

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUL 1 2018 and ending JUN 30, 2019 C Name of organization Check if applicable: D Employer identification number Address change MONTANA COMMUNITY FOUNDATION, INC. Name change 81-0450150 N/A Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 33 S LAST CHANCE GULCH 406-443-8313 55,910,819. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return HELENA, MT 59601 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARY RUTHERFORD Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.MTCF.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1988 M State of legal domicile: MT Part I Summary Briefly describe the organization's mission or most significant activities: TO CULTIVATE A CULTURE OF GIVING Governance SO MONTANA COMMUNITIES CAN FLOURISH, SERVING AS A CENTER FOR if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 **Activities &** 16 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 17 Total number of volunteers (estimate if necessary) 6 34,636. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Prior Year Current Year** 11,725,624. 8,476,008. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,342,372. 1,383,972. Program service revenue (Part VIII, line 2g) 3,908,864 2,508,340. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 51,781 167,033. 11 17,028,641 12,535,353. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,347,753 3,743,556. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,316,028. 1,287,037. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,137,413. 2,268,977. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,801,194. 7,299,570. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,227,447. 5,235,783. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 100,536,044. 108,215,489. Total assets (Part X, line 16) 16,686,020, 16,764,877. 21 Total liabilities (Part X, line 26) 三年 83,850,024. 91,450,612. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARY RUTHERFORD, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature EMINA O. CRESSWELL, CPA EMINA O. CRESSWELL, CPA 02/27/20 P01217304 Paid self-employed Firm's name MOSS ADAMS LLP 91-0189318 Preparer Firm's EIN ▶ Firm's address 601 w. RIVERSIDE AVENUE STE 1800 Use Only Phone no.509-747-2600 SPOKANE, WA 99201

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	rt III Statement of Program Serv	-		
_	•	onse or note to any line in this Part III		
1	Briefly describe the organization's mission	: LTIVATES A CULTURE OF GIVING SO 1	ΜΟΝΨΆ ΝΆ	
	COMMUNITIES CAN FLOURISH.			
2	Did the organization undertake any signific	cant program services during the year which	were not listed on the	
				Yes X No
	If "Yes," describe these new services on S			
3	Did the organization cease conducting, or	make significant changes in how it conducts	s, any program services?	Yes X No
	If "Yes," describe these changes on Scheo	dule O.		
4	Describe the organization's program service	ce accomplishments for each of its three larg	gest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizatio	ns are required to report the amount of gran	ts and allocations to others, the total	l expenses, and
	revenue, if any, for each program service r			
4a		4 , 351 , 684 . including grants of \$		1,493,449.
		ANENT WEALTH FROM WHICH GRANTS A		
		FOCUS OF ACTIVITIES ARE WORKING		
		-TERM SUPPORT FOR CHARITABLE SERTED FUNDS TO MEET CHANGING NEEDS,		
		ED FUNDS TO MEET CHANGING NEEDS, EMATIC CHANGES TO IMPROVE THE OU		
	LIFE FOR MONTANANS.	EMAILE CHANGES TO IMPROVE THE QUI	aniii or	
	EITE FOR MONTANANS.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	/(=====================================		, / (***********************************	,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sched	dule O)		
-ru	,	ncluding grants of \$) (Revenue \$)
4e	Total program service expenses	4,351,684.	, (,
				Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
-		6	21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	11c		х
d	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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		x
14a		14a		x
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	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? If "Yes." complete Schedule I, Parts I and II	21	X	

Part I\	/	Checklist of Required Schedules	(continued)
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1 3.1	Continued)		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х				
23	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? If "Yes," complete						
	Schedule J	23	х				
24a	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? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		х			
b		24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
_	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
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? If "Yes," complete						
	Schedule L, Part I	25b		х			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or						
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."						
	complete Schedule L, Part II	26		Х			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial						
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member						
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,						
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV						
29							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations?						
	If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_			
	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
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)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v			
~ =	If "Yes," complete Schedule R, Part V, line 2	36		X			
37	ů ,						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38							
Par	Note. All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	X				
. ai	Check if Schedule O contains a response or note to any line in this Part V						
	Shook is defined to defination a respective of frete to dry line in this fact v		V	N-			
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 57 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4					
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
С	(analytical arising to a few arising of	1c	х				
	(gambling) winnings to prize winners?	10					

832004 12-31-18

MONTANA COMMUNITY FOUNDATION, INC. <u> Page</u> **5** Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a 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** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O Х 3b 4a 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)? X 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

excess parachute payment(s) during the year?

Form **990** (2018)

14b

Х

13a

a Is the organization licensed to issue qualified health plans in more than one state?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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 in Schedule O. See instructions.

<u> </u>						X				
Sec	tion A. Governing Body and Management					_				
			ı		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5						
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other							
	officer, director, trustee, or key employee?			2		х				
3	Did the organization delegate control over management duties customarily performed by or under the			_						
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		x				
						X				
4	Did the organization make any significant changes to its governing documents since the prior Form 99			5		X				
5										
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?									
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	it the							
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)	•	•	•				
	(This decision is requested information about policies not required by the internal ne	venue	Code.,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.			100						
			, armatoo,	10b	х					
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Delo	e illing the lotting	Tia						
b 40-				40-	х					
	· · · · · · · · · · · · · · · · · · ·		#:0	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -		1	v					
	in Schedule O how this was done			12c						
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	rith a							
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶MT									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)	s only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	d financ	cial					
-	statements available to the public during the tax year.		, · · · j, - · · · ·							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)					iouri	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cei ai		II ecto	Tuus	ice)	from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsateo		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ED ECK	2.00									
DIRECTOR		Х						0.	0.	0.
(2) JO ANN EDER	2.00									
DIRECTOR		Х						0.	0.	0.
(3) GREG HANSON	2.00									
DIRECTOR		Х						0.	0.	0.
(4) SCOTT PANKRATZ	2.00									
DIRECTOR		Х						0.	0.	0.
(5) BRYSON PELC	2.00									
DIRECTOR		Х						0.	0.	0.
(6) TAWNYA RUPE	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CAMI SKINNER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) TOM MCGREE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LEONARD SMITH	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DALE WOOLHISER	2.00									
PAST BOARD CHAIR		Х						0.	0.	0.
(11) BARBARA BYRNE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) CINDY WOODS	2.00									
DIRECTOR - (THROUGH 2/19)		Х						0.	0.	0.
(13) LAURA BREHM	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(14) KELLY BRUGGEMAN	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(15) MARY ANN PHIPPS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(16) KAREN LATKA	2.00									
TREASURER		Х	L	Х				0.	0.	0.
(17) MARY RUTHERFORD	40.00									
CEO/PRESIDENT				Х				175,091.	0.	15,475.
										Form 990 (2019)

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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	<u> Hi</u>	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(de		Pos		l than c	nne	Reportable	Reportable	e Esf		stimate	ed
	hours per	box,	, unles	ss per	son i	s both	n an	compensation	compensation	n	ar	nount	of
	week		cer an	d a di	recto	r/trus	tee)	from	from related			other	
	(list any hours for	recto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om th anizat	
	organizations	ruste	l trus		99	npen		(***2/1099-141130)			_	d relat	
	below	Individual trustee or director	Institutional trustee	Į.	Key employee	st co	-ia					anizati	
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former						
(18) KACIE TOLLEFSON	40.00												
CONTROLLER				х				74,655.		0.		9,	712.
1b Sub-total							▶	249,746.		0.		25,	187.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								249,746.		0.		25,	187.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for st											3		Х
4 For any individual listed on line 1a, is the su			mpe	ensa	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150	,000? If "Yes.	" co	mple	ete S	Sche	dule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	tion fro	om	
the organization. Report compensation for t	he calendar ye	ar e	ndir	ıg w	ith c	or wi	thin	the organization's tax ye	ear.				
(A) (B)									((
Name and business	address						_	Description of s	ervices	C	Compensation		
CAMBRIDGE ASSOCIATES, LLC							П						
125 HIGH STREET, BOSTON, MA 02110 INVESTMENT MANAGEMENT 318								318,	752.				

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2018) MONTANA COMPart VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e 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
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
S, S	С	Fundraising events	1c					
ar A	d	Related organizations						
s, G	е	Government grants (contributi	ons) 1e					
isi	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included above	/e 1f	8,476,008.				
d d	g	Noncash contributions included in lines	1a-1f: \$	1,524,282.				
a Se	h	Total. Add lines 1a-1f		>	8,476,008.			
	<u>B</u>			Business Code				
ė	2 a	ADMINISTRATIVE FEES		525990	1,383,972.	1,383,972.		
r V	b							
Se	С	:						
am	d	I						
Program Service Revenue	е	·						
<u>P</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,383,972.			
	3	Investment income (including						
		other similar amounts)			1,285,305.			1,285,305.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties		>				
			(i) Real	(ii) Personal				
		Gross rents	273,340.					
		Less: rental expenses	187,247.					
		Rental income or (loss)	86,093.		06.000		62.472	22.22
		Net rental income or (loss)			86,093.		63,173.	22,920.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	44,411,254.					
	b	Less: cost or other basis	42 100 210					
		and sales expenses	43,188,219.					
		Gain or (loss)			1 222 025			1 222 025
		Net gain or (loss)		······	1,223,035.			1,223,035.
ne	8 а	 Gross income from fundraising including \$ 						
Other Reven								
Re		contributions reported on line						
her	h	Part IV, line 18						
ŏ		: Net income or (loss) from fund						
		Gross income from gaming ac						
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
ļ		Miscellaneous Revenue		Business Code				
ļ	11 a	OTHER INCOME		900099	109,477.	109,477.		
		PASSTHROUGH INCOME		900099	-28,537.		-28,537.	
	С	·						
	d	All other revenue						
		Total. Add lines 11a-11d			80,940.			
	12	Total revenue. See instructions		>	12,535,353.	1,493,449.	34,636.	2,531,260.

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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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,411,160.	3,411,160.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	332,396.	332,396.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	264,678.	52,936.	140,421.	71,321
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	826,392.	223,303.	303,422.	299,667
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)	47,926.	13,198.	18,237.	16,491
9	Other employee benefits	70,204.	11,821.	25,354.	33,029
10	Payroll taxes	77,837.	20,521.	32,039.	25,277
11	Fees for services (non-employees):	•		·	•
	Management	1,210,436.		1,210,436.	
	Legal	7,947.		7,947.	
	Accounting	57,542.		57,542.	
	Lobbying	15,450.		15,450.	
	Professional fundraising services. See Part IV, line 17	, .		,	
f	Investment management fees	253,148.		253,148.	
	Other. (If line 11g amount exceeds 10% of line 25,	, -		, -	
9	column (A) amount, list line 11g expenses on Sch O.)	141,461.	116,297.	24,664.	500
12	Advertising and promotion	49,914.	26,455.	13,239.	10,220
13		15,792.	3,944.	9,399.	2,449
	Office expenses	110,301.	10,526.	88,592.	11,183
14	Information technology	110,301.	10,320.	00,332.	11,100
15	Royalties	121,273.	27,279.	69,225.	24,769
16	Occupancy	53,314.	· · · · · · · · · · · · · · · · · · ·	19,320.	18,221
17	Travel	33,314.	15,773.	19,320.	10,221
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70 772	10 205	F.C. 272	2 205
19	Conferences, conventions, and meetings	78,773.	19,205.	56,273.	3,295
20	Interest	158.		158.	
21	Payments to affiliates	16 554		16 554	
22	Depreciation, depletion, and amortization	16,554.	455	16,554.	
23	Insurance	9,061.	175.	8,886.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRANSFER OF ASSETS	36,583.	36,583.		
b	MISCELLANEOUS	36,542.	21,041.	13,497.	2,004
c	DUES AND OTHER FEES	33,470.	4,253.	28,438.	779
d	PRNTING AND PUBLICATION	20,008.	3,568.	14,105.	2,335
	All other expenses	1,250.	1,250.	,	•
25	Total functional expenses. Add lines 1 through 24e	7,299,570.	4,351,684.	2,426,346.	521,540
26	Joint costs. Complete this line only if the organization	, ,	, ,	, , ,	,
	reported in column (B) joint costs from a combined				
	Toportou in obtainin (b) Joint obsto il olli a collibilica				
	educational campaign and fundraising solicitation.			Į.	

Form 990 (2018) Part X Balance Sheet

		Check if Schedule O contains a response or note t	o any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,523,146.	2	2,023,587
	3	Pledges and grants receivable, net			52,807.	3	1,635
	4	Accounts receivable, net			2,507.	4	13,801
	5	Loans and other receivables from current and form	ner officers, o	directors,			
		trustees, key employees, and highest compensate	d employees	s. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified	d persons (a	s defined under			
		section 4958(f)(1)), persons described in section 49	958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) vo	oluntary			
တ္က		employees' beneficiary organizations (see instr). Co	omplete Part	t II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
&	8	Inventories for sale or use				8	
	9	D '1			52,662.	9	32,943
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,547,682.			
	b	Less: accumulated depreciation		351,331.	2,292,781.	10c	2,196,351
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line 11			94,910,771.	12	103,314,710
- 1	13	Investments - program-related. See Part IV, line 11				13	
1	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			701,370.	15	632,462
1	16	Total assets. Add lines 1 through 15 (must equal I			100,536,044.	16	108,215,489
1	17	Accounts payable and accrued expenses			200,974.	17	194,380
1	18	Grants payable		1,115,753.	18	1,092,693	
1	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability. Complete Par				21	
ے ا	22	Loans and other payables to current and former of	ficers, direct	ors, trustees,			
<u>≘</u>		key employees, highest compensated employees,	and disquali	fied persons.			
Liabilities		Complete Part II of Schedule L				22	
ړ ≝	23	Secured mortgages and notes payable to unrelated			1,653,307.	23	1,609,750
2	24	Unsecured notes and loans payable to unrelated the				24	
2	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 17					
		Schedule D			13,715,986.	25	13,868,054
2	26	T . I . I			16,686,020.	26	16,764,877
		Organizations that follow SFAS 117 (ASC 958), o	check here	X and			
_s		complete lines 27 through 29, and lines 33 and 3					
Net Assets or Fund Balances	27	Unrestricted net assets			88,999.	27	298,395
를 2	28	Temporarily restricted net assets			16,091,450.	28	15,844,459
<u> </u>	29				67,669,575.	29	75,307,758
<u>ב</u>		Organizations that do not follow SFAS 117 (ASC					
<u> </u>		and complete lines 30 through 34.					
ğ g	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equip				31	
ء ايج	32	Retained earnings, endowment, accumulated incompany				32	
و ع	33	Total net assets or fund balances			83,850,024.	33	91,450,612
	34				100,536,044.	34	108,215,489

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	,535,	353.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,299,	570.		
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,235,	783.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83	,850,	024.		
5	Net unrealized gains (losses) on investments	5	2	,577,	436.		
6	Donated services and use of facilities						
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-212,	631.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	91	,450,	612.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2018)		

SCHEDULE A

(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Nan	ne of t	the organization						Employer	identification number	
			A COMMUNITY FOU						81-0450150	
Pa	rt I	Reason for Public C	Charity Status (All organizations must co	mplete th	is part.) Se	e instructions	S.		
Гһе	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiza)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ui	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	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). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersh	nip fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	ıfter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section §	509(a)(3). C	Check the box in	
	_	lines 12a through 12d that o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
а			anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	pporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b			anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ring	
		control or management of			ame perso	ns that co	ntrol or manaç	ge the supp	ported	
	_	organization(s). You mus								
С			=					ly integrate	ed with,	
	_	its supported organization		·						
d								-	* *	
		that is not functionally int	-		•		-	an attentiv	/eness	
		requirement (see instructi	•							
е		☐ Check this box if the orga					Type I, Type I	II, Type III		
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other	
	•	organization	, ,	(described on lines 1-10	in your governi Yes	No	support (see in	-	support (see instructions)	
				above (see instructions))	103	140				

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6,495,061.	4,021,206.	6,940,820.	11,725,624.	8,476,008.	37,658,719.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6,495,061.	4,021,206.	6,940,820.	11,725,624.	8,476,008.	37,658,719.	
	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)						8,950,538.	
6	Public support. Subtract line 5 from line 4.						28,708,181.	
	etion B. Total Support						, , ,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	6,495,061.	4,021,206.	6,940,820.	11,725,624.	8,476,008.	37,658,719.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,732,397.	1,665,450.	562,725.	1,233,683.	1,358,068.	6,552,323.	
9	Net income from unrelated business	, ,	, ,	,		, ,		
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						44,211,042.	
12	Gross receipts from related activities,	etc (see instructio	ns)			12	5,783,727.	
13	First five years. If the Form 990 is for	•	,					
	organization, check this box and stop	-			•		ightharpoonup	
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2018 (li			olumn (f))		14	64.93 %	
15	Public support percentage from 2017					15	67.29 %	
16a	33 1/3% support test - 2018. If the o					ore, check this box	and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X	
b	33 1/3% support test - 2017. If the d	organization did no	t check a box on li					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			>	
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c					
	and if the organization meets the "fac-							
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances test	-			-			
~	more, and if the organization meets the							
	organization meets the "facts-and-circ		•				ightharpoonup	
18							•	
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2018

Page 3

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First five years. If the Form 990 is for	•		•	•	. , . ,	
<u>C -</u>	check this box and stop here	- C D				<u></u>	>
	ction C. Computation of Publi					 	
15	Public support percentage for 2018 (I	, ,,,	•	column (f))		15	<u>%</u>
16 So	Public support percentage from 2017					16	%
_	ction D. Computation of Inves			40 1 (**)		14-1	
	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation If the organization	n did not chock a	boy on line 14, 10	or 10h chock th	nic boy and soo in	etructions	▶ ¬

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

I U	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		—
	A family member of a person described in (a) above?	11b		——
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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 Part VI the role the organization's	2		
Sac	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI 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.	2a		
b	· · · · · · · · · · · · · · · · · · ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2018 MONTANA COMMUNITY FOUNDATION, INC.	,		81-0450150	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instr	uctions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	lv integrate	ed Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Dort VI	(in this saw as the late was th
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. Deat W. Section D. lines 2. and 2. Deat W. Section F. lines 1. On the 2. and 2b. Deat W. Section D. line 1.
	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.)
	(GGC Indications.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2018

MONTANA COMMUNITY FOUNDATION, INC. 81-0450150 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Name, audiess, and Zif + 4	\$ \$ 187,782.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

ı artı	(see instructions). Ose duplicate copies of Part 1	i il additional space is fieeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK GIFT	_	
		\$\$	03/15/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	STOCK GIFT	_	
		\$\$	09/10/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Employer identification number

Name of organization

art III	COMMUNITY FOUNDATION, INC.	ione to organizations described by	81-0450150 ection 501(c)(7), (8), or (10) that total more than \$1.	000 for the
	from any one contributor. Complete columns (a) through (e) and the following line en	try. For organizations	,000 for the yea
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)	
a) No	Use duplicate copies of Part III if additional	space is needed.		
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held
Part I				
		(e) Transfer of gif	L	
		(e) Transier or gir		
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transfere	e.
ı	Transferse e name, adai ees, a		Trefactories p or a unioner or to a unioner o	<u> </u>
a) No. from	(h) P	1-VII 2 10	(A) Boronia (A)	- h-al-1
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s neid
L				
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere	е
		<u></u>		
a) No				
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held
Part I				
ı		(e) Transfer of gif	 	
		(c) Transfer of gir	•	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere	e
				_
		-		
a) No.	(b) Down and of wife	(a) Has at wift	(d) December of hourselfs:	- 1-1-1
ŕom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s neia
rom Part I				
rom Part I		_	1	
from Part I				
a) No. from Part I				
rrom Part I				
from Part I		(e) Transfer of gif		
from Part I		(e) Transfer of gif	<u> </u>	
from Part I	Transferee's name, address, a		t Relationship of transferor to transfere	e
rrom Part I	Transferee's name, address, a			e
rrom Part I	Transferee's name, address, a			e

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- 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.

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 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

rax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organizate Name of organization 	tions: Complete Part III.		Emr	oloyer identification number
· ·	MMINITAL FOINDAMION INC		Emt	81-0450150
	MMUNITY FOUNDATION, INC. Janization is exempt und		or is a section 527 or	
Turti A Complete ii tile org	jamzation io exempt and	000000000000000000000000000000000000000	01 10 4 00011011 021 01	gamzationi
Provide a description of the organiz	zation's direct and indirect politic	cal campaign activities	in Part IV	
2 Political campaign activity expendit	•		>	\$
3 Volunteer hours for political campai				Ψ
Volumed Hours for political campai	gii addividod			
Part I-B Complete if the org	janization is exempt und	er section 501(c)((3).	
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	>	\$
2 Enter the amount of any excise tax				
3 If the organization incurred a sectio	n 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 org	janization is exempt und	er section 501(c),	except section 501(c)(3).
1 Enter the amount directly expended				\$
2 Enter the amount of the filing organ				
exempt function activities				\$
3 Total exempt function expenditures			,	
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses and en				
made payments. For each organiza contributions received that were pro	·			•
political action committee (PAC). If			•	to sogregated faria of a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(C) LIN	filing organization's	contributions received and
			funds. If none, enter -0	
				delivered to a separate political organization.
				If none, enter -0
	i	1	1	i

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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Part II-A Complete if the org						ction under
section 501(h)).	jailizatio	II IS CACI	iipt under Section		a i omi oroo (ele	ction under
A Check ▶ ☐ if the filing organiza expenses, and sha	re of excess	s lobbying (expenditures).	Part IV each affiliated	group member's name	, address, EIN,
B Check ► if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
	ts on Lobb ditures" me		nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (grass roots lobbying)		0.	0.
b Total lobbying expenditures to influ	uence a leg	islative boo	dy (direct lobbying)		15,450.	0.
c Total lobbying expenditures (add li	nes 1a and	1b)			15,450.	0.
d Other exempt purpose expenditure	es				7,284,120.	0.
e Total exempt purpose expenditure	s (add lines	1c and 1d)		7,299,570.	0.
f Lobbying nontaxable amount. Ent	er the amou	ınt from the	e following table in bot	h columns.	514,979.	0.
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
					100 745	0
g Grassroots nontaxable amount (er					128,745.	0.
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0-					0.	
	•		ling 1; did the examin		٠.	
j If there is an amount other than ze reporting section 4911 tax for this					Г	Yes No
reporting section 4911 tax for this	•		eraging Period Under	Section 501(h)		165140_
(Some organizations t	hat made a	section 5		have to complete all o	f the five columns be	low.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					0.	
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures					0.	
d Grassroots nontaxable amount					0.	
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures					0.	

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 MONTANA COMMUNITY FOUNDATION, INC. 81-0450150 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Solicide	1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes." 1 Dues, assessments and similar amounts from members 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section	1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1 c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2 Did the organization incurred a section 4912 tax, did it file Form 4720 for this year? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in house lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(f)(A) notices of	1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. 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local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, i answered "Yes." 1 Dues, assessments and similar amounts from members 2 Did the organization aree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Aggregate amount reported in section 603(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures reported in section 603(e)(1)(A) notices of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. 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or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast stafements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If Yes, enter the amount of any tax incurred under section 4912 c If Yes, enter the amount of any tax incurred under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? 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nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see			, , , , , , , , , , , , , , , , , , , ,		Parl a b c 3 4 Farl	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5 'No," OR cal	2 3 3), or sec (b) Part 2a 2b 2c 3 4 5	III-A, line	e 3, is
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nstructions), and Part II-B, line 1. Also, complete this part for any additional information.	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see			, ,		Parl a b c 3 4 Farl	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5 'No," OR cal	2 3 3), or sec (b) Part 2a 2b 2c 3 4 5	III-A, line	e 3, is
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see			, ,		Parl a b c 3 4 5 Parl	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5 'No," OR cal	2 3 3), or sec (b) Part 2a 2b 2c 3 4 5	III-A, line	3, is
nstructions), and Part II-B, line 1. Also, complete this part for any additional information.	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see			, ,		Parl a b c 3 4 5 Parl	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5 'No," OR cal	2 3 3), or sec (b) Part 2a 2b 2c 3 4 5	III-A, line	3, is

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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81 - 0450150

	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year	119		68
2	Aggregate value of contributions to (during year)	226,096.		61,046.
3	Aggregate value of grants from (during year)	1,134,068.		118,439.
4	Aggregate value at end of year	28,372,660.		9,869,400.
5	Did the organization inform all donors and donor advisors in wr	_		
	are the organization's property, subject to the organization's ex	clusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose co	nferring	
D -	impermissible private benefit?			X Yes No
Ра	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Pa	ırt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or edition of land for public use (e.g., recreation or edition).	ucation) Preservation of a histor	ically import	ant land area
	Protection of natural habitat	Preservation of a certif	ed historic s	tructure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conservat	ion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic structure	,	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the o	rganization o	during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conse	vation easer	ments during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easement	s during the year
	> \$			
8	Does each conservation easement reported on line 2(d) 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			d balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes th	e organizatio	on's accounting for
	conservation easements.			
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	er Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balan	ce sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherance	e of public s	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	nd balance s	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of publi	c service, pr	ovide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
2	If the organization received or held works of art, historical treas		ain, provide	
	the following amounts required to be reported under SFAS 116		,,	
		(ACC 330) Icialing to these items.		
a			> 9	6
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			

832051 10-29-18

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or O	ther S	imilar As	ssets _{(co}	ntinued))
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are	a signif	icant use o	of its collect	ion item	IS
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs	i				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other si	milar ass	sets			
_	to be sold to raise funds rather than to be ma								No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes	s" on Fo	rm 990, Pa	rt IV, line 9	or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•					_	٦
	on Form 990, Part X?						. L Ye	S	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:						
_	Designing halance					4.	Amo	ount	
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e 1f			
	Ending balance						Ye	,	No
					-		16.	, F	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 ba		Three years	back (e)	our year	s back
1a	Beginning of year balance	81,207,996.	70,899,423.	64,391,1		64,483,		51,801	
	Contributions	7,130,825.	9,057,295.			2,309,		2,411	
	Net investment earnings, gains, and losses	4,158,129.	5,022,745.			1,340,		3,110	
	Grants or scholarships 2,910,957. 2,532,864. 1,704,079. 2,537,757. 1,765,661								
	and programs								
f	Administrative expenses	1,429,767.	1,238,603.	1,194,4	25.	1,204,	225.	1,074	,537.
g	- 1 C						,181.		
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
а	a Board designated or quasi-endowment ▶%								
b	Permanent endowment 100.00	%							
С	Temporarily restricted endowment ▶	.00%							
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	for the o	rganization	1		
	by:						_	Yes	_
	(i) unrelated organizations						3a	(i)	X
								(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization							b	
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
Fai			Doubly line 44 a C	F 000 D-		. 10			
	Complete if the organization answered						(-)\ [
	Description of property	(a) Cost or of basis (investment)	` '	I	depre	imulated	(a) E	look val	ue
10	Land	`	10.1.1	(53.101)	acpie	o.ation			
_	Land		2	,367,623.		186,376		2,181	247
b	Buildings Leasehold improvements			, , - 2			1	-,	<u>, / •</u>
	Equipment			180,059.		164,955		15	,104.
	Other	I		, , , , , ,		,	1		,
	I. Add lines 1a through 1e. (Column (d) must ea	*	X column (R) line 1(OC)				2,196	,351.
		<u> 4uur Omi 330, i dil 7</u>	., commi (D), ime 10				edule D (F		

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		

		* *
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED INVESTMENTS	103,314,710.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
T-1-1 (O-1 (b)1 F 000 D1 V1 (D) E 40)	102 214 710	

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► |
| Part VIII | Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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	88,062.
(3)	FUNDS HELD AS AGENCY ENDOWMENTS	10,795,194.
(4)	CHARITABLE AND DEFERRED GIFT ANNUITIES	2,981,284.
(5)	CAPITAL LEASE PAYABLE	3,514.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,868,054.

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	13,179,212.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	2,577,436.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		215,784.		
e Add lines 2a through 2d			2e	2,793,220.
3 Subtract line 2e from line 1			3	10,385,992.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	220,939.		
b Other (Describe in Part XIII.)	4b	1,928,422.		
c Add lines 4a and 4b			4c	2,149,361.
			5	12,535,353.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1				5 550 604
Total expenses and losses per audited financial statements			1	5,578,624.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities				
b Prior year adjustments	2b			
c Other losses				
d Other (Describe in Part XIII.)		187,247.		
e Add lines 2a through 2d			2e	187,247.
3 Subtract line 2e from line 1			3	5,391,377.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		220,939.		
b Other (Describe in Part XIII.)	4b	1,687,254.		
c Add lines 4a and 4b			4c	1,908,193.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part X, liı	ne 2; Part XI,
PART V, LINE 4: THE ENDOWMENT FUNDS OF THE MONTANA COMMUNITY FOUNDATION SUPPORT	CHARITABLE			
EFFORTS IN MONTANA, HELPING TO EMPOWER COMMUNITIES AND MAKE MON	TANA A			
GREAT PLACE TO LIVE.				
<u> </u>				
PART X, LINE 2:				
	OF THE			
PART X, LINE 2:				
PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3)	BUSINESS			
PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) INTERNAL REVENUE CODE (IRC), EXCEPT TO THE EXTENT OF UNRELATED	BUSINESS PHE			
PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) INTERNAL REVENUE CODE (IRC), EXCEPT TO THE EXTENT OF UNRELATED TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. T	BUSINESS THE RD (FASB)			

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, 2019 AND 2018, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PASSTRECUGH INCOME 28,537. TOTAL TO SCHEDULE D, PART XI, LINE 2D 215,784. PART XI, LINE 4B - OTHER ADJUSTMENTS: AGENCY ENDOWMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 22,966. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN UNDERSTREAM 23,373. TOTAL TO SCHEDULE D, FART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247.	Schedule D (Form 990) 2018 MONTANA COMMUNITY FOUND	DATION, INC.	81-0450150	Page 5
PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2019 AND 2018, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PASSTRROUGH INCOME 28,537. TOTAL TO SCHEDULE D, PART XI, LINE 2D 215,784. PART XI, LINE 4B - OTHER ADJUSTMENTS: AGENCY ENDOWMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEB 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PEA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,228,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	Part XIII Supplemental Information (continued)			
INTEREST, PENALTIES, AND DISCLOSURES REQUIRED, AS OF JUNE 30, 2019 AND 2018, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PASSTUROUGH INCOME 28,537. TOTAL TO SCHEDULE D, PART XI, LINE 2D 215,784. PART XI, LINE 4B - OTHER ADJUSTMENTS: AGENCY ENDORMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PEA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,228,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. MANAGEMENT FEES 1,210,436. AGENCY ENDOMMENT FUND ACTIVITY 475,818.	MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX	POSITIONS AND ALSO		
2018, THE POUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PASSTHROUGH INCOME 28,537. TOTAL TO SCHEDULE D, FART XI, LINE 2D 215,784. PART XI, LINE 4B - OTHER ADJUSTMENTS: AGENCY ENDOWMENT FUND ACTIVITY 793,058. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. MANAGEMENT FEES 1,210,436. MANAGEMENT FEES 1,210,436. MANAGEMENT FUND ACTIVITY 476,818.	PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS	DERECOGNITION,		
PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PASSTHROUGH INCOME 28,537. TOTAL TO SCHEDULE D, PART XI, LINE 2D 215,784. PART XI, LINE 4B - OTHER ADJUSTMENTS: AGENCY ENDOWMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXERNSES 187,247. MANAGEMENT FEES 1,210,436. AGRACY ENDOWMENT FUND ACTIVITY 476,818.	INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF	JUNE 30, 2019 AND		
RENTAL EXPENSES 187,247. PASSTRROUGH INCOME 28,537. TOTAL TO SCHEDULE D, PART XI, LINE 2D 215,784. PART XI, LINE 4B - OTHER ADJUSTMENTS: AGENCY ENDOWMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. FPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	2018, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS	REQUIRING ACCRUAL.		
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PART XI, LINE 4B - OTHER ADJUSTMENTS: AGENCY ENDOWMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	PASSTHROUGH INCOME	28,537.		
AGENCY ENDOWMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	TOTAL TO SCHEDULE D, PART XI, LINE 2D	215,784.		
AGENCY ENDOWMENT FUND ACTIVITY 793,058. COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.				
COMMUNITY IMPACT FEE 1,081,160. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 22,868. CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	PART XI, LINE 4B - OTHER ADJUSTMENTS:			
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	AGENCY ENDOWMENT FUND ACTIVITY	793,058.		
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 2,210. CHANGE IN DEFICIT IN ENDOWMENTS 5,753. FPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. FART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	COMMUNITY IMPACT FEE	1,081,160.		
FUND CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	22,868.		
CHANGE IN DEFICIT IN ENDOWMENTS 5,753. PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INC	OME		
PPA 23,373. TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	FUND	2,210.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,928,422. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	CHANGE IN DEFICIT IN ENDOWMENTS	5,753.		
PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	PPA	23,373.		
RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,928,422.		
RENTAL EXPENSES 187,247. PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.				
PART XII, LINE 4B - OTHER ADJUSTMENTS: MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	PART XII, LINE 2D - OTHER ADJUSTMENTS:			
MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.	RENTAL EXPENSES	187,247.		
MANAGEMENT FEES 1,210,436. AGENCY ENDOWMENT FUND ACTIVITY 476,818.				
AGENCY ENDOWMENT FUND ACTIVITY 476,818.	PART XII, LINE 4B - OTHER ADJUSTMENTS:			
	MANAGEMENT FEES	1,210,436.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,687,254.	AGENCY ENDOWMENT FUND ACTIVITY	476,818.		
	TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,687,254.		

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 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization

Employer identification number

	3					_ , ,	
rnon	TANA COMMUNITY FOUR	NDATION, INC.				81-0450150	
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ		Yes" on
	Form 990, Part						
1			n maintain record	ds to substantiate the amount of its grai	nts and other a	assistance,	
	the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2	For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
	United States.						
3	Activities per Region. (1	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eeded.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		specific type	investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
CENT	TRAL AMERICA AND						
PHE	CARIBBEAN	0	0	INVESTMENTS			23,398,682.
		1					
		1					
		1					
		ļ <u> </u>	_				100 000 505
	Subtotal	0	0				23,398,682.
b	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						23 398 682
		,					

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

Schedule F (Form 990) 2018

recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the ion 501(c)(3) equivalency lette					

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

Schedule	e F (Form 990) 2018	MONTANA COMMUNITY	FOUNDATION, I	NC.	81-0450150				
		ce to Individuals Outsi	de the United Sta	ates. Complete i	f the organization answered "Yes	" on Form 990, Part	IV, line 16.		
	Part III can be duplicated if a	additional space is need	ed.					_	
(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)	

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 Instructions for Form 926)	X 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 Instructions for Form 5471)	X 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 Instructions for Form 8621)	X 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 Instructions for Form 8865)	Yes	X 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

MONTANA COMMUI	NITY FOUNDATIO	ON, INC.					81-0450150
Part I General Information on Grants a		-, -					
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is neede	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)(3)	87,115.	0.			MANSFIELD CENTER STATEWIDE WOMEN'S LEADERSHIP PROJECT; MEN'S GRIZ BASKETBALL; HAMILTON
WEST YELLOWSTONE FOUNDATION P.O. BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)(3)	71,927.	0.			2018 ANNUAL DISTRIBUTION
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION INC - 777 GRANDVIEW DRIVE - KALISPELL, MT 59901-2622	81-0365752	501(C)(3)	61,326.	0.			ONE CAMPAIGN; 2018 ANNUAL DISTRIBUTION
GREAT FALLS SYMPHONY ASSOCIATION INC - PO BOX 1078 - GREAT FALLS, MT 59403	81-6014907	501(C)(3)	58,309.	0.			GENERAL FUND; 2018 ANNUAL DISTRIBUTION
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC - PO BOX 80807 - BILLINGS, MT 59108	81-0419905	501(C)(3)	55,774.	0.			CARL ORTH FAMILY LIFE CENTER REMODEL; 2018 ANNUAL DISTRIBUTION
BILLINGS CATHOLIC SCHOOLS FOUNDATION - P.O. BOX 31158 - BILLINGS, MT 59107	38-3819006		50,000.	0.			MAYFAIR 2019
2 Enter total number of section 501(c)(3) are							
3 Enter total number of other organizations	s listed in the line	1 table)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	r ago r
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAE INTERNATIONAL FOUNDATION							
400 COMMONWEALTH DR							
WARRENDALE, PA 15096	25-1494402	501(C)(3)	50,000.	0.			ANNUAL SUPPORT
AMERICAN INDIAN INSTITUTE							
502 WEST MENDENHALL ST							
BOZEMAN, MT 59715	81-0339551	501(C)(3)	49,095.	0.			2018 ANNUAL DISTRIBUTION
VELLOWGEONE ADEL MUCEUM							
YELLOWSTONE ART MUSEUM 401 N 27TH ST							GREATEST NEED; 2018
BILLINGS, MT 59101-1241	81-6014902	501(C)(3)	48,675.	0.			ANNUAL DISTRIBUTION
	01 0011101	552(5)(5)	10,070.	•			MIAM OR WHERE MOST
HELENA AREA COMMUNITY FOUNDATION							NEEDED; WHERE MOST
PO BOX 92							NEEDED; 2018 ANNUAL
HELENA, MT 59624	81-0536902	501(C)(3)	46,242.	0.			DISTRIBUTION
BOYS AND GIRLS CLUB OF THE							UNRESTRICTED; OPERATING
NORTHERN CHEYENNE NATION - PO BOX	26 2045776	E01/G)/3)	43 236	0.			SUPPORT; 2018 ANNUAL
309 - LAME DEER, MT 59043	36-3945776	501(C)(3)	43,236.	0.			DISTRIBUTION
ALBERTA BAIR THEATER CORPORATION							
PO BOX 1556							
BILLINGS, MT 59103	81-0406157	501(C)(3)	40,633.	0.			2018 ANNUAL DISTRIBUTION
HELENA PRESENTS / MYRNA LOY CENTER 15 N EWING ST							GENERAL SUPPORT; PROGRAM
HELENA, MT 59601	51-0185430	501(C)(3)	38,171.	0.			SPONSORSHIP; 2018 ANNUAL DISTRIBUTION
IIIIIIIII, NI 33001	31 0103430	301(0)(3)	30,171.	· ·			DISTRIBUTION
VALLEY COUNTY COMMUNITY FOUNDATION							
PO BOX 304							
GLASGOW, MT 59230	81-0526746	501(C)(3)	37,966.	0.			2018 ANNUAL DISTRIBUTION
V-220VI) 2010WV-WV TOUNDI							
MISSOULA COMMUNITY FOUNDATION							MISSOULA GIVES 2018
PO BOX 8806 MISSOULA, MT 59806	81-0539830	501 (C) (3)	34,735.	0.			PROJECT; 2018 ANNUAL DISTRIBUTION
MIDDOULA, MI 33000	01-0333030	DOT (C)(3)] 34,733.	٠.			Oak atala I/F ann 200

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							HOLTER RE-IMAGINED;
HOLTER MUSEUM OF ART							GENERAL OPERATING
12 EAST LAWRENCE STREET	04 0450050	504 (5) (2)	24.600				SUPPORT; 2018 ANNUAL
HELENA, MT 59601-4019	81-0472958	501(C)(3)	34,628.	0.			DISTRIBUTION
BIGFORK ACES, INC							
439 GRAND #345							
BIGFORK, MT 59911	30-0764283	501(C)(3)	30,000.	0.			OPERATING SUPPORT
SCHOOL COMMUNITY DEVELOPMENT							
COUNCIL - PO BOX 629 - BROADUS, MT							
59317	81-0514945	501(C)(3)	27,906.	0.			2018 ANNUAL DISTRIBUTION
CDEAMED DOLGON COMMUNITARY							
GREATER POLSON COMMUNITY FOUNDATION - PO BOX 314 - POLSON,							
MT 59860	26-2883184	501(C)(3)	27,852.	0.			2018 ANNUAL DISTRIBUTION
M1 33000	20 2003104	501(0)(3)	27,032.	٠.			ZOTO ANNOAL DISTRIBUTION
ST. THOMAS MORE ACADEMY							
6456 E BRISTOL RD							
BURTON, MI 48519	38-3023152	501(C)(3)	27,375.	0.			GENERAL SCHOOL FUND
							COMMUNITY DEVELOPMENT
MUSSELSHELL VALLEY COMMUNITY							LEADERSHIP INITIATIVE;
FOUNDATION - PO BOX 713 - ROUNDUP,							FOR STAFFING CAPACITY;
MT 59072	81-0512493	501(C)(3)	27,328.	0.			2018 ANNUAL DISTRIBUTION
BIGFORK CENTER FOR THE PERFORMING							
ARTS FOUNDATION LTD - PO BOX 1230	81-0424706	E01/G)/2)	26 057	0.			GARDEN MAINTENANCE; 2018 ANNUAL DISTRIBUTION
- BIGFORK, MT 59911	01-0424700	501(C)(3)	26,857.	0.			ANNUAL DISTRIBUTION
BOYS AND GIRLS CLUB OF CASCADE							
COUNTY - PO BOX 652 - GREAT FALLS.							
MT 59403	81-0475269	501(C)(3)	25,783.	0.			2018 ANNUAL DISTRIBUTION
MONTANA HOPE PROJECT INC							
PO BOX 5927							PROGRAM SUPPORT; 2018
HELENA, MT 59604	36-3396371	501(C)(3)	25,228.	0.			ANNUAL DISTRIBUTION

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	raye_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALLATIN ICE FOUNDATION, INC							
PO BOX 541							
BOZEMAN, MT 59771	20-5748563	501(C)(3)	25,000.	0.			BUILD THE BARN
BLACKFEET RESERVATION DEVELOPMENT							
FUND INC - PO BOX 3029 - BROWNING.							
MT 59417-3029	36-3784925	501(C)(3)	24,551.	0.			2018 ANNUAL DISTRIBUTION
SEELEY LAKE COMMUNITY FOUNDATION							
PO BOX 25							
SEELEY LAKE, MT 59868	31-1711576	501(C)(3)	23,838.	0.			2018 ANNUAL DISTRIBUTION
SEEDET BIKE, HI 33000	31 1711370	301(0)(3)	23,030.	0.			ZOTO IMMONE DISTRIBUTION
ECOLOGY PROJECT INTERNATIONAL							
315 S 4TH ST E							OPERATING SUPPORT; 2018
MISSOULA, MT 59801	91-2163952	501(C)(3)	22,932.	0.			ANNUAL DISTRIBUTION
,			,				CAPITAL FUND BUILDING
APOSTLES LUTHERAN CHURCH							ADDITION; SCHOLARSHIP
3140 BROADWATER AVE							ACCOUNT; 2018 ANNUAL
BILLINGS, MT 59102	81-6035157	501(C)(3)	22,845.	0.			DISTRIBUTION
							SHAKESPEARE IN THE PARKS
MONTANA STATE UNIVERSITY ALUMNI							IN HAVRE; SUPPORT FOR THE
FOUNDATION - PO BOX 172750 -							BUD ANDERSON MEMORIAL
BOZEMAN, MT 59717-2750	81-6001649	501(C)(3)	21,820.	0.			SCHOLARSHIP AT MS; 2018
MONTANA WILDERNESS ASSOCIATION							GENERAL OPERATING
80 S WARREN ST							SUPPORT; 2018 ANNUAL
HELENA, MT 59601	51-0198932	501(C)(3)	21,459.	0.			DISTRIBUTION
<u></u>	31 0130332	501(0)(3)	21,100.	•			HOMELESS ASSISTANCE
BOZEMAN PUBLIC SCHOOLS FOUNDATION							PROGRAM; SUPPORT FOR THE
PO BOX 1803							TRAVIS ATKINS MEMORIAL
BOZEMAN, MT 59771	20-1645473	501(C)(3)	20,339.	0.			SCHOLARSHIP; 2018 ANNUAL
ABSAROKEE COMMUNITY FOUNDATION							
PO BOX 72	72 1650600	E01/G)/3)	10.100	•			0.010 33334131 DTGMDTD1777
ABSAROKEE, MT 59001	73-1658638	bot(c)(3)	19,123.	0.			2018 ANNUAL DISTRIBUTION

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	, ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GALLATIN UNITED WAY 945 TECHNOLOGY BLVD STE 101F BOZEMAN, MT 59718-6859	81-0384820	501(C)(3)	18,720.	0.			GENERAL SUPPORT; BIG SKY COMMUNITY FOOD BANK; 2018 ANNUAL DISTRIBUTION
HELENA EDUCATION FOUNDATION PO BOX 792 HELENA, MT 59624	81-0544494	501(C)(3)	18,229.	0.			2018 ANNUAL DISTRIBUTION
ZOOTOWN ARTS COMMUNITY CENTER 235 NORTH 1ST ST WEST MISSOULA, MT 59802	80-0253229	501(C)(3)	17,000.	0.			CAPITAL CAMPAIGN FOR NEW LOCATION; UNRESTRICTED
FIVE VALLEYS LAND TRUST 120 HICKORY ST, STE B MISSOULA, MT 59801	23-7182055	501(C)(3)	16,839.	0.			ANNUAL SUPPORT; GENERAL SUPPORT; 2018 ANNUAL DISTRIBUTION
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - PO BOX 1439 - BIGFORK, MT 59911	23-7067099	501(C)(3)	16,821.	0.			2018 ANNUAL DISTRIBUTION
UNITED WAY OF THE LEWIS AND CLARK AREA INC - P.O. BOX 862 - HELENA, MT 59624	81-6017354	501(C)(3)	15,621.	0.			2018 ANNUAL DISTRIBUTION
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - PO BOX 40 - ROUNDUP, MT 59072	81-0245848	501(C)(3)	15,391.	0.			2018 ANNUAL DISTRIBUTION
FRIENDS OF THE PIONEER MUSEUM INC PO BOX 975 GLASGOW, MT 59230	81-0479627	501(C)(3)	15,172.	0.			2018 ANNUAL DISTRIBUTION
MISSOULA SYMPHONY ASSOCIATION PO BOX 8301 MISSOULA, MT 59807	81-0290730	501(C)(3)	15,088.	0.			SYMPHONY IN THE PARK; 2018 ANNUAL DISTRIBUTION

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA AUDUBON							OPERATING SUPPORT;
PO BOX 595							DISCRETIONARY; 2018
HELENA, MT 59624	81-0412530	501(C)(3)	15,043.	0.			ANNUAL DISTRIBUTION
BOZEMAN PUBLIC LIBRARY FOUNDATION 626 E MAIN ST							
BOZEMAN, MT 59715-3768	81-0405940	501(C)(3)	14,931.	0.			2018 ANNUAL DISTRIBUTION
FRIENDSHIP HOUSE OF CHRISTIAN SERVICE INC - 3123 8TH AVE SOUTH - BILLINGS, MT 59101	81-0300497	501(C)(3)	14,835.	0.			BUILD WELL-LIT, SECURE PARKING; 2018 ANNUAL DISTRIBUTION
BILLINGS PARK RECREATION & PRESERVATION FOUNDATION - 390 N							
23RD ST - BILLINGS, MT 59101	81-0398679	501(C)(3)	14,770.	0.			SUPPORT COTTONWOOD PARK
MANHATTAN HIGH SCHOOL PO BOX 425							
MANHATTAN, MT 59741	81-6000410	501(C)(3)	14,477.	0.			2018 ANNUAL DISTRIBUTION
UNITED WAY OF CASCADE COUNTY PO BOX 1343 GREAT FALLS, MT 59403-1343	81-0304170	501(C)(3)	13,371.	0.			GENERAL SUPPORT; 2018 ANNUAL DISTRIBUTION
THE MONTANA LAND RELIANCE PO BOX 355							
HELENA, MT 59624	81-0369262	501(C)(3)	12,847.	0.			GENERAL OPERATING SUPPORT
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N 30TH STREET - BILLINGS, MT 59101	81-0452904	501(C)(3)	12,592.	0.			BACKPACK PROGRAM; BILLINGS SENIOR HIGH MUSIC PROGRAM; 2018 ANNUAL DISTRIBUTION
FAMILY SERVICE INC PO BOX 1020 BILLINGS, MT 59103-1020	81-0232120		12,565.	0.			ANNUAL SUPPORT; 2018 ANNUAL DISTRIBUTION

Part II Continuation of Grants and Other A	ssistance to GO	verninents and Orgai	nzations in the Un	neu States (SCN)	-uule i (Foitti 990), Pa	ii ii.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOULA DOWNTOWN FOUNDATION INC 218 E MAIN ST STE C	27 1072244	E01/G)/3)	12.000				FABRICATION AND INSTALLATION OF THE NEW
MISSOULA, MT 59802	27-1872344	501(C)(3)	12,000.	0.			CANOPY SEVEN MILE CREEK
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624	81-0506868	501(C)(3)	11,963.	0.			RESTORATION PROJECT; GENERAL OPERATING SUPPORT; GENERAL SUPPORT;
YOUNG MEN'S CHRISTIAN ASSOCIATION OF HELENA INC - 1200 N LAST CHANCE GULCH - HELENA, MT 59601	81-0231815	501(C)(3)	11,705.	0.			2018 ANNUAL DISTRIBUTION
HUMANE SOCIETY OF WESTERN MONTANA PO BOX 1059 MISSOULA, MT 59806	81-0290933	501(C)(3)	11,535.	0.			OPERATING SUPPORT; GENERAL OPERATING SUPPORT; 2018 ANNUAL DISTRIBUTION
RED LODGE AREA COMMUNITY FOUNDATION - P.O. BOX 1871 - RED LODGE, MT 59068	20-0192255	501(C)(3)	11,502.	0.			2018 ANNUAL DISTRIBUTION
ZOOMONTANA, INC. 2100 SOUTH SHILOH ROAD BILLINGS, MT 59106	81-0411290	501(C)(3)	11,100.	0.			ANIMAL ENRICHMENT PROGRAM; REPLACE COMMERCIAL ICE MAKER
ST. PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601	81-0392270	501(C)(3)	11,100.	0.			2018 ANNUAL DISTRIBUTION
INTERMOUNTAIN CHILDREN'S HOME 500 S LAMBORN ST HELENA, MT 59601	81-0231775	501(C)(3)	10,987.	0.			OPERATING SUPPORT; 2018 ANNUAL DISTRIBUTION
BEACON COMMUNITY FOUNDATION PO BOX 726 SCOBEY, MT 59263	81-0498333	501(C)(3)	10,953.	0.			2018 ANNUAL DISTRIBUTION

		, <u> </u>			edule I (Form 990), Pa	1	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELENA FOOD SHARE INC							GENERAL OPERATING
PO BOX 943							SUPPORT; 2018 ANNUAL
HELENA, MT 59624	36-3507623	501(C)(3)	10,685.	0.			DISTRIBUTION
MONTANA RESCUE MISSION							ANNUAL SUPPORT; GENERAL
PO BOX 3232							SUPPORT; 2018 ANNUAL
BILLINGS, MT 59103	81-6013963	501(C)(3)	10,592.	0.			DISTRIBUTION
BENEFIS HEALTH SYSTEM FOUNDATION							WOMEN'S AND CHILDREN'S
INC - PO BOX 7008 - GREAT FALLS,							CENTER; 2018 ANNUAL
MT 59406-7008	81-0480587	501(C)(3)	10,529.	0.			DISTRIBUTION
BIGGER SKY KIDS, INC.							
PO BOX 750							SALARY OF BIGGER SKY KIDS
WOLF POINT, MT 59201	82-2944941	501(C)(3)	10,334.	0.			COORDINATOR FOR ONE YEAR
HOLI TOTAL, III 33201	02 2311311	301(0)(3)	10,551.	•			econdition for our fam.
C.M. RUSSELL MUSEUM							
400 -13TH ST N							GENERAL SUPPORT; 2018
GREAT FALLS, MT 59401	81-6003526	501(C)(3)	10,321.	0.			ANNUAL DISTRIBUTION
HELENA SYMPHONY SOCIETY							
PO BOX 1073							
HELENA, MT 59624	81-0352076	501(C)(3)	10,248.	0.			2018 ANNUAL DISTRIBUTION
JEFFERSON VALLEY COMMUNITY							
FOUNDATION - PO BOX 144 -							
WHITEHALL, MT 59759	46-3196448	501(C)(3)	10,232.	0.			2018 ANNUAL DISTRIBUTION
,			'	-			MAC FUNDING TO AISC
MONTANA ARTS COUNCIL							AWARDEES; EXPENSES
PO BOX 202201							RELATED TO THE 2018
HELENA, MT 59620-2201	81-6017343	501(C)(3)	10,158.	0.			GOVERNOR'S ARTS AWARDS
GLASGOW SCOTTIES BOOSTER CLUB							
PO BOX 735							
GLASGOW, MT 59230	20-3402373	501(C)(3)	10,084.	0.			2018 ANNUAL DISTRIBUTION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) 2.111	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
DIVINE MERCY ACADEMY							
601 W. CAMERON AVE.							
BELGRADE, MT 59714-3159	46-0532968	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FIRST UNITED METHODIST CHURCH							
610 2ND AVE N							
GREAT FALLS, MT 59401-2524	81-0235852	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HAR SHALOM							
PO BOX 3715							SECURITY UPGRADES FOR THE
	81-0452486	E01/C)/2)	10,000.	0.			
MISSOULA, MT 59806	81-0452486	501(C)(3)	10,000.	0.			CONGREGATION AND BUILDING
HELP CENTER, INC.							
421 E PEACH ST							
BOZEMAN, MT 59715	81-0309373	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HIGH COUNTRY NEWS							JOURNALIST
PO BOX 1090							INTERNSHIP/FELLOWSHIP
PANOIA, CO 81428	23-7015336	501(C)(3)	10,000.	0.			PROGRAM
PTA CARD							
PO BOX 22066							 EVERY CHILD PLAYS -
BILLINGS, MT 59104	81-0415831	501(C)(3)	10,000.	0.			INCLUSIVE PLAYGROUND
ROCKY MOUNTAIN BIBLE MISSION							
1515 FAIRVIEW AVE STE 200							
MISSOULA, MT 59801	81-0303852	501(C)(3)	10,000.	0.			RAVALLI HOUSE REMODEL
ST. VINCENT DE PAUL SOCIETY							
3005 1ST AVE S							
BILLINGS, MT 59101	91-0879988	501(C)(3)	10,000.	0.			ANNUAL SUPPORT
	12 33,3300		10,000.	<u> </u>			LAURA G BARRETT ART
MISSOULA ART MUSEUM							ROADSHOW; CONTEMPORARY
335 NORTH PATTEE							COLLECTORS CIRCLE;
MISSOULA, MT 59802	81-0496898	501(C)(3)	9,849.	0.			UNRESTRICTED; 2018 ANNUAL

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BOY SCOUTS OF AMERICA MONTANA							ANNUAL SUPPORT; COUNCIL
COUNCIL 315 - 820 17TH AVE SOUTH -							315; 2018 ANNUAL
GREAT FALLS, MT 59405-5939	81-0343177	501(C)(3)	9,697.	0.			DISTRIBUTION
BROADWATER PRODUCTIONS, INC.							
(GRANDSTREET THEATRE) - P.O. BOX							 SCHOLARSHIPS; 2018 ANNUA
1258 - HELENA, MT 59624	81-0357843	501(C)(3)	9,655.	0.			DISTRIBUTION
ALLIANCE FOR THE WILD ROCKIES							
PO BOX 505							OPERATING SUPPORT; 2018
HELENA, MT 59624	81-0455740	501(C)(3)	9,535.	0.			ANNUAL DISTRIBUTION
							EDUCATIONAL EXPENSES FOR
MONTANA STATE UNIVERSITY BILLINGS							A NURSING STUDENT;
FOUNDATION - 1500 UNIVERSITY DRIVE							NURSING PROGRAM
- BILLINGS, MT 59101	81-0301477	501(C)(3)	9,453.	0.			SCHOLARSHIPS; 2018 ANNUA
FORT PECK FINE ARTS COUNCIL							
PO BOX 973							
GLASGOW, MT 59230-0973	81-0306649	501(C)(3)	9,414.	0.			2018 ANNUAL DISTRIBUTION
FAMILY PROMISE OF YELLOWSTONE							
VALLEY - 10 S 26TH ST - BILLINGS,							
MT 59101	20-0323622	501(C)(3)	9,400.	0.			GENERAL OPERATING SUPPOR'
TUMBLEWEED RUNAWAY PROGRAM INC							GENERAL SUPPORT;
505 NORTH 24TH ST							UNRESTRICTED; 2018 ANNUA
BILLINGS, MT 59101	36-3343886	501(C)(3)	9,295.	0.			DISTRIBUTION
MUSEUM OF THE ROCKIES							
600 WEST KAGY BOULEVARD							
BOZEMAN, MT 59717	81-6016828	501(C)(3)	9,270.	0.			2018 ANNUAL DISTRIBUTION
GLACIED GYMDHONY ODGUEGEDA AND							
GLACIER SYMPHONY ORCHESTRA AND CHORALE INC - PO BOX 2491 -							
KALISPELL, MT 59903-2491	81-0413320	E01 (G) (3)	9,146.	0.			2018 ANNUAL DISTRIBUTION

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ROBERTS COMMUNITY FOUNDATION							
PO BOX 284							
ROBERTS, MT 59070	84-1425182	501(C)(3)	9,138.	0.			2018 ANNUAL DISTRIBUTION
STEVENSVILLE COMMUNITY FOUNDATION							
INC - PO BOX 413 - STEVENSVILLE,							
MT 59870	81-0490459	501(C)(3)	9,041.	0.			2018 ANNUAL DISTRIBUTION
INTERMOUNTAIN PLANNED PARENTHOOD,							
INC 1116 GRAND AVE STE 201 -							OPERATING SUPPORT; 2018
BILLINGS, MT 59102	81-0307201	501(C)(3)	9,000.	0.			ANNUAL DISTRIBUTION
CENTER POLE FOUNDATION							
PO BOX 71							FOOD PROGRAM;
GARRYOWEN, MT 59031	20-8780215	501(C)(3)	9,000.	0.			UNRESTRICTED
INDIAN LAW RESOURCE CENTER							
602 N EWING ST							
HELENA, MT 59601	52-1121079	501(C)(3)	8,871.	0.			2018 ANNUAL DISTRIBUTION
·			,				
THE FRIENDS OF IRISH STUDIES IN							
THE WEST - PO BOX 4693 - MISSOULA,							
MT 59806	26-1391012	501(C)(3)	8,535.	0.			2018 ANNUAL DISTRIBUTION
							BACK-A-KID PROGRAM;
BOYS & GIRLS CLUB OF YELLOWSTONE							PURCHASE OF THE DUAL
COUNTY ENDOWMENT FOUNDATION - 505							STOVE AND OVEN; 2018
ORCHARD LN - BILLINGS, MT 59101	81-0456702	501(C)(3)	8,534.	0.			ANNUAL DISTRIBUTION
TAMEDAN MICANIA GUARAN TERRETARIA TARE							
INTERNATIONAL CHORAL FESTIVAL INC							
PO BOX 8203	01 0450055	501/61/21	0.131	•			0010 337777 DIGERITATION
MISSOULA, MT 59807	81-0459276	DUI(C)(3)	8,131.	0.			2018 ANNUAL DISTRIBUTION
NORTHERN CHAUTAUQUA COMMUNITY							
FOUNDATION - 212 LAKE SHORE DR W -							JEROME H. SCHAFFER
DUNKIRK, NY 14048	16-1271663	501(C)(3)	8,000.	0.			SCHOLARSHIP FUND

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TREE CENTER BILLINGS EXCHANGE							
CLUBS CHILD ABUSE PREVENTI - 2520							
5TH AVE S - BILLINGS, MT 59101	81-0443762	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
0111 1112 2 21221102, 111 07101	01 0110702		,,,,,,	•			CULINARY AND NUTRITION
OVANDO SCHOOL DISTRICT							INSTRUCTION FOR RURAL
PO BOX 176							schools; 2018 ANNUAL
OVANDO, MT 59854	81-6000809	501(C)(3)	7,924.	0.			DISTRIBUTION
COLUMBUS COMMUNITY FOUNDATION						1	COMMUNITY CATALOG AND
PO BOX 462	45 4200255	501 (3) (3)		_			ENDOWMENT GROWTH; 2018
COLUMBUS, MT 59019	47-4302357	501(C)(3)	7,794.	0.			ANNUAL DISTRIBUTION
INTERNATIONAL HUNTER EDUCATION							
ASSOCIATION - USA - 800 E 73RD AVE							
UNIT 2 - DENVER, CO 80229	37-1145157	501(C)(3)	7,613.	0.			2018 ANNUAL DISTRIBUTION
<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
WORLD MUSEUM OF MINING							
PO BOX 33							
BUTTE, MT 59703	81-6014901	501(C)(3)	7,579.	0.			2018 ANNUAL DISTRIBUTION
GLASGOW EVANGELICAL CHURCH							
152 ABERDEEN ST							
GLASGOW, MT 59230	81-0359599	501(C)(3)	7,532.	0.			2018 ANNUAL DISTRIBUTION
ADGUTE DRAY HOUNDAMION							
ARCHIE BRAY FOUNDATION							
2915 COUNTRY CLUB AVENUE HELENA, MT 59602-9240	81-0284022	501/C\/3\	7,515.	0.			2018 ANNUAL DISTRIBUTION
HELENA, MI 59002-9240	81-0284022	501(C)(3)	7,515.	0.			HIGH SCHOOL LEADERSHIP
NOXON PUBLIC SCHOOLS							TEAM; PRINCIPAL'S
300 NOXON AVE							DISCRETIONARY FUND FOR
NOXON, MT 59853	81-6000922	501(C)(3)	7,500.	0.			HIGH SCHOOLS STUDENTS;
.,	, _ , _ ,	-,.,,.,	1,220	•			, , , , , , , , , , , , , , , , , , , ,
LEWIS & CLARK FOUNDATION							
PO BOX 398							GENERAL SUPPORT; 2018
GREAT FALLS, MT 59403	81-0471734	501(C)(3)	7,292.	0.			ANNUAL DISTRIBUTION

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ACLU OF MONTANA FOUNDATION INC PO BOX 1317 HELENA, MT 59624	81-0445339	501(C)(3)	7,200.	0.			UNRESTRICTED; 2018 ANNUA
NYE COMMUNITY FOUNDATION PO BOX 528 NYE, MT 59061	81-0531083	501(C)(3)	7,191.	0.			2018 ANNUAL DISTRIBUTION
YWCA BILLINGS 909 WYOMING AVE BILLINGS, MT 59101	81-0534954	501(C)(3)	7,165.	0.			SCHOLARSHIPS; 2018 ANNUAL DISTRIBUTION
GOD'S LOVE INC 533 N. LAST CHANCE GULCH HELENA, MT 59601	81-0400234	501(C)(3)	7,119.	0.			2018 ANNUAL DISTRIBUTION
WIBAUX COUNTY NURSING HOME 712 S WIBAUX ST S WIBAUX, MT 59353	81-0392225	501(C)(3)	7,077.	0.			NURSING HOME TV ROOM; 2018 ANNUAL DISTRIBUTION
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN - 2413 OTTER WAY - GREAT FALLS, MT 59405	81-6010854	501(C)(3)	7,000.	0.			SMART WAGE NEGOTIATION CLASSES
RED ANTS PANTS FOUNDATION PO BOX 690 WHITE SULPHER SPRINGS, MT 59645	45-1237337	501(C)(3)	7,000.	0.			NEW RURAL LEADERSHIP PROGRAM
TOWNSEND ROTARY CLUB PO BOX 1192 TOWNSEND, MT 59644	81-6014131	501(C)(3)	7,000.	0.			2018 YOUTH LEADERSHIP AWARD; NEW ROOF AND ADDITION IN BACK FOR STORAGE; REPLACE 50
NOVA CENTER FOR THE PERFORMING ARTS - PO BOX 11 - BILLINGS, MT 59103-0011	81-0514788	501(C)(3)	6,949.	0.			GREATEST NEED; 2018 ANNUAL DISTRIBUTION

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	rage
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WESTERN HERITAGE CENTER							
2822 MONTANA AVE							GREATEST NEED; 2018
BILLINGS, MT 59101	23-7155997	501(C)(3)	6,883.	0.			ANNUAL DISTRIBUTION
MINERAL COUNTY COMMUNITY							
FOUNDATION - PO BOX 93 - SUPERIOR,							
MT 59872	81-0501990	501(C)(3)	6,825.	0.			2018 ANNUAL DISTRIBUTION
FOUNDATION FOR ANIMALS							
PO BOX 389							MONTANA WILDLIFE CENTER;
HELENA, MT 59624-0389	55-0911292	501(C)(3)	6,640.	0.			2018 ANNUAL DISTRIBUTION
,			,				LEGO ROBOTICS FOR RURAL
GIRL SCOUTS OF MONTANA AND WYOMING							GIRLS; PURCHASE PROPANE
2303 GRAND AVENUE							STOVES AND LANTERNS; 2018
BILLINGS, MT 59102	81-6001486	501(C)(3)	6,602.	0.			ANNUAL DISTRIBUTION
YELLOWSTONE RIVER PARKS							
ASSOCIATION - PO BOX 1201 - BILLINGS, MT 59103-1201	36-4096295	501 (C) (3)	6,563.	0.			2018 ANNUAL DISTRIBUTION
DIBLINGS, MI 33103 1201	30 4030233	501(0)(3)	0,303.				ZOTO MINORE DISTRIBUTION
RONALD MCDONALD HOUSE CHARITIES OF							
EASTERN MONTANA INC - 1144 N. 30TH							GREATEST NEED; 2018
STREET - BILLINGS, MT 59101-0124	81-0400667	501(C)(3)	6,536.	0.			ANNUAL DISTRIBUTION
WELL OF GROWN AND THE GROWN AN							
YELLOWSTONE WILDLIFE SANCTUARY PO BOX 675							
RED LODGE, MT 59068	81-0422009	501 (C) (3)	6,530.	0.			2018 ANNUAL DISTRIBUTION
MED HODGE, MI 35000	01 0422003	501(0)(3)	0,330.	· ·			ZOTO INNOINE DISTRIBUTION
MONTANA WOMEN VOTE							
725 W. ALDER ST., STE #21							
MISSOULA, MT 59802	81-0362732	501(C)(3)	6,500.	0.			WPLI AND OUTREACH
DI AGREERE EN TOE							
BLACKFEET TRIBE P.O. BOX 850							
BROWNING, MT 59417	81-0212955	501 (C) (3)	6,401.	0.			2018 ANNUAL DISTRIBUTION
ENGINETIO, HI JULI	01 0212733	201(0/(3/	1 0, ±01.	<u> </u>	l .		POTO MINORE DIBIRIDOTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUNK WARD COMMITTEE FBO MONTANA							ORIGINAL MONTANA CLUB
CLUB - PO BOX 726 - HELENA, MT							RENOVATIONS AND
59624	81-0169370	501(C)(3)	6,204.	0.			PRESERVATION
RIVERSTONE HEALTH FOUNDATION							
PO BOX 1562							
BILLINGS, MT 59103	35-2332179	501(C)(3)	6,058.	0.			2018 ANNUAL DISTRIBUTION
							CHURCH'S TECHNOLOGY
PARK HILL CONGREGATIONAL CHURCH,							NEEDS, OPERATING SUPPORT
UNITED CHURCH OF CHRIST - 2600							LABYRINTH RESTORATION
LEYDEN ST - DENVER, CO 80208	84-0458060	501(C)(3)	6,000.	0.			PROJECT;
ROCKY MOUNTAIN COLLEGE							
1511 POLY DRIVE							
BILLINGS, MT 59102	81-0235407	501(C)(3)	5,954.	0.			2018 ANNUAL DISTRIBUTION
			,,,,,,,				OPERATING SUPPORT;
THE ANGEL FUND							CHILDREN'S CLOTHING AND
PO BOX 7436							SCHOOL SUPPLIES; 2018
HELENA, MT 59604	81-0535130	501(C)(3)	5,919.	0.			ANNUAL DISTRIBUTION
BUTTE-SILVER BOW COMMUNITY							
FOUNDATION - 3505 QUINCY STREET -							
BUTTE, MT 59701-4458	27-3492133	501(C)(3)	5,838.	0.			2018 ANNUAL DISTRIBUTION
•			,				
MIRACLE OF AMERICA STORY INC							
36094 MEMORY LANE							
POLSON, MT 59860	81-0437386	501(C)(3)	5,772.	0.			2018 ANNUAL DISTRIBUTION
CHASE HAWKS MEMORIAL FOUNDATION							
PO BOX 31333							
BILLINGS, MT 59107	81-0499653	501(C)(3)	5,673.	0.			OPERATING SUPPORT
,			5,575.	•			
DOCTORS WITHOUT BORDERS USA, INC.							
40 RECTOR ST 16TH FLOOR							
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FRIENDS OF BIG SKY EDUCATION							
P.O. BOX 160633							WMPAC AND FOSBE
BIG SKY, MT 59716	33-1106018	501(C)(3)	5,500.	0.			SCHOLARSHIPS
HEIFER PROJECT INTERNATIONAL							
1 WORLD AVENUE							GENERAL SUPPORT; TO HELE
LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	5,500.	0.			FEED THOSE LESS FORTUNAT
RONALD MCDONALD HOUSE OF CHARITIES							
OF WESTERN MONTANA - 3003 FORT							
MISSOULA ROAD - MISSOULA, MT 59804	81-0400667	501(C)(3)	5,500.	0.			OPERATING SUPPORT
SCHOOL ADMINISTRATORS OF MONTANA							
900 N MONTANA STE A-4							
HELENA, MT 59601	81-0371541	501(C)(3)	5,331.	0.			2018 ANNUAL DISTRIBUTION
UNIVERSITY OF PROVIDENCE							
1301 20TH STREET SOUTH							
GREAT FALLS, MT 59405	81-0231777	501(C)(3)	5,323.	0.			2018 ANNUAL DISTRIBUTION
HELENA YOUTH SOCCER ASSOCIATION							
INC - PO BOX 6972 - HELENA, MT							
59604	81-0472455	501(C)(3)	5,282.	0.			2018 ANNUAL DISTRIBUTION
BILLINGS SYMPHONY SOCIETY							
201 N. BROADWAY #350							
BILLINGS, MT 59101	23-7083873	501(C)(3)	5,265.	0.			2018 ANNUAL DISTRIBUTION
PLYMOUTH CONGREGATIONAL CHURCH							
400 SOUTH OAKES							
HELENA, MT 59601	81-0298891	501(C)(3)	5,252.	0.			2018 ANNUAL DISTRIBUTION
HINSDALE COOPERATIVE COMMUNITY							
SCHOLARSHIP FUND - PO BOX 127 -							
HINSDALE, MT 59241-0127	81-6001060	501(C)(3)	5,251.	0.			2018 ANNUAL DISTRIBUTION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 537 GRAND AVE BILLINGS, MT 59101	81-0300195	501(C)(3)	5,219.	0.			2018 ANNUAL DISTRIBUTION
MOUNTAINVIEW MEDICAL CENTER INC 16 WEST MAIN ST WHITE SULPHUR SPRINGS, MT 59645	81-0255832	501(C)(3)	5,185.	0.			2018 ANNUAL DISTRIBUTION
CENTER FOR MENTAL HEALTH PO BOX 3089 GREAT FALLS, MT 59403	81-0347441	501(C)(3)	5,104.	0.			2018 ANNUAL DISTRIBUTION
RANGE RIDERS INC 435 L. P. ANDERSON RD MILES CITY, MT 59301	81-0255838	501(C)(3)	5,083.	0.			PAINTING TWO FRONT PORCHES; 2018 ANNUAL DISTRIBUTION
PHILIPSBURG AREA EDUCATIONAL FOUNDATION - PO BOX 900 - PHILIPSBURG, MT 59858	81-0529195	501(C)(3)	5,079.	0.			2018 ANNUAL DISTRIBUTION
BILLINGS STUDIO THEATRE INC 1500 RIMROCK ROAD BILLINGS, MT 59102	81-0293924	501(C)(3)	5,010.	0.			GREATEST NEED; 2018 ANNUAL DISTRIBUTION

(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	187	332,396.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
MCF'S PROCESS REQUIRES THAT GRANT REQUESTS MUST CO	MPLY WITH THE	PURPOSE OF			
THE ENDOWMENT FUND PAYING THE GRANT, 501(C)(3) STA	TUS IS VERIFI	ED, AND			
COMPLIANCE WITH CONFLICT OF INTEREST POLICIES IS R	EVIEWED. THE	MAJORITY OF			
GRANTS AWARDED BY MCF SUPPORT THE GENERAL OPERATIN	G AND PROGRAM	I PURPOSES OF			
THE 501(C)(3) ORGANIZATIONS AWARDED, AND AS SUCH,					
REPORT OF HOW THE GRANT FUNDS WERE USED. GRANT AWA					
REPORT OF HOW THE GRANT FUNDS WERE USED, GRANT AWA	KD LETTERS AN	E SENI WIIH			
THE GRANT CHECKS, AND THE AWARD LETTERS INSTRUCT T	HE RECIPIENT	ORGANIZATION			
THAT THE FUNDS CAN BE USED ONLY FOR THE PURPOSE TH	E GRANT WAS A	APPLIED FOR			

832291

Schedule I (Form 990)

CONTEMPORARY COLLECTORS CIRCLE; UNRESTRICTED; 2018 ANNUAL DISTRIBUTION

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2078

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number 81-0450150

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:	- -		х
	The organization?	5a		
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
a		6a		Х
	The organization? Any related organization?	6b		X
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD .		
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	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	9		

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)		
(1) MARY RUTHERFORD	(i)	175,091.	0.	0.	8,945.	6,530.	190,566.	0.	
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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 for instructions and the latest information.

Inspection Employer identification number

	MONTANA COMMUNITY FOUNDATION, INC. 81-0450150								
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on	(d Method of d noncash contrib	letermin		s
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	Х	59	1,524	1,282. D	AILY AVERAGE O	F PRIC	ES	
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								
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	jement	29			0	
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date								
	exempt purposes for the entire holding period? 30a								X
b									
31									
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions? 32a X								X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is check	ed,			
	describe in Part II.								

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

832142 10-18-18

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

MONTANA COMMUNITY FOUNDATION, INC.	81-0450150							
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								
PHILANTHROPY IN MONTANA AND PRUDENTLY MANAGING ENDOWMENTS WHICH EMPOWER								
COMMUNITIES AND MAKE MONTANA A GREAT PLACE TO LIVE.								
FORM 990, PART VI, SECTION B, LINE 11B:								
APPROPRIATE INDIVIDUALS IN MANAGEMENT AND THE AUDIT AND COMPLIANCE								
COMMITTEE MEMBERS OF THE BOARD REVIEW THE RETURN BEFORE FILING WITH THE								
IRS.								
FORM 990, PART VI, SECTION B, LINE 12C:								
AT THE ANNUAL MEETING, THE BOARD RECEIVES TRAINING ON GOVERNANCE MATTERS,	AT THE ANNUAL MEETING, THE BOARD RECEIVES TRAINING ON GOVERNANCE MATTERS,							
INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST. THE GRANTS COMMITTEE IS								
REMINDED 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, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization MONTANA COMMUNITY FOUNDATION, INC.		Employer identification number 81-0450150
THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON	THE ORGANIZATION'S	
WEBSITE AND UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE	UPON REQUEST AS	
WELL.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
ENDOWMENT AGENCY FUND ACTIVITY	-186,965.	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME		
FUND	-2,210.	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-22,868.	
РРА	-23,374.	
CHANGE IN DEFICIT ENDOWMENTS	-5,753.	
PASSTHROUGH LOSS FROM K-1S	28,539.	
TOTAL TO FORM 990, PART XI, LINE 9	-212,631.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

81-0450150

MONTANA COMMUNITY FO		81-0450150						
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes" o	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state or Total ir foreign country)		(d) r Total incor	(e) me End-of-year asset		sets Direct co		9
MCF REAL PROPERTY LLC - 47-3656226 33 S LAST CHANCE GULCH, SUITE 2A HELENA, MT 59601	ACCEPT AND LIQUIDATE GIFTED PROPERTY ON BEHALF OF MCF, INC.	MONTANA	0.	0.	MONTANA COMM FOUNDATION,			
33 S SOUTH LAST CHANCE GULCH, LLC - 35-2572088, 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601	LLC TO OWN PROPERTY	MONTANA	307,	009. 2,41	.3,414.	MONTANA COMMUNITY .FOUNDATION, INC.		
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization ar	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more	related tax-exer	mpt	
(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		(f) ect controlling entity	(g) Section 512(b)(13 controlled entity?	
				501(c)(3))			Yes	No

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

		0 1 1 10 1 1 1	W/ " F 000	D . N	20.1	
	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, t	because it had one or	more related
Partill	organizations treated as a partnership during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	(k) Percentage ownership
		77		,							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									
									

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a				
	Gift, grant, or capital contribution to related organization(s)				1b				
С	Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)				1d				
	Loans or loan guarantees by related organization(s)				1e		<u> </u>		
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g				
h	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
	Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)				10				
р	Reimbursement paid to related organization(s) for expenses				1p				
	Reimbursement paid by related organization(s) for expenses				1q				
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)				1s				
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)									
(2)									
(3)									
ω,									
(4)									
,									
(5)									
,		 							

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership

832165 10-02-18 Schedule R (Form 990) 2018

EXTENDED TO MAY 15, 2020

Form	990-T	E		OMB No. 1545-0687						
			•	nd proxy tax unde					0040	
		For ca	lendar year 2018 or other tax yea			, and ending JUN			ZU 18	
Departm Internal I	nent of the Treasury Revenue Service	•	► Go to www Do not enter SSN numbe	-		ons and the latest informa de public if your organiza		C 5	Open to Public Inspection for 01(c)(3) Organizations Only	
Α	Check box if address changed		Name of organization (Check box if name ch	hanged	and see instructions.)		D Employer identification number (Employees' trust, see instructions.)		
B Exe	mpt under section	Print	MONTANA COMMUNITY	FOUNDATION, INC	١.			8	31-0450150	
X	501(c)(3)	_ or	Number, street, and room	or suite no. If a P.O. box	k, see in	structions.			ted business activity code structions.)	
	408(e) 220(e)	Туре	33 S LAST CHANCE	GULCH, NO. 2A]	ou doublion,	
	408A 530(a) 529(a)		City or town, state or prov HELENA, MT 59601		r foreig	n postal code		531120		
	value of all assets d of year		F Group exemption numb		<u> </u>					
at end	d of year 108,215,	489.	G Check organization type			501(c) trust	401(a)	trust	Other trust	
H Ente			ition's unrelated trades or b		2		he only (or first) un		0	
			TAL OF NONRESIDENT				complete Parts I-V.		than one.	
	-		ace at the end of the previou		rts I an		=			
	ness, then complete I	•	•	, , , , , ,		, , , ,				
I Duri	ng the tax year, was	the corp	ooration a subsidiary in an a	uffiliated group or a paren	nt-subsi	diary controlled group?	> [Yes	x No	
			tifying number of the paren							
J The			KACIE TOLLEFSON			Telepho	ne number 🕨 4	06-443	3-8313	
Part	t I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	;	(C) Net	
1a G	Gross receipts or sale	S								
	ess returns and allov			c Balance ▶	1c					
2 C	ost of goods sold (S	chedule	A, line 7)		2					
	Gross profit. Subtract				3					
			ch Schedule D)		4a					
			Part II, line 17) (attach Form		4b					
			sts		4c					
			ship or an S corporation (at	· ·	5					
	Rent income (Schedu	, ,			6	200 577	127	404	62 172	
			me (Schedule E)		7	200,577.	137,	404.	63,173.	
			nd rents from a controlled o	-	8					
			on 501(c)(7), (9), or (17) or		9 10					
			ome (Schedule I) e J)		11					
			ns; attach schedule)		12					
			gh 12			200.577.	137	404.	63,173.	
Part	II Deductio	ns No	ot Taken Elsewher	e (See instructions fo	r limita	ations on deductions.)			7-1-1	
			utions, deductions must				ncome.)			
14	Compensation of offi	icers. di	rectors, and trustees (Sche	dule K)				14	_	
								15		
								16		
								17		
			ee instructions)					18		
19	Taxes and licenses							19	50.	
20	Charitable contribution	ons (Se	e instructions for limitation	rules) STATEMENT	3	SEE STATEMEN	Г 1	20	0.	
			562)							
22			n Schedule A and elsewhere			· · · · · · · · · · · · · · · · · · ·		22b		
								23		
			mpensation plans					24		
			-la-data D					25		
			chedule I)					26		
27	excess readership co	osts (Sc	hedule J)			сьь сшушьмым	 г э	27	4,300.	
28	Omer deductions (at	iach sch	nedule)			SEE STATEMEN		28	4,300.	
			14 through 28ncome before net operating					29	58,823.	
			ncome before het operating loss arising in tax years beg					30	33,023.	
		-	ncome. Subtract line 31 fro	· -	iy i, 20	io (see ilistractions)		32	58,823.	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Part I	Total Unrelated Business Taxable Income		01 04		-		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruct	ions)		33	58.	823.
34	Amounts paid for disallowed fringes		,		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru				35	58,	823.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s			·			
	lines 33 and 34			- 1 :	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				37	1,	000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line			·			
	enter the smaller of zero or line 36	,		- 1 :	38		0.
Part I	V				•		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		>	- [:	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount						
	Tax rate schedule or Schedule D (Form 1041)		>	-	40		
41	Proxy tax. See instructions			- [.	41		
42	Alternative minimum tax (trusts only)			Ŀ	42		
43	Tax on Noncompliant Facility Income. See instructions			. <u>L</u>	43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			. .	44		0.
Part \				_			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_			
b	Other credits (see instructions)	45b		_			
C	General business credit. Attach Form 3800	45c		_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			_			
	Total credits. Add lines 45a through 45d				15e		
46	Subtract line 45e from line 44			H	46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88				47		
48	Total tax. Add lines 46 and 47 (see instructions)				48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			· 📙	49		
	Payments: A 2017 overpayment credited to 2018			-			
	2018 estimated tax payments	50b		\dashv			
i d	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions)	50c 50d					
		50e		\dashv			
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	50f					
a	Other credits, adjustments, and payments: Form 2439	1001					
y	Form 4136 Other Total	50a					
51	Total payments. Add lines 50a through 50g				51		
52	Fating at all to a graphs (and instructions) Observit Farms 0000 is attached				52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		>	▶ [54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	•	55		
Part \	Statements Regarding Certain Activities and Other Information	n (see	instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $\frac{1}{2}$	or other a	authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization $(x,y) = (x,y) + (y,y) = (y,y) + (y,y) = (y,y)$	n may hav	re to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign c	ountry				
	here						X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor t	to, a foreign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\ \bigs \]		ad to the best of my live.		and balled it is too.		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare			wieuge	and belief, it is tru	c ,	
Here	DDEGT DENM	CEO.			he IRS discuss this		with
	Signature of officer Date PRESIDENT/	CEO			reparer shown below ctions)? X Y		No
		ıto.	Chaol		PTIN	69	INU
	Print/Type preparer's name Preparer's signature Da	แช	Check	if	FIIN		
Paid	EMINA O. CRESSWELL, CPA EMINA O. CRESSWELL, CPA 02,	/27/20	self- employe	5U	P01217304	Į.	
•	Preparer - Noga Priva III						
Use C	601 W. RIVERSIDE AVENUE STE 1800		Firm's EIN	_	91-0189		
	Firm's address > SPOKANE, WA 99201		Phone no.	509	-747-2600		
823711 01	<u> </u>		1		Form 9	90-T	(2018)
							. ,

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A				
1 Inventory at beginning of year			6 Inventory at end of yea	r		6	
2 Purchases			7 Cost of goods sold. St				
3 Cost of labor			from line 5. Enter here				
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property L	ease	d With Real Prope	erty)	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
_	2. Rent receiv	ed or accrued					
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	d personal property (if the percentagersonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the inc d 2(b) (attach schedule	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	nstructions)				-
			Gross income from or allocable to debt-		Deductions directly conne to debt-finance)
1. Description of debt-fin	anced property		financed property	` ′	Straight line depreciation (attach schedule)	(b) Other dec	edule)
				S	ratement 7	STATEMENT 8	
(1) BUILDING			273,340.		79,879.		107,371.
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable of (column 6 x total 3(a) and	al of columns
(1) 1,629,944.		2,221,185.	73.38%		200,577.		137,404.
(2)			%				
(3)			%				
(4)			%				
STATEMENT 5	STATEM	ENT 6			nter here and on page 1, Part I, line 7, column (A).	Enter here and o	
Totals					200,577.		137,404.
Total dividends-received deductions in	cluded in column						0.

Form **990-T** (2018)

Sch	edule F - Interest, <i>F</i>	annuities,	Koyaltı	es, an		From Co Controlled O			tions	see ins	struction	ns)	
	1. Name of controlled organizat	ion	2. Emplidentification	ation	3. Net unr	elated income e instructions)	4 . Tota	al of specified nents made	includ	rt of column 4 ed in the contration's gross i	rolling	6. Deductions directly connected with income in column 5	
(1)													
(2)													
(3)													
(4)													
None	exempt Controlled Organi						. 1	40			44 -		_
	7. Taxable Income		elated income instructions)	(loss)	9. Total	of specified payr made	nents	10. Part of column in the controlling gross		nization's	11. D wit	eductions directly connecte th income in column 10	∌d
(1)													_
(2)													
(3)													
(4)													
								Add colun Enter here and line 8, o		1, Part I,		ndd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Total							▶			0.			0.
Sch	edule G - Investme		e of a S	ection	501(c)(7	'), (9), or (17) Org	anization					
	(see insti	ructions)	,			2. Amount of	income	3. Deductio directly conne	cted	4. Set-	asides	5. Total deduction and set-asides	
(1)								(attach sched	lule)	(unuon o		(col. 3 plus col. 4)
(2)													_
(2)													_
(4)													
						Enter here and Part I, line 9, co						Enter here and on pag Part I, line 9, column (B	
Total					>		0.						0.
Sch	nedule I - Exploited (see instru	-	ctivity I	ncome	e, Other	Than Adv	ertisin	g Income		T			
	1. Description of exploited activity	2. Gro unrelated bu income fi trade or bus	rom	directly o with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or blumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)													_
(1) (2) (3) (4)													
(3)													
(4)													
		Enter here a page 1, P line 10, co	art I, I. (A).	page 1	re and on , Part I, col. (B).							Enter here and on page 1, Part II, line 26.	
Total	s ⊳ nedule J - Advertisiı	l na Incomé	0.	etri iotion	0.								0.
Pa						solidated	Basis						
	1. Name of periodical		2. Gross dvertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute nrough 7.	5. Circulatincome		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	S
(1)													
(2)								-				-	
(1) (2) (3) (4)													
(+)													
Total	s (carry to Part II, line (5))	▶	(0.	C).						Form 990-T (20	0.

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2018 DONATIONS	N/A	3,411,160.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	3,411,160.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		4,300.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	4,300.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 3
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2016 FOR TAX YEAR 2017 3,272,036 FOR TAX YEAR 2017		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	7,251,933 3,411,160	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	10,663,093	_
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	10,663,093 0 10,663,093	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

FORM 990-T	NET	OPERATING	LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	73,256.		0.	73,256.	73,256.
06/30/18	17,353.		0.	17,353.	17,353.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		90,609.	90,609.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 5
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDIN
BUILDING	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		1,649,377 1,646,203 1,642,256 1,639,044 1,635,453 1,631,469 1,625,536 1,621,509 1,617,853 1,613,996 1,609,756
ORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED	INCOME	STATEMENT 6
	INCOME	STATEMENT 6
	INCOME ACTIVITY NUMBER	
ORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS ESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY	
ORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	ACTIVITY NUMBER	-

FORM 990-T S	CHEDULE E - DEPRECIATION D	EDUCTION	STATEMENT 7
DESCRIPTION	ACTIV NUMB		TOTAL
DEPRECIATION	- SUBTOTAL -	79,8	79. 79,879.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN 3(A)		79,879.
FORM 990-T	SCHEDULE E - OTHER DEDUC	TIONS	STATEMENT 8
DESCRIPTION	ACTIV NUMB		TOTAL
LEGAL OTHER OFFICE EXPENSES OCCUPANCY INTEREST INSURANCE DUES AND OTHER FEES	- SUBTOTAL -	29,9 68,2 4,0	96. 49. 82. 85.
	SCHEDULE E, COLUMN 3(B)		107,371

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

____, and ending <u>JUN</u> 30, 2019 For calendar year 2018 or other tax year beginning ____JUL_1, 2018

OMB No. 1545-0687

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service (99)

Name of the organization

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

501(c)(3) Organizations Only

	MONTANA COMMUNITY FOUNDATION, INC.				81-	-0450150	
$\overline{}$	Inrelated business activity code (see instructions) 900099				•		
	Describe the unrelated trade or business INVESTMENT INC	COME	FROM PASSTHRO	UGH			
Par	t I Unrelated Trade or Business Income		(A) Income	•	(B) Expe	enses	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D)	4a	5	,420.			5,420.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) STATEMENT 9	5	-33	,957.			-33,957.
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions; attach schedule)	12					
13	Total. Combine lines 3 through 12	13	-28	,537.			-28,537.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere)	ınrela	ated business i	incom	e.)		contributions,
14	Compensation of officers, directors, and trustees (Schedule K)						
15	Salaries and wages						
16	Repairs and maintenance						
17	Bad debts						
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	
20	Charitable contributions (See instructions for limitation rules)		l l	1	TMT 11	20	0.
21	Depreciation (attach Form 4562)						
22	Less depreciation claimed on Schedule A and elsewhere on return					22b	
23	Depletion					23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	
26	Excess exempt expenses (Schedule I)						
27	Excess readership costs (Schedule J)						
28	Other deductions (attach schedule)						
29	Total deductions. Add lines 14 through 28					29	0.
30	Unrelated business taxable income before net operating loss deduced	ction.	Subtract line 29 fr	om line	13	30	-28,537.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018	(see			
	instructions)					31	
32	Unrelated business taxable income. Subtract line 31 from line 30					32	-28,537.
LHA	For Paperwork Reduction Act Notice, see instructions.					Schedule N	/I (Form 990-T) 2018

FORM 990-T (M)	INCOME (LOSS) FR	OM PARTNERSHIPS	STATEMENT 9
DESCRIPTION				NET INCOME OR (LOSS)
CORE INDUSTRIAL PART INCOME (LOSS) GREENSPRING GLOBAL F				-7,213
INCOME (LOSS) KLINE HILL PARTNERS	4			
(LOSS) TRUEBRIDGE CAPITAL F INCOME (LOSS)	ARTNERS FUND	V, LP -	ORDINARY BUSINESS	1,769 -87
RNR PARTNERS II - OR	DINARY BUSIN	ESS INCO	ME (LOSS)	-28,430
TOTAL INCLUDED ON SO	HEDULE M, PA	RT I, LI	NE 5	-33,957
FORM 990-T (M)		CONTRIBU	TIONS	STATEMENT 10
DESCRIPTION/KIND OF	PROPERTY	METHOD U	SED TO DETERMINE FMV	AMOUNT
CORE INDUSTRIAL PART ENR PARTNERS II KLINE HILL PARTNERS]	N/A N/A N/A		5 3 1
TOTAL TO SCHEDULE M,	PART II, LI	NE 20		9
FORM 990-T (M)	CONTRI	BUTION L	IMITATIONS	STATEMENT 11
CC	NTRIBUTIONS TO THE 10%		QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTIONS
TOTAL CONTRIBUTIONS 10% TAXABLE INCOME		9. 0.	0.	9.
CURRENT YEAR AMOUNT		0.	-28,537.	0.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

MONTANA COMMUNITY FOUNDATION, INC. 81-0450150

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. This form may be easier to complete if you round off cents to whole dollars. This form may be easier to complete if you round off cents to whole dollars. This form may be easier to complete if you round off cents to whole dollars. This form may be easier to complete if you round off cents to whole dollars. The form may be easier to the RS and for which you have no adjustments (see instructions). The form of the RS and for which you have no educate the RS and the	31-0430130	01	:	,	Short-Term Capital Gai	Part I
to enter on the lines below. Insi form may be easier to complete if you round off cents to whole dollars. In Fortier may be easier to complete if you round off cents to whole dollars. In Fortier may be easier to complete if you round off cents to whole dollars. In Fortier may be easier to complete if you have reported on Form 1998-9 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 to round the report of the repo		T T	instructions.)	113 and LUSSES (See		
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18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	5,420.	18	oper line on other returns	1120, page 1, line 8, or the pr	s 16 and 17. Enter here and on Form	18 Add line
Note: If losses exceed gains, see Capital losses in the instructions.				es in the instructions.	osses exceed gains, see Capital loss	Note: If I

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

MONTANA COMMUNITY FOUNDATION, INC.

Social security number or taxpayer identification no.

81-0450150

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statemént will have the same informatión 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 hav to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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 \perp (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) ir combine the result Code(s) with column (g) the instructions KLINE HILL PARTNERS FUND LE 5,367. US RESEARCH EQUITY EXTENDED FUND 215. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 5 582.

Note: If you checked Box A 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.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

SCHEDULE D	CZ	STATEMENT 12		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2013 2014 2015 2016 2017	28 134		
CAPITAL LOSS	CARRYOVER TO (CURRENT TAXABLE YEAR	₹	162

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

•	rations required to file an income tax return other than For			ips, REMICs	, and trusts		
must use	Form 7004 to request an extension of time to file income	tax retur	ns.	Enter file	r's identifying	number	
Type or	Ī				Employer identification number (EIN) or		
print	MONTANA COMMUNITY FOUNDATION, INC.		81-0450150				
File by the due date for	Number street and assessment for BO have an instructions			Social se	ocial security number (SSN)		
iling your eturn. See	33 S LAST CHANCE GULCH, NO. 2A						
nstructions.	City, town or post office, state, and ZIP code. For a for HELENA, MT 59601	eign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
-orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990		02	Form 1041-A			08	
orm 472	0 (individual)	03	Form 4720 (other than individual)	09			
orm 990		04	Form 5227	10			
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
-orm 990	orm 990-T (trust other than above) 06 Form 8870 KACIE TOLLEFSON					12	
• If the c	organization does not have an office or place of business is for a Group Return, enter the organization's four digit G	roup Exe		. If this is for	the whole gro		
the ▶[nization's	5, 2020 , to 1 return for: d endingJUN_30 , 2019	file the exem	pt organizatior ·	ı return for	
2 If th	ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period	eck reaso	on: Initial return	Final retur	n		
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	enter the tentative tax, less				
	nonrefundable credits. See instructions.			3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,				•	^	
	imated tax payments made. Include any prior year overpa			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pay				•	0	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: nstructio	If you are going to make an electronic funds withdrawal (ons.	direct dek	oit) with this Form 8868, see Form	8453-EO an	d Form 8879-E	O for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2019)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. **Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print MONTANA COMMUNITY FOUNDATION, INC. 81-0450150 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 33 S LAST CHANCE GULCH, NO. 2A return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59601 Enter the Return Code for the return that this application is for (file a separate application for each return) 7 Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KACIE TOLLEFSON The books are in the care of > 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 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2019 ► X tax year beginning JUL 1, 2018 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

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

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2019)

0.

3b