

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA COMMUNITY FOUNDATION, INC. Doing business as N/A Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 S LAST CHANCE GULCH 2A City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59601 F Name and address of principal officer: MARY RUTHERFORD SAME AS C ABOVE	D Employer identification number 81-0450150 E Telephone number 406-443-8313 G Gross receipts \$ 80,772,045. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.MTCF.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1988 M State of legal domicile: MT		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO CREATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	18	
	6	Total number of volunteers (estimate if necessary)	6	235	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-14,732.
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	19,363,023.	13,038,982.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,648,654.	1,945,195.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,835,596.	4,229,356.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-9,930.	49,753.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,837,343.	19,263,286.	
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)	4,892,727.	6,642,908.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,199,354.	1,329,273.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 372,055.	0.	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,341,107.	2,658,706.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,433,188.	10,630,887.	
	19	Revenue less expenses. Subtract line 18 from line 12	16,404,155.	8,632,399.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	124,041,175.	163,489,125.	
	22	Net assets or fund balances. Subtract line 21 from line 20	17,361,663.	20,930,736.	

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.

Sign Here	Signature of officer	Date			
	MARY RUTHERFORD, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL, CPA	Date 03/09/22	Check if self-employed <input type="checkbox"/>	PTIN P01217304
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318	Phone no. 509-747-2600		
	Firm's address ▶ 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO CREATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH.

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,130,146. including grants of \$ 6,642,909.) (Revenue \$ 2,190,238.)

THE FOUNDATION ACTIVELY SEEKS AND SECURES CHARITABLE GIFTS PRIMARILY
 FOR THE BENEFIT OF MONTANA. THE MAJORITY OF THE GIFTS ARE PERMANENTLY
 ENDOWED. MONTANA COMMUNITY FOUNDATION HELPS PEOPLE PRESERVE WHAT THEY
 CARE ABOUT THROUGH CURRENT, PLANNED AND LEGACY GIVING WITH THE GOAL OF
 IMPROVING THE QUALITY OF LIFE FOR MONTANANS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,130,146.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 56	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	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 2a 18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
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)?	4a	X
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).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 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	
b 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 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2020)

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

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

Section A. Governing Body and Management

	1a	1b	14	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b Enter the number of voting members included on line 1a, above, who are independent			14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5	X
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 appoint one or more members of the governing body?				7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?				8a	X
b Each committee with authority to act on behalf of the governing body?				8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CT, FL, HI, IL, KS, KY, ME, MD**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **KACIE TOLLEFSON - 406-443-8313**
33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY BRUGGEMAN BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) CAMI SKINNER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) ED ECK SECRETARY	2.00	X		X				0.	0.	0.
(4) KAREN LATKA TREASURER	2.00	X		X				0.	0.	0.
(5) MARY ANN PHIPPS DIRECTOR	2.00	X						0.	0.	0.
(6) JO ANN EDER DIRECTOR	2.00	X						0.	0.	0.
(7) GREG HANSON DIRECTOR	2.00	X						0.	0.	0.
(8) SCOTT PANKRATZ DIRECTOR (THROUGH 12/20)	2.00	X						0.	0.	0.
(9) BRYSON PELC DIRECTOR (THROUGH 12/20)	2.00	X						0.	0.	0.
(10) TAWNIA RUPE DIRECTOR	2.00	X						0.	0.	0.
(11) TOM MCGREE DIRECTOR	2.00	X						0.	0.	0.
(12) LEONARD SMITH DIRECTOR	2.00	X						0.	0.	0.
(13) DUANE KUOKAWA DIRECTOR	2.00	X						0.	0.	0.
(14) JON RUTT DIRECTOR	2.00	X						0.	0.	0.
(15) LAURA BREHM PAST CHAIR	2.00	X						0.	0.	0.
(16) DAN MCLEAN DIRECTOR	2.00	X						0.	0.	0.
(17) MARY RUTHERFORD CEO/PRESIDENT	40.00			X				192,668.	0.	19,090.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSICA STEWART-KUNTZ VICE PRESIDENT	40.00			X				88,763.	0.	10,571.
(19) KACIE TOLLEFSON CONTROLLER	40.00			X				77,550.	0.	10,007.
1b Subtotal								358,981.	0.	39,668.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								358,981.	0.	39,668.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES, LLC 125 HIGH STREET, BOSTON, MA 02110	INVESTMENT MANAGEMENT	176,709.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	192,348.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,846,634.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,140,218.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	525990	1,945,195.	1,945,195.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,945,195.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,769,739.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
6a		241,519.					
b Less: rental expenses ...		6b	194,734.				
c Rental income or (loss)		6c	46,785.				
d Net rental income or (loss)				46,785.		34,995.	11,790.
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
7a		63,773,642.					
b Less: cost or other basis and sales expenses		7b	61,314,025.				
c Gain or (loss)		7c	2,459,617.				
d Net gain or (loss)				2,459,617.			2,459,617.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	52,695.	52,695.		
	b PASSTHROUGH INCOME		900099	-49,727.		-49,727.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,968.			
	12 Total revenue. See instructions			19,263,286.	1,997,890.	-14,732.	4,241,146.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,236,340.	6,236,340.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	406,568.	406,568.		
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	451,800.	187,449.	176,360.	87,991.
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	705,975.	108,101.	412,994.	184,880.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,333.	4,350.	23,432.	7,551.
9 Other employee benefits	55,430.	9,237.	23,335.	22,858.
10 Payroll taxes	80,735.	20,529.	41,265.	18,941.
11 Fees for services (nonemployees):				
a Management	1,678,068.		1,678,068.	
b Legal	5,911.		5,911.	
c Accounting	69,730.		69,730.	
d Lobbying	5,000.		5,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	421,537.		421,537.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	91,100.	74,582.	16,518.	
12 Advertising and promotion	13,454.	2,567.	8,887.	2,000.
13 Office expenses	27,293.	6,727.	18,658.	1,908.
14 Information technology	128,228.	29,155.	75,369.	23,704.
15 Royalties				
16 Occupancy	93,455.	14,746.	64,753.	13,956.
17 Travel	8,280.	2,826.	3,690.	1,764.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	21,588.	713.	18,040.	2,835.
20 Interest	126.		126.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	304.		304.	
23 Insurance	8,838.		8,838.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND OTHER FEES	34,347.	4,908.	28,764.	675.
b PRINTING AND PUBLICATION	29,213.	8,267.	18,349.	2,597.
c MISCELLANEOUS	22,234.	13,081.	8,758.	395.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,630,887.	7,130,146.	3,128,686.	372,055.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,853,318.	2	1,265,633.
	3 Pledges and grants receivable, net	885.	3	468,595.
	4 Accounts receivable, net	2,078.	4	3,066.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,851.	9	47,112.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,406,082.		
	b Less: accumulated depreciation	10b 384,586.		
		2,101,676.	10c	2,021,496.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	119,369,574.	12	158,757,403.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	676,793.	15	925,820.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	124,041,175.	16	163,489,125.	
Liabilities	17 Accounts payable and accrued expenses	118,116.	17	127,841.
	18 Grants payable	1,157,368.	18	1,345,990.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,776,440.	23	1,520,435.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,309,739.	25	17,936,470.
	26 Total liabilities. Add lines 17 through 25	17,361,663.	26	20,930,736.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	727,620.	27	1,384,919.
	28 Net assets with donor restrictions	105,951,892.	28	141,173,470.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	106,679,512.	32	142,558,389.
	33 Total liabilities and net assets/fund balances	124,041,175.	33	163,489,125.

Form **990** (2020)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,263,286.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,630,887.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,632,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,679,512.
5	Net unrealized gains (losses) on investments	5	30,666,588.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,420,110.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	142,558,389.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,940,820.	11,725,624.	8,476,008.	9,330,235.	13,038,983.	49,511,670.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,940,820.	11,725,624.	8,476,008.	9,330,235.	13,038,983.	49,511,670.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,450,445.
6 Public support. Subtract line 5 from line 4.						39,061,225.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,940,820.	11,725,624.	8,476,008.	9,330,235.	13,038,983.	49,511,670.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	562,725.	1,233,683.	1,358,068.	1,630,099.	1,830,603.	6,615,178.
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.)	34,479.	55,743.	109,477.	59,390.	52,694.	311,783.
11 Total support. Add lines 7 through 10						56,438,631.
12 Gross receipts from related activities, etc. (see instructions)					12	7,391,727.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	69.21 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	66.59 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
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		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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		

Section 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		

Section 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 the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in 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			

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

OTHER INCOME

2016 AMOUNT: \$ 34,479.

2017 AMOUNT: \$ 55,743.

2018 AMOUNT: \$ 109,477.

2019 AMOUNT: \$ 59,390.

2020 AMOUNT: \$ 52,694.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: FUNDING FOR COMMUNITY TRANSITION PLANNING EFFORTS.

DATE: 12/31/19 AMOUNT: 10032788.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**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

2020

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,001,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,216,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,019,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 953,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 590,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 329,307.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 261,533.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICALLY TRADED STOCK	\$ 1,107,373.	04/23/21
7	PUBLICALLY TRADED STOCK	\$ 261,533.	11/05/20
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.	0.
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,000.	0.
c Total lobbying expenditures (add lines 1a and 1b)		5,000.	0.
d Other exempt purpose expenditures		10,625,887.	0.
e Total exempt purpose expenditures (add lines 1c and 1d)		10,630,887.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		681,544.	0.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		170,386.	0.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	540,060.	514,979.	571,659.	681,544.	2,308,242.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,462,363.
c Total lobbying expenditures	0.	15,450.	0.	5,000.	20,450.
d Grassroots nontaxable amount	135,015.	128,745.	142,915.	170,386.	577,061.
e Grassroots ceiling amount (150% of line 2d, column (e))					865,592.
f Grassroots lobbying expenditures				0.	

Schedule C (Form 990 or 990-EZ) 2020

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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).

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

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

1	Dues, assessments and similar amounts from members	1	
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	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 expenditure next year?		
		4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV	Supplemental Information
----------------	---------------------------------

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

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

2020**Open to Public
Inspection****Name of the organization**

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	152	72
2 Aggregate value of contributions to (during year)	3,216,962.	1,336,544.
3 Aggregate value of grants from (during year)	3,494,434.	537,469.
4 Aggregate value at end of year	41,043,847.	16,611,322.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 back	(d) Three years back	(e) Four years back
1a Beginning of year balance	92,492,406.	88,126,179.	81,207,996.	70,899,423.	64,391,175.
b Contributions	10,313,157.	6,580,545.	7,130,825.	9,057,295.	4,669,686.
c Net investment earnings, gains, and losses	30,925,436.	2,277,347.	4,158,129.	5,022,745.	4,737,066.
d Grants or scholarships	5,169,571.	2,876,875.	2,910,957.	2,532,864.	1,704,079.
e Other expenditures for facilities and programs					
f Administrative expenses	199,216.	1,614,790.	1,459,814.	1,238,603.	1,194,425.
g End of year balance	128,362,212.	92,492,406.	88,126,179.	81,207,996.	70,899,423.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ .0000 %

b Permanent endowment ☐ 100 %

c Term endowment ☐ .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,367,623.	346,127.	2,021,496.
c Leasehold improvements				
d Equipment		38,459.	38,459.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,021,496.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED INVESTMENTS	158,757,403.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	158,757,403.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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	122,861.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	14,186,343.
(4) CHARITABLE AND DEFERRED GIFT ANNUITIES	3,627,266.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,936,470.

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

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	44,143,553.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	30,666,588.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	244,461.
e	Add lines 2a through 2d	2e	30,911,049.
3	Subtract line 2e from line 1	3	13,232,504.
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	374,934.
b	Other (Describe in Part XIII.)	4b	5,655,848.
c	Add lines 4a and 4b	4c	6,030,782.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,263,286.

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

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

1	Total expenses and losses per audited financial statements	1	8,264,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	194,734.
e	Add lines 2a through 2d	2e	194,734.
3	Subtract line 2e from line 1	3	8,069,942.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	374,934.
b	Other (Describe in Part XIII.)	4b	2,186,011.
c	Add lines 4a and 4b	4c	2,560,945.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,630,887.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS OF THE MONTANA COMMUNITY FOUNDATION SUPPORT CHARITABLE

EFFORTS IN MONTANA, HELPING TO EMPOWER COMMUNITIES AND MAKE MONTANA A

GREAT PLACE TO LIVE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE (IRC), EXCEPT TO THE EXTENT OF UNRELATED BUSINESS

TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE

FOUNDATION COMPLIES WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO ACCOUNTING FOR

UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND

Part XIII Supplemental Information (continued)

MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO

PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION,

INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2021 AND

2020, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 194,734.

PASSTHROUGH INCOME 49,727.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 244,461.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT FUND ACTIVITY 3,875,619.

COMMUNITY IMPACT FEE 1,525,455.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 460,134.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME

FUND -205,360.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 5,655,848.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 194,734.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES 1,678,068.

AGENCY ENDOWMENT FUND ACTIVITY 450,827.

ADJUSTMENT TO INTRAFUND 57,116.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,186,011.

**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

2020Open to Public
Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		22,216,550.
3 a Subtotal	0	0			22,216,550.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			22,216,550.

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

Schedule F (Form 990) 2020

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS

USING THE FAIR MARKET VALUE OF EACH FUND PER EACH FUND'S INVESTMENTS

STATEMENT. THE AMOUNT IN COLUMN (F) IS THE COST BASIS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABSARKEE COMMUNITY FOUNDATION PO BOX 72 ABSARKEE, MT 59001	73-1658638	501(C)3	19,327.	0.			2020 ANNUAL DISTRIBUTION
ACLU OF MONTANA FOUNDATION INC PO BOX 1968 MISSOULA, MT 59806	81-0445339	501(C)3	5,502.	0.			2020 ANNUAL DISTRIBUTION
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 59103	81-0406157	501(C)3	65,946.	0.			2020 ANNUAL DISTRIBUTION
ALLIANCE FOR THE WILD ROCKIES PO BOX 505 HELENA, MT 59624	81-0455740	501(C)3	8,564.	0.			2020 ANNUAL DISTRIBUTION
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION MT - 3010 11TH AVE N - BILLINGS, MT 59101	13-3039601	501(C)3	49,650.	0.			RESEARCH, DETECTION & SUPPORT OF ALZHEIMERS
AMERICAN INDIAN INSTITUTE 502 WEST MENDENHALL ST BOZEMAN, MT 59715	81-0339551	501(C)3	49,972.	0.			2020 ANNUAL DISTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **183.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTLES LUTHERAN CHURCH 3140 BROADWATER AVE BILLINGS, MT 59102	81-6035157	501(C)3	9,754.	0.			2020 ANNUAL DISTRIBUTION
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVENUE HELENA, MT 59602-9240	81-0284022	501(C)3	7,690.	0.			2020 ANNUAL DISTRIBUTION
BEACON COMMUNITY FOUNDATION INC PO BOX 726 SCOBEE, MT 59263	81-0498333	501(C)3	11,227.	0.			2020 ANNUAL DISTRIBUTION
BEAR PAW DEVELOPMENT CORPORATION PO BOX 170 HAVRE, MT 59501	81-0302683	501(C)3	12,500.	0.			HAVRE MAIN STREET DOWNTOWN PROJECT
BENEFIS HEALTH SYSTEM FOUNDATION INC - PO BOX 7008 - GREAT FALLS, MT 59406-7008	81-0480587	501(C)3	10,528.	0.			2020 ANNUAL DISTRIBUTION
BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION LTD - PO BOX 1230 - BIGFORK, MT 59911	81-0424706	501(C)3	33,950.	0.			2020 ANNUAL DISTRIBUTION
BILLINGS COMMUNITY FOUNDATION PO BOX 1255 BILLINGS, MT 59103	20-4286919	501(C)3	25,005.	0.			2020 ANNUAL DISTRIBUTION
BILLINGS DISTRICT COUNCIL -SOCIETY OF ST. VINCENT DE PAUL - 3005 1ST AVENUE S - BILLINGS, MT 59101	91-0879988	501(C)3	100,000.	0.			SUPPORT FOR CARE THROUGH CASE MANAGEMENT PROGRAM
BILLINGS FAMILY YMCA INC 402 N 32ND ST BILLINGS, MT 59101	81-0229386	501(C)3	15,024.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILLINGS FOOD BANK INC. PO BOX 1158 BILLINGS, MT 59103	36-3519470	501(C)3	7,557.	0.			2020 ANNUAL DISTRIBUTION
BILLINGS PARK RECREATION & PRESERVATION FOUNDATION - 390 N 23RD ST - BILLINGS, MT 59101	81-0398679	501(C)3	29,561.	0.			SUPPORT FOR COTTONWOOD PARK
BILLINGS STUDIO THEATRE INC 1500 RIMROCK ROAD BILLINGS, MT 59102	81-0293924	501(C)3	5,455.	0.			2020 ANNUAL DISTRIBUTION
BILLINGS SYMPHONY SOCIETY 2820 2ND AVE N BILLINGS, MT 59101	23-7083873	501(C)3	5,766.	0.			2020 ANNUAL DISTRIBUTION
BLACKFEET RESERVATION DEVELOPMENT FUND INC - PO BOX 3029 - BROWNING, MT 59417-3029	36-3784925	501(C)3	24,790.	0.			2020 ANNUAL DISTRIBUTION
BLACKFEET TRIBE P.O. BOX 850 BROWNING, MT 59417	81-0212955	501(C)3	6,406.	0.			2020 ANNUAL DISTRIBUTION
BOY SCOUTS OF AMERICA MONTANA COUNCIL 315 820 17TH AVE S GREAT FALLS, MT 59405-5939	81-0343177	501(C)3	9,031.	0.			2020 ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OF YELLOWSTONE COUNTY - 505 ORCHARD LANE - BILLINGS, MT 59101	81-0308003	501(C)3	100,000.	0.			SUPPORT GREAT FUTURES PROGRAM
BOYS AND GIRLS CLUB OF CASCADE COUNTY - PO BOX 652 - GREAT FALLS, MT 59403	81-0475269	501(C)3	29,901.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF SOUTHWEST MONTANA - 3864 BAXTER LN - BOZEMAN, MT 59718	81-6013668	501(C)3	15,000.	0.			SUPPORT SAFETY PROGRAMMING
BOZEMAN PUBLIC LIBRARY FOUNDATION INC. - 626 E MAIN ST - BOZEMAN, MT 59715-3768	81-0405940	501(C)3	15,502.	0.			2020 ANNUAL DISTRIBUTION
BOZEMAN SYMPHONY SOCIETY 1001 OAK ST STE 110 BLDG C BOZEMAN, MT 59715	81-6019534	501(C)3	14,764.	0.			2020 ANNUAL DISTRIBUTION
BROADWATER PRODUCTIONS, INC. (GRANDSTREET THEATRE) - 325 NORTH PARK AVE - HELENA, MT 59601	81-0357843	501(C)3	9,447.	0.			2020 ANNUAL DISTRIBUTION
BUTTE EMERGENCY FOOD BANK 1019 E 2ND ST BUTTE, MT 59701-2984	81-0469563	501(C)3	14,742.	0.			2020 ANNUAL DISTRIBUTION
BUTTE SILVER BOW PRIMARY HEALTH CARE CLINIC INC. - 445 CENTENNIAL AVE - BUTTE, MT 59701	81-0432169	501(C)3	75,000.	0.			SUPPORT BUTTE FUSE SUPPORTIVE HOUSING INITIATIVE
BUTTE-SILVER BOW COMMUNITY FOUNDATION - PO BOX IS 430 - BUTTE, MT 59703	27-3492133	501(C)3	6,371.	0.			2020 ANNUAL DISTRIBUTION
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL STREET, 9TH FLOOR NEW YORK, NY 10005	13-5602319	501(C)3	9,000.	0.			GENERAL OPERATING SUPPORT
CATHOLIC RELIEF SERVICES, INC. 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)3	8,000.	0.			ASSISTANCE TO BENEFIT THOSE IN NEED IN YEMEN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR MENTAL HEALTH PO BOX 3089 GREAT FALLS, MT 59403	81-0347441	501(C)3	5,106.	0.			2020 ANNUAL DISTRIBUTION
CHASE HAWKS MEMORIAL FOUNDATION PO BOX 31333 BILLINGS, MT 59107	81-0499653	501(C)3	25,000.	0.			CRISIS GRANTS
CHILDRENS ONCOLOGY CAMP FOUNDATION PO BOX 1450 MISSOULA, MT 59806-1450	81-0472959	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
CITY OF TOWNSEND 110 BROADWAY TOWNSEND, MT 59644	81-6001318	501(C)3	6,000.	0.			SUPPORT FOR TOWNSEND TREE BOARD
COLSTRIP TRAP CLUB PO BOX 782 COLSTRIP, MT 59323	81-0417353	501(C)3	7,500.	0.			UPDATES AND MAINTENANCE TO RECREATIONAL EQUIPMENT
COLUMBUS COMMUNITY FOUNDATION PO BOX 462 COLUMBUS, MT 59019	47-4302357	501(C)3	6,157.	0.			2020 ANNUAL DISTRIBUTION
COMMUNITY CRISIS CENTER LLC 704 N 30TH BILLINGS, MT 59101	20-3231164	501(C)3	164,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - PO BOX 486 - BIGFORK, MT 59911	23-7067099	501(C)3	17,526.	0.			2020 ANNUAL DISTRIBUTION
COMMUNITY HEALTH PARTNERS, INC 112 W LEWIS ST LIVINGSTON, MT 59047	84-1420492	501(C)3	25,000.	0.			SUPPORT FOR DEVELOPMENT OF NEW CLINIC FACILITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LEADERSHIP & DEVELOPMENT INC - PO BOX 3381 - BILLINGS, MT 59103	81-0397424	501(C)3	125,975.	0.			2020 ANNUAL DISTRIBUTION
CUSTER COUNTY FOOD BANK, INC. 210 S WINCHESTER AVE MILES CITY, MT 59301	81-0541769	501(C)3	8,500.	0.			GENERAL OPERATING SUPPORT
DARBY COMMUNITY PUBLIC LIBRARY PO BOX 909 DARBY, MT 59829	81-0538155	501(C)3	6,100.	0.			HVAC REPLACEMENT
EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER - PO BOX 1530 - MILES CITY, MT 59301	81-0300902	501(C)3	81,000.	0.			CARING FOR THE WHOLE PERSON PROJECT
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N 30TH STREET - BILLINGS, MT 59101	81-0452904	501(C)3	11,653.	0.			2020 ANNUAL DISTRIBUTION
EMPOWERED BY DIVINE GROWTH FOUNDATION - 100 N 27TH STREET STE 230 - BILLINGS, MT 59101	85-0862496	501(C)3	8,500.	0.			SUPPORT FOR TEENAGE GIRLS IN FOSTER CARE
FAMILY PROMISE OF GALLATIN VALLEY INC - 429 E STORY ST - BOZEMAN, MT 59715	11-3739588	501(C)3	10,000.	0.			EARLY LEARNING CENTER
FAMILY SERVICE INC. PO BOX 1020 BILLINGS, MT 59103-1020	81-0232120	501(C)3	8,165.	0.			2020 ANNUAL DISTRIBUTION
FIRST UNITED METHODIST CHURCH OF GREAT FALLS - 610 2ND AVE N - GREAT FALLS, MT 59401-2524	81-0235852	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIVE VALLEYS LAND TRUST 120 HICKORY ST STE B MISSOULA, MT 59801	23-7182055	501(C)3	16,759.	0.			2020 ANNUAL DISTRIBUTION
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION INC - 777 GRANDVIEW DRIVE - KALISPELL, MT 59901-2622	81-0365752	501(C)3	14,517.	0.			2020 ANNUAL DISTRIBUTION
FORSYTH GOLF COURSE FOUNDATION PO BOX 191 FORSYTH, MT 59327	81-0830492	501(C)3	28,500.	0.			PURCHASE OF NEW MOWER
FORT PECK FINE ARTS COUNCIL PO BOX 973 GLASGOW, MT 59230-0973	81-0306649	501(C)3	10,902.	0.			2020 ANNUAL DISTRIBUTION
FOUNDATION FOR ANIMALS PO BOX 389 HELENA, MT 59624-0389	55-0911292	501(C)3	6,422.	0.			2020 ANNUAL DISTRIBUTION
FRIENDS OF THE PIONEER MUSEUM INC PO BOX 975 GLASGOW, MT 59230	81-0479627	501(C)3	19,578.	0.			2020 ANNUAL DISTRIBUTION
FRIENDSHIP HOUSE OF CHRISTIAN SERVICE INC - 3123 8TH AVE SOUTH - BILLINGS, MT 59101	81-0300497	501(C)3	5,344.	0.			2020 ANNUAL DISTRIBUTION
GALLATIN COUNTY TREASURER 311 W MAIN ST, RM 103 BOZEMAN, MT 59715-9707	81-6001363	501(C)3	15,364.	0.			2020 ANNUAL DISTRIBUTION
GALLATIN ICE FOUNDATION, INC PO BOX 6414 BOZEMAN, MT 59771-6414	20-5748563	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLACIER SYMPHONY ORCHESTRA AND CHORALE INC - PO BOX 2491 - KALISPELL, MT 59903-2491	81-0413320	501(C)3	9,380.	0.			2020 ANNUAL DISTRIBUTION
GLASGOW EVANGELICAL CHURCH 152 ABERDEEN ST GLASGOW, MT 59230	81-0359599	501(C)3	8,177.	0.			2020 ANNUAL DISTRIBUTION
GLASGOW SCOTTIES BOOSTER PO BOX 735 GLASGOW, MT 59230	20-3402373	501(C)3	10,987.	0.			2020 ANNUAL DISTRIBUTION
GOD'S LOVE INC 533 N LAST CHANCE GULCH HELENA, MT 59601-3346	81-0400234	501(C)3	9,161.	0.			2020 ANNUAL DISTRIBUTION
GREAT FALLS PUBLIC SCHOOLS FOUNDATION - PO BOX 2429 - GREAT FALLS, MT 59403	27-2577990	501(C)3	9,500.	0.			MEADOW LARK INCLUSIVE PLAY PROJECT
GREAT FALLS RESCUE MISSION PO BOX 129 GREAT FALLS, MT 59403-0129	81-6014374	501(C)3	7,182.	0.			2020 ANNUAL DISTRIBUTION
GREAT FALLS SYMPHONY ASSOCIATION INC - PO BOX 1078 - GREAT FALLS, MT 59403	81-6014907	501(C)3	56,003.	0.			2020 ANNUAL DISTRIBUTION
GREATER GALLATIN UNITED WAY INC 945 TECHNOLOGY BLVD STE 101F BOZEMAN, MT 59718-6859	81-0384820	501(C)3	27,997.	0.			2020 ANNUAL DISTRIBUTION
GREATER POLSON COMMUNITY FOUNDATION - PO BOX 314 - POLSON, MT 59860-0314	26-2883184	501(C)3	56,008.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAB DEVELOPMENT (HOMEFRONT) 2415 1ST AVE N BILLINGS, MT 59101	81-0495266	501(C)3	100,000.	0.			EMERGENCY LOW-BARRIER SHELTER & COV
HELENA AREA COMMUNITY FOUNDATION PO BOX 92 HELENA, MT 59624	81-0536902	501(C)3	51,758.	0.			2020 ANNUAL DISTRIBUTION
HELENA EDUCATION FOUNDATION PO BOX 792 HELENA, MT 59624	81-0544494	501(C)3	22,453.	0.			2020 ANNUAL DISTRIBUTION
HELENA FOOD SHARE INC PO BOX 943 HELENA, MT 59624-0943	36-3507623	501(C)3	5,990.	0.			GENERAL OPERATING SUPPORT
HELENA SYMPHONY SOCIETY 21 N LAST CHANCE GULCH STE 100 HELENA, MT 59601	81-0352076	501(C)3	10,951.	0.			2020 ANNUAL DISTRIBUTION
HELENA YOUTH SOCCER ASSOCIATION INC - PO BOX 6972 - HELENA, MT 59604	81-0472455	501(C)3	5,283.	0.			2020 ANNUAL DISTRIBUTION
HER CAMPAIGN PO BOX 51451 BILLINGS, MT 59105	81-4525436	501(C)3	35,000.	0.			SUPPORT HER REFUGE
HINSDALE COOPERATIVE COMMUNITY SCHOLARSHIP FUND - C/O FIRST COMMUNITY BANK PO BOX 127 - HINSDALE, MT 59241-0127	81-6001060	501(C)3	5,271.	0.			2020 ANNUAL DISTRIBUTION
HOCKADAY MUSEUM OF ART 302 2ND AVE EAST KALISPELL, MT 59901	81-0303038	501(C)3	5,093.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLTER MUSEUM OF ART 12 EAST LAWRENCE STREET HELENA, MT 59601-4019	81-0472958	501(C)3	33,824.	0.			2020 ANNUAL DISTRIBUTION
HOME ATHERTON VOLUNTEER FIRE DEPT 3900 SHERIDAN AVE BUTTE, MT 59701	81-0406918	501(C)3	6,500.	0.			EQUIPMENT AND SUPPLIES
HORSES SPIRITS HEALING, INC 7256 HWY 3 BILLINGS, MT 59106	47-1915118	501(C)3	25,000.	0.			SUPPORT EQUINE ASSISTANCE
HUMANE SOCIETY OF WESTERN MONTANA PO BOX 1059 MISSOULA, MT 59806	81-0290933	501(C)3	12,564.	0.			2020 ANNUAL DISTRIBUTION
HUMANITIES MONTANA 311 BRANTLY MISSOULA, MT 59812	23-7357909	501(C)3	5,033.	0.			2020 ANNUAL DISTRIBUTION
INDIAN LAW RESOURCE CENTER 602 N EWING ST HELENA, MT 59601	52-1121079	501(C)3	8,882.	0.			2020 ANNUAL DISTRIBUTION
INTERMOUNTAIN DEACONESS CHILDRENS SERVICES - 500 S LAMBORN ST - HELENA, MT 59601-5417	81-0231775	501(C)3	31,037.	0.			GENERAL OPERATING SUPPORT
INTERMOUNTAIN PLANNED PARENTHOOD, INC. - 1116 GRAND AVE STE 201 - BILLINGS, MT 59102-4282	81-0307201	501(C)3	6,704.	0.			2020 ANNUAL DISTRIBUTION
INTERNATIONAL CHORAL FESTIVAL INC PO BOX 8203 MISSOULA, MT 59807	81-0459276	501(C)3	8,130.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - USA - 800 E 73RD AVE UNIT 2 - DENVER, CO 80229	37-1145157	501(C)3	7,621.	0.			2020 ANNUAL DISTRIBUTION
JEFFERSON VALLEY COMMUNITY FOUNDATION - PO BOX 144 - WHITEHALL, MT 59759	46-3196448	501(C)3	11,138.	0.			2020 ANNUAL DISTRIBUTION
LANDON'S LEGACY FOUNDATION PO BOX 80542 BILLINGS, MT 59108	46-3303073	501(C)3	8,500.	0.			SUPPORT FOR LANGDON'S LEGACY FOUNDATION
LAUREL MONTANA COMMUNITY FOUNDATION, INC. - PO BOX 1138 - LAUREL, MT 59044	47-3756434	501(C)3	10,083.	0.			2020 ANNUAL DISTRIBUTION
LEADERSHIP MONTANA INC. PO BOX 5155 BOZEMAN, MT 59717	20-8571151	501(C)3	25,000.	0.			INDIGENOUS LEADERSHIP INITIATIVE
LEWIS & CLARK FOUNDATION PO BOX 398 GREAT FALLS, MT 59403	81-0471734	501(C)3	8,791.	0.			2020 ANNUAL DISTRIBUTION
LIBERTY COUNTY MUSEUM ASSOCIATION PO BOX 476 CHESTER, MT 59522	81-0344759	501(C)3	10,000.	0.			UPDATE TO DIGITAL DABASE AND PURCHASE OF PRESERVATION ITEMS
LIBERTY VILLAGE ARTS CENTER AND GALLERY - PO BOX 269 - CHESTER, MT 59522	81-0364834	501(C)3	12,000.	0.			TRAVELING EXHIBITS/ARTISTS AND GRAND PIANO MAINTENANCE
MINERAL COUNTY COMMUNITY FOUNDATION - PO BOX 93 - SUPERIOR, MT 59872-0093	81-0501990	501(C)3	6,933.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE OF AMERICA STORY INC 36094 MEMORY LANE POLSON, MT 59860	81-0437386	501(C)3	9,178.	0.			2020 ANNUAL DISTRIBUTION
MISSOULA AREA YOUTH HOCKEY ASSOCIATION - PO BOX 87 - MISSOULA, MT 59806	81-0512974	501(C)3	5,157.	0.			GLACIER ICE RINK GENERAL OPERATIONS
MISSOULA ART MUSEUM 335 N PATTEE ST MISSOULA, MT 59802-4520	81-0496898	501(C)3	7,622.	0.			GENERAL OPERATING SUPPORT
MISSOULA CIVIC SYMPHONY ASSOCIATION - PO BOX 8301 - MISSOULA, MT 59807-8301	81-0290730	501(C)3	16,621.	0.			2020 ANNUAL DISTRIBUTION
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59806-8806	81-0539830	501(C)3	29,665.	0.			2020 ANNUAL DISTRIBUTION
MISSOURI VALLEY MARKETING INC PO BOX 245 TOWNSEND, MT 59644	82-0775799	501(C)3	7,000.	0.			LOCAL MURAL PROJECT
MONTANA AUDUBON PO BOX 595 HELENA, MT 59624	81-0412530	501(C)3	13,232.	0.			2020 ANNUAL DISTRIBUTION
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624	81-0369262	501(C)3	12,496.	0.			2020 ANNUAL DISTRIBUTION
MONTANA LEARNING CENTER AT CANYON FERRY LAKE, INC. - 7653 CANYON FERRY ROAD - HELENA, MT 59602	16-1694479	501(C)3	5,687.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA PROFESSIONAL TEACHING FOUNDATION - 1232 EAST 6TH AVENUE - HELENA, MT 59601	81-0511792	501(C)3	48,959.	0.			2020 ANNUAL DISTRIBUTION
MONTANA RESCUE MISSION PO BOX 3232 BILLINGS, MT 59103	81-6013963	501(C)3	401,101.	0.			SUPPORT FOR UNIFIED CAMPUS PROJECT
MONTANA STATE UNIVERSITY BILLINGS FOUNDATION - 1500 UNIVERSITY DR - BILLINGS, MT 59101	81-0301477	501(C)3	29,708.	0.			2020 ANNUAL DISTRIBUTION
MONTANA STATE UNIVERSITY FOUNDATION - PO BOX 172750 - BOZEMAN, MT 59717-2750	81-6001649	501(C)3	21,321.	0.			2020 ANNUAL DISTRIBUTION
MONTANA WILDERNESS ASSOCIATION INC. - 80 S WARREN ST - HELENA, MT 59601-5700	51-0198932	501(C)3	17,566.	0.			2020 ANNUAL DISTRIBUTION
MSU EXTENSION - ROSEBUD AND TREASURE COUNTIES - PO BOX 65 - FORSYTH, MT 59327	81-6001424	501(C)3	5,500.	0.			COMMUNITY CENTER ELECTRICAL
MSU OFFICE OF SPONSORED PROGRAMS PO BOX 172470 BOZEMAN, MT 59715	81-6010045	501(C)3	16,095.	0.			REIMAGINING RURAL NEWCOMER'S SURVEY
MUSEUM OF THE ROCKIES 600 WEST KAGY BOULEVARD BOZEMAN, MT 59717	81-6016828	501(C)3	9,389.	0.			2020 ANNUAL DISTRIBUTION
MUSSELSHELL VALLEY COMMUNITY FOUNDATION - PO BOX 713 - ROUNDUP, MT 59072-0713	81-0512493	501(C)3	17,309.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVA CENTER FOR THE PERFORMING ARTS INC. - PO BOX 114 - BILLINGS, MT 59103-0011	81-0514788	501(C)3	6,449.	0.			2020 ANNUAL DISTRIBUTION
NYE COMMUNITY FOUNDATION PO BOX 528 NYE, MT 59061	81-0531083	501(C)3	7,612.	0.			2020 ANNUAL DISTRIBUTION
OUR REDEEMER'S LUTHERAN CHURCH 3580 N BENTON AVE HELENA, MT 59602-7413	81-6014310	501(C)3	7,269.	0.			GENERAL FUND
OVANDO SCHOOL DISTRICT PO BOX 176 OVANDO, MT 59854	81-6000809	501(C)3	14,713.	0.			2020 ANNUAL DISTRIBUTION
PHILIPSBURG AREA EDUCATIONAL FOUNDATION - PO BOX 900 - PHILIPSBURG, MT 59858	81-0529195	501(C)3	5,909.	0.			2020 ANNUAL DISTRIBUTION
PLYMOUTH CONGREGATIONAL CHURCH 400 SOUTH OAKES HELENA, MT 59601	81-0298891	501(C)3	5,253.	0.			2020 ANNUAL DISTRIBUTION
POVERELLO CENTER INC. PO BOX 7644 MISSOULA, MT 59802	23-7439391	501(C)3	9,500.	0.			GENERAL OPERATING SUPPORT
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624-0892	81-0506868	501(C)3	13,593.	0.			2020 ANNUAL DISTRIBUTION
PROJECT ASCENT PO BOX 1954 THOMPSON FALLS, MT 59873	82-2938914	501(C)3	7,000.	0.			SUMMER YOUTH CAMPS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED LODGE AREA COMMUNITY FOUNDATION - PO BOX 1871 - RED LODGE, MT 59068-1871	20-0192255	501(C)3	17,204.	0.			2020 ANNUAL DISTRIBUTION
RIVERSTONE HEALTH FOUNDATION PO BOX 1562 BILLINGS, MT 59103	35-2332179	501(C)3	21,662.	0.			2020 ANNUAL DISTRIBUTION
ROBERTS COMMUNITY FOUNDATION PO BOX 284 ROBERTS, MT 59070	84-1425182	501(C)3	9,167.	0.			2020 ANNUAL DISTRIBUTION
ROCKY MOUNTAIN COLLEGE 1511 POLY DR BILLINGS, MT 59102-1739	81-0235407	501(C)3	7,352.	0.			2020 ANNUAL DISTRIBUTION
RONALD MCDONALD HOUSE CHARITIES OF EASTERN MONTANA INC - 1144 N. 30TH STREET - BILLINGS, MT 59101-0124	81-0400667	501(C)3	5,543.	0.			2020 ANNUAL DISTRIBUTION
RONALD MCDONALD HOUSE CHARITIES OF WESTERN MONTANA - 3003 FORT MISSOULA RD - MISSOULA, MT 59804	47-2261447	501(C)3	12,500.	0.			GENERAL OPERATING SUPPORT
ROSEBUD COUNTY PO BOX 47 FORSYTH, MT 59327	81-6001424	501(C)3	5,500.	0.			ROSEBUD COMMUNITY CENTER PHASE 3
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - PO BOX 40 - ROUNDUP, MT 59072	81-0245848	501(C)3	15,488.	0.			2020 ANNUAL DISTRIBUTION
SAE INTERNATIONAL FOUNDATION 400 COMMONWEALTH DR WARRENDALE, PA 15096	25-1494402	501(C)3	50,000.	0.			UNRESTRICTED SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - MILES CITY OFFICE PO BOX 1202 MILES CITY, MT 59301-1202	94-1156347	501(C)3	6,500.	0.			COATS FOR KIDS PROGRAM
SCHOOL ADMINISTRATORS OF MONTANA 900 N MONTANA STE A-4 HELENA, MT 59601	81-0371541	501(C)3	5,654.	0.			2020 ANNUAL DISTRIBUTION
SCHOOL COMMUNITY DEVELOPMENT COUNCIL - PO BOX 629 - BROADUS, MT 59317	81-0514945	501(C)3	56,357.	0.			2020 ANNUAL DISTRIBUTION
SEELEY LAKE COMMUNITY FOUNDATION PO BOX 25 SEELEY LAKE, MT 59868	31-1711576	501(C)3	26,512.	0.			2020 ANNUAL DISTRIBUTION
SHARE OUR STRENGTH 1030 15TH ST NW STE 1100 WEST WASHINGTON, DC 20005	52-1367538	501(C)3	30,000.	0.			NO KID HUNGRY MONTANA
SHODAIR CHILDREN'S HOSPITAL 2755 COLONIAL DRIVE HELENA, MT 59601	81-0231789	501(C)3	10,000.	0.			UNRESTRICTED SUPPORT
SOUTHEASTERN MONTANA DEVELOPMENT CORPORATION - PO BOX 1935 - COLSTRIP, MT 59323-1935	81-0485103	501(C)3	11,700.	0.			FOR THE BENEFIT OF LUCKY GIRL DESIGN
SOWERS INTERNATIONAL PO BOX 2260 ORANGE, CA 92859	33-0575561	501(C)3	7,500.	0.			SUPPORT FOR BRAZIL
SPECIAL OLYMPICS MONTANA INC. 710 FIRST AVENUE NORTH GREAT FALLS, MT 59401	81-0367064	501(C)3	16,500.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRUM DISCOVERY AREA 812 TOOLE AVE MISSOULA, MT 59802	81-6001713	501(C)3	10,000.	0.			GENERAL SUPPORT FOR DISCOVERY AREA PROGRAM
ST. JOHN VIANNEY CATHOLIC CHURCH 609 N QUAW BELGRADE, MT 59714	81-0449307	501(C)3	300,000.	0.			PARISH REMODEL
ST. PETERS HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601	81-0392270	501(C)3	11,699.	0.			2020 ANNUAL DISTRIBUTION
STEVENSVILLE COMMUNITY FOUNDATION INC - PO BOX 413 - STEVENSVILLE, MT 59870	81-0490459	501(C)3	9,065.	0.			2020 ANNUAL DISTRIBUTION
SUNBURST SCHOOL DISTRICT PO BOX 710 SUNBURST, MT 59482	81-6001031	501(C)3	7,830.	0.			NTC HIGH SCHOOL/NAT'L HONOR SOCIETY GARDEN HABITAT
SWEET GRASS HEALTH CARE FOUNDATION, INC. - PO BOX 1085 - BIG TIMBER, MT 59011	36-3662839	501(C)3	8,446.	0.			2020 ANNUAL DISTRIBUTION
THE ANGEL FUND PO BOX 7436 HELENA, MT 59604-7436	81-0535130	501(C)3	7,633.	0.			CLOTHES FOR THE CHILDREN
THE BIG SKY COMMUNITY ORGANIZATION PO BOX 161404 BIG SKY, MT 59716-1404	81-0520589	501(C)3	8,000.	0.			SUPPORT FOR BASE
THE FRIENDS OF IRISH STUDIES IN THE WEST - PO BOX 4693 - MISSOULA, MT 59806	26-1391012	501(C)3	8,564.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MYRNA LOY 15 N EWING ST HELENA, MT 59601	51-0185430	501(C)3	41,434.	0.			2020 ANNUAL DISTRIBUTION
TOWN OF WEST YELLOWSTONE PO BOX 1570 WEST YELLOWSTONE, MT 59758	81-0299400	501(C)3	10,000.	0.			WEST YELLOWSTONE FOOD BANK
TRIGG-C.M. RUSSELL MUSEUM, INC 400 13TH STREET NORTH GREAT FALLS, MT 59401	81-6003526	501(C)3	12,400.	0.			2020 ANNUAL DISTRIBUTION
TRINITY LUTHERAN CHURCH 537 GRAND AVE BILLINGS, MT 59101	81-0300195	501(C)3	5,220.	0.			2020 ANNUAL DISTRIBUTION
TUMBLEWEED RUNAWAY PROGRAM INC 505 NORTH 24TH ST BILLINGS, MT 59101	36-3343886	501(C)3	9,296.	0.			PURCHASE OF A VAN
ULM PUBLIC SCHOOLS PO BOX 189 ULM, MT 59485	81-6000160	501(C)3	30,800.	0.			NEW PLAYGROUND EQUIPMENT
UNITED WAY OF CASCADE COUNTY PO BOX 1343 GREAT FALLS, MT 59403-1343	81-0304170	501(C)3	14,871.	0.			2020 ANNUAL DISTRIBUTION
UNITED WAY OF MISSOULA COUNTY PO BOX 7395 MISSOULA, MT 59807	81-0287854	501(C)3	5,073.	0.			2020 ANNUAL DISTRIBUTION
UNITED WAY OF THE LEWIS AND CLARK AREA INC - 75 E LYNDAL - HELENA, MT 59601	81-6017354	501(C)3	16,588.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF YELLOWSTONE COUNTY INC. - 2173 OVERLAND AVE - BILLINGS, MT 59102	81-0287507	501(C)3	33,471.	0.			CONTINUUM OF CARE HOUSING NAVIGATOR
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807-7159	81-0362989	501(C)3	484,295.	0.			THE WILLIAM L. & PHYLLIS BOUCHEE SCHOLARSHIP
UNIVERSITY OF PROVIDENCE 1301 20TH ST S GREAT FALLS, MT 59405-4934	81-0231777	501(C)3	5,965.	0.			2020 ANNUAL DISTRIBUTION
UNIVERSITY OF ROCHESTER BLOCH ALUMNI CENTER, 300 E RIVER RD ROCHESTER, NY 14627	16-0743209	501(C)3	10,300.	0.			THE SCHAFER FAMILY SCHOLARSHIP
UPPER BLACKFOOT VALLEY HISTORICAL SOCIETY - PO BOX 922 - LINCOLN, MT 59639	81-0485201	501(C)3	8,800.	0.			REPAIR HISTORIC MATT KING HOUSE
VALLEY COUNTY COMMUNITY FOUNDATION PO BOX 304 GLASGOW, MT 59230-0304	81-0526746	501(C)3	45,810.	0.			2020 ANNUAL DISTRIBUTION
WALLA WALLA UNIVERSITY BILLINGS MENTAL HEALTH CLINIC - 2520 5TH AVE SOUTH - BILLINGS, MT 59101	91-0617727	501(C)3	110,066.	0.			GENERAL SUPPORT
WATSON CHILDREN'S SHELTER INC 4978 BUCKHOUSE LN MISSOULA, MT 59804-9504	81-0369020	501(C)3	5,157.	0.			GENERAL OPERATING SUPPORT
WEST YELLOWSTONE FOUNDATION PO BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)3	178,194.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN MONTANA CREATIVE INITIATIVES - PO BOX 8643 - MISSOULA, MT 59807	83-2465407	501(C)3	30,000.	0.			SUPPORT FOR OPEN AIR MONTANA
WHITEFISH COMMUNITY FOUNDATION PO BOX 1060 WHITEFISH, MT 59937	81-0533002	501(C)3	6,738.	0.			GREAT FISH COMMUNITY CHALLENGE
WIBAUX COUNTY NURSING HOME 712 S WIBAUX ST WIBAUX, MT 59353	81-0392225	501(C)3	6,281.	0.			2020 ANNUAL DISTRIBUTION
WORLD MUSEUM OF MINING INC. PO BOX 33 BUTTE, MT 59703	81-6014901	501(C)3	7,586.	0.			2020 ANNUAL DISTRIBUTION
YELLOWSTONE ART MUSEUM 401 N 27TH ST BILLINGS, MT 59101-1241	81-6014902	501(C)3	48,280.	0.			2020 ANNUAL DISTRIBUTION
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC - PO BOX 80807 - BILLINGS, MT 59108	81-0419905	501(C)3	11,816.	0.			2020 ANNUAL DISTRIBUTION
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	47-5427975	501(C)3	5,715.	0.			2020 ANNUAL DISTRIBUTION
YELLOWSTONE HISTORIC CENTER, INC. PO BOX 1299 WEST YELLOWSTONE, MT 59758	81-0521215	501(C)3	18,500.	0.			ARCHIVE PROGRAM
YELLOWSTONE RIVER PARKS ASSOCIATION INC. - PO BOX 1201 - BILLINGS, MT 59103-1201	36-4096295	501(C)3	6,609.	0.			2020 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YELLOWSTONE WESTERN HERITAGE CENTER FOUNDATION - 2822 MONTANA AVE - BILLINGS, MT 59101	23-7155997	501(C)3	7,410.	0.			2020 ANNUAL DISTRIBUTION
YELLOWSTONE WILDLIFE SANCTUARY PO BOX 675 RED LODGE, MT 59068	81-0422009	501(C)3	8,144.	0.			2020 ANNUAL DISTRIBUTION
YOUNG MENS CHRISTIAN ASSOCIATION OF HELENA INC - 1200 N LAST CHANCE GULCH - HELENA, MT 59601-2906	81-0231815	501(C)3	12,280.	0.			2020 ANNUAL DISTRIBUTION
YOUTH DYNAMICS, INC 2334 LEWIS AVENUE BILLINGS, MT 59102	81-0457323	501(C)3	25,000.	0.			YOUTH CASE MANAGEMENT
YWCA MISSOULA 1800 S 3RD ST W MISSOULA, MT 59801	81-0245851	501(C)3	6,000.	0.			GENERAL SUPPORT
YWCA OF BILLINGS ENDOWMENT FOUNDATION, INC - 909 WYOMING AVE - BILLINGS, MT 59101	81-0534954	501(C)3	38,665.	0.			REACHING EVERY WOMAN PROGRAM

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR POST-SECONDARY EDUCATION	215	402,568.	0.		
GRANTS FOR MMIW ASSISTANCE	7	4,000.	0.		

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

PART I, LINE 2:

MCF'S PROCESS REQUIRES THAT GRANT REQUESTS MUST COMPLY WITH THE PURPOSE OF

THE ENDOWMENT FUND PAYING THE GRANT, 501(C)(3) STATUS IS VERIFIED, AND

COMPLIANCE WITH CONFLICT OF INTEREST POLICIES IS REVIEWED. THE MAJORITY OF

GRANTS AWARDED BY MCF SUPPORT THE GENERAL OPERATING AND PROGRAM PURPOSES OF

THE 501(C)(3) ORGANIZATIONS AWARDED, AND AS SUCH, WE DO NOT REQUIRE A

REPORT OF HOW THE GRANT FUNDS WERE USED. GRANT AWARD LETTERS ARE SENT WITH

THE GRANT CHECKS, AND THE AWARD LETTERS INSTRUCT THE RECIPIENT ORGANIZATION

THAT THE FUNDS CAN BE USED ONLY FOR THE PURPOSE THE GRANT WAS APPLIED FOR

Part IV Supplemental Information

AND AWARDED UPON.

PART III:

SCHOLARSHIP ADVISORY COMMITTEES, UNDER THE OVERSIGHT OF MCF, SELECT

SCHOLARSHIP RECIPIENTS EACH YEAR BASED ON THE APPLICATIONS RECEIVED.

SCHOLARSHIP FUNDS ARE TRANSFERRED DIRECTLY FROM THE FOUNDATION TO THE

SCHOOL AND APPLIED AGAINST THE AWARDED STUDENT'S TUITION ACCOUNT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

[illegible]

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.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **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.**

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	77	3,140,218.	DAILY AVERAGE OF PRICES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

THE FINAL DRAFT OF THE FEDERAL FORM 990 IS PRESENTED TO THE AUDIT

COMMITTEE, AND ALL BOARD MEMBERS ARE WELCOME TO ATTEND. THE DRAFT IS THEN

APPROVED THROUGH AUDIT COMMITTEE.

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

AT THE ANNUAL MEETING, THE BOARD RECEIVES TRAINING ON GOVERNANCE MATTERS,

INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST. THE GRANTS COMMITTEE IS

REMINDING TO DISCLOSE POTENTIAL CONFLICTS PRIOR TO DISCUSSING AND APPROVING

DISCRETIONARY GRANTS.

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

THE COMPENSATION OF THE CEO/PRESIDENT IS THE RESPONSIBILITY OF THE

EXECUTIVE COMMITTEE OF THE INDEPENDENT BOARD OF DIRECTORS. THE ANNUAL

PERFORMANCE APPRAISAL CONSIDERS THE CEO'S PERFORMANCE COMPARED TO THE

EXPECTATIONS OUTLINED IN THE JOB DESCRIPTION, AND THE GOALS SET FORTH IN

THE STRATEGIC PLAN. COMPARABLE COMPENSATION DATA IS USED AND APPROVED BY

THE EXECUTIVE COMMITTEE. COMPENSATION DECISIONS FOR KEY OFFICERS ARE THE

RESPONSIBILITY OF THE CEO/PRESIDENT. COMPARATIVE SALARY DATA PAID BY

SIMILAR ORGANIZATIONS IS CONSIDERED AS PART OF THE COMPENSATION DECISION.

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

AL, AK, AR, CA, CT, FL, HI, IL, KS, KY, ME, MD, MA, MI, MN, MT, NH, NJ, NM, NY, NC, ND, OK, OR, PA

RI, SC, TN, UT, VA, WV, WI

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

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

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

ENDOWMENT AGENCY FUND ACTIVITY -3,215,063.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME

FUND 205,360.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -460,134.

PASSTHROUGH LOSS FROM K-1S 49,727.

TOTAL TO FORM 990, PART XI, LINE 9 -3,420,110.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MCF REAL PROPERTY LLC - 47-3656226 33 S LAST CHANCE GULCH, SUITE 2A HELENA, MT 59601	ACCEPT AND LIQUIDATE GIFTED PROPERTY ON BEHALF OF MCF, INC.	MONTANA	0.	0.	MONTANA COMMUNITY FOUNDATION, INC.
33 S SOUTH LAST CHANCE GULCH, LLC - 35-2572088, 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601	LLC TO OWN PROPERTY	MONTANA	301,121.	2,167,507.	MONTANA COMMUNITY FOUNDATION, INC.

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

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

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) 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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

[illegible]

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

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

OMB No. 1545-0047

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

Electronic filing (e-file). You can electronically file Form 8868 to request 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.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 81-0450150
	Number, street, and room or suite no. If a P.O. box, see instructions. 33 S LAST CHANCE GULCH, NO. 2A	
	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) 0 7

Application Is For	Return Code	Application Is For	Return 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)	05	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 box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☐ calendar year _____ or
 ► ☒ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

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

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

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.

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

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S		MONTANA COMMUNITY FOUNDATION, INC.	81-0450150
		Number, street, and room or suite no. If a P.O. box, see instructions. 33 S LAST CHANCE GULCH, NO. 2A	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59601	F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year		163,489,125.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ►			
L The books are in care of ► KACIE TOLLEFSON Telephone number ► 406-443-8313			

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-24,065.
2	Reserved	2	
3	Add lines 1 and 2	3	-24,065.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-24,065.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-24,065.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	PRESIDENT/CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	EMINA O. CRESSWELL, CPA	EMINA O. CRESSWELL, CPA	03/09/22		P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318			
	601 W. RIVERSIDE AVENUE STE 1800				
	Firm's address SPOKANE, WA 99201			Phone no. 509-747-2600	

Form **990-T** (2020)

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T 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).

ENTITY

1

OMB No. 1545-0047

2020

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 4,298.		4,298.
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b 69.		69.
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1		5 -54,094.		-54,094.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7 180,656.	145,661.	34,995.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 130,929.	145,661.	-14,732.

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

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement) (see instructions)		5	
6 Taxes and licenses		6	283.
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 2		14	9,050.
15 Total deductions. Add lines 1 through 14		15	9,333.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-24,065.
17 Deduction for net operating loss (see instructions)		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-24,065.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods SoldEnter method of inventory valuation 

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/> BUILDING	33 LAST CHANCE GULCH, HELENA, MT 59601			
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) STMT 5	241,519.			
b	Other deductions (attach statement) STMT 6	79,876.			
c	Total deductions (add lines 3a and 3b, columns A through D)	114,858.			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 3	194,734.			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 4	1,541,911.			
6	Divide line 4 by line 5	2,061,434.			
7	Gross income reportable. Multiply line 2 by line 6	74.80 %	%	%	%
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	180,656.			180,656.
9	Allocable deductions. Multiply line 3c by line 6	145,661.			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	145,661.			
11	Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

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

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

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

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

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

Schedule A (Form 990-T) 2020

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a

Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
----------------	---------------------------------	-------------

DESCRIPTION	NET INCOME OR (LOSS)
CORE INDUSTRIAL PARTNERS FUND I, LP - ORDINARY BUSINESS INCOME (LOSS)	-28,105.
KLINE HILL PARTNERS FUND LP - ORDINARY BUSINESS INCOME (LOSS)	390.
TRUEBRIDGE CAPITAL PARTNERS FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-1,133.
ENR PARTNERS II - ORDINARY BUSINESS INCOME (LOSS)	-21,408.
C-BRIDGE HEALTHCARE FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-217.
KHP STRATEGIC 9 LP - ORDINARY BUSINESS INCOME (LOSS)	-10.
DOVER STREET X LP - ORDINARY BUSINESS INCOME (LOSS)	-1,024.
MANULIFE PRIVATE EQUITY PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-2,587.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-54,094.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
----------------	------------------	-------------

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	9,050.
TOTAL TO SCHEDULE A, PART II, LINE 14	9,050.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
BUILDING	1	
BEGINNING FIRST MONTH		1,562,767.
BEGINNING SECOND MONTH		1,559,087.
BEGINNING THIRD MONTH		1,555,395.
BEGINNING FOURTH MONTH		1,551,870.
BEGINNING FIFTH MONTH		1,547,790.
BEGINNING SIXTH MONTH		1,543,876.
BEGINNING SEVENTH MONTH		1,540,308.
BEGINNING EIGHTH MONTH		1,536,369.
BEGINNING NINTH MONTH		1,532,057.
BEGINNING TENTH MONTH		1,528,624.
BEGINNING ELEVENTH MONTH		1,524,359.
BEGINNING TWELFTH MONTH		1,520,435.
TOTAL OF ALL MONTHS		18,502,937.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		1,541,911.

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

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 4
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
BUILDING	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		2,101,372.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		2,021,496.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		2,061,434.

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

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		79,876.	
- SUBTOTAL -	1		79,876.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			79,876.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INFORMATION TECHNOLOGY		1,428.	
OTHER		14,640.	
OFFICE EXPENSES		1,366.	
OCCUPANCY		27,196.	
INTEREST		65,266.	
INSURANCE		4,962.	
- SUBTOTAL -	1		114,858.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			114,858.

**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

2020

Name

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				207.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	207.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				3,153.
11 Enter gain from Form 4797, line 7 or 9			11	938.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	4,091.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	207.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	4,091.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	4,298.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2020

Attachment
Sequence No. **12A**

► 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.

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 statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I 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.

- ☐ (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

[illegible]

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.

81-0450150

MONTANA COMMUNITY FOUNDATION INC.

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

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

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

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

[illegible]

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

**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

2020

Name

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				207.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	207.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**See instructions for how to figure the amounts to enter on the lines below.**

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				3,153.
11 Enter gain from Form 4797, line 7 or 9			11	938.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	4,091.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	207.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	4,091.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	4,298.

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

► 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.

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 statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I 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.

- ☐ (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

[illegible]

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 (a)* in the separate instructions for how to figure the amount of the adjustment.

81-0450150

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

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

☒ (F) Long-term transactions not reported to you on Form 1099-B

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

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

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

MONTANA COMMUNITY FOUNDATION, INC.

Identifying number

81-0450150

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 7						1,007.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9
							938.

Part II Ordinary Gains and Losses (see instructions)

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

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

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

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

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CORE INDUSTRIAL PARTNERS FUND I, LP						2,391.
KLINE HILL PARTNERS FUND LP						-1,114.
MANULIFE PRIVATE EQUITY PARTNERS, L.P.						-270.
TOTAL TO 4797, PART I, LINE 2						1,007.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

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

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

MONTANA COMMUNITY FOUNDATION, INC.

Identifying number

81-0450150

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							1,007.
8	Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 8						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9
							938.

Part II Ordinary Gains and Losses (see instructions)

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

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

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

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

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

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

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

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

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 8

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2015	0.	0.	
2016	4.	4.	
2017	101.	32.	69.
2018	0.	0.	
2019	0.	0.	
TOTAL TO FORM 4797, LINE 8	105.	36.	69.