line 24 or 27b	27c	
28	<b>If section 1254 property:</b>		
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 <b>smaller</b> of line 24 or 28a	28b	
29	<b>If section 1255 property:</b>		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> 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 12

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CORE INDUSTRIAL PARTNERS FUND I, LP						-8.
KLINE HILL PARTNERS FUND LP						-135.
DOVER STREET X LP						20.
CORE INDUSTRIAL PARTNERS FUND II, LP						7.
ENR PARTNERS II LP						193.
MANULIFE PRIVATE EQUITY PARTNERS, LP						12.
SENTINEL JUNIOR CAPITAL II LP						-1.
SENTINEL CONTINUATION FUND I LP						-9.
TOTAL TO 4797, PART I, LINE 2						79.



**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				-7.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	-7.

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				21,379.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	79.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	21,458.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	21,451.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	21,451.

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



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2023**Attachment  
Sequence No. **27**

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 2023 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)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 13							

- 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**

79.

**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**

79.

**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 .....
- 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.

**11****12****13****14****15****16****17**

**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.

Form **4797** (2023)

**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			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> 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		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> 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 <b>smaller</b> 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 <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> 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 <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
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 <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> 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 13

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CORE INDUSTRIAL PARTNERS FUND I, LP						-8.
KLINE HILL PARTNERS FUND LP						-135.
DOVER STREET X LP						20.
CORE INDUSTRIAL PARTNERS FUND II, LP						7.
ENR PARTNERS II LP						193.
MANULIFE PRIVATE EQUITY PARTNERS, LP						12.
SENTINEL JUNIOR CAPITAL II LP						-1.
SENTINEL CONTINUATION FUND I LP						-9.
TOTAL TO 4797, PART I, LINE 2						79.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

**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](http://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**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  MONTANA COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN)  81-0450150
	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) 07

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		

• 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 25, 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 23, and ending JUN 30, 20 24

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **8868** (Rev. 1-2024)