

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2015** calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

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.		D Employer identification number 81-0450150
	Doing business as		E Telephone number 406-443-8313
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1 N LAST CHANCE GULCH		G Gross receipts \$ 34,540,956.
City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MARY RUTHERFORD SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. (see instructions)	
J Website: WWW.MTCF.ORG		H(c) Group exemption number ▶	
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 CULTIVATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH, SERVING AS A CENTER FOR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,495,061.	4,021,206.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	932,701.	1,032,078.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,051,981.	2,057,129.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,711.	6,359.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,494,454.	7,116,772.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,675,708.	4,131,888.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	745,585.	1,021,649.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 421,615.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,924,421.	1,987,714.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,345,714.	7,141,251.
19 Revenue less expenses. Subtract line 18 from line 12	9,148,740.	-24,479.	
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)	79,212,314.	78,887,636.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,033,039.	11,852,480.
		67,179,275.	67,035,156.

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 WENDY CAMPOS	Preparer's signature WENDY CAMPOS	Date 11/11/16	Check if self-employed <input type="checkbox"/>	PTIN P00448102
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318	Phone no. 503-242-1447		
	Firm's address ▶ 805 SW BROADWAY, SUITE 1200 PORTLAND, OR 97205				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MONTANA COMMUNITY FOUNDATION CULTIVATES A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH.

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

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

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

4a (Code:) (Expenses \$ 4,580,201. including grants of \$ 4,131,888.) (Revenue \$ 1,038,437.) THE FOUNDATION ACCUMULATES PERMANENT WEALTH FROM WHICH GRANTS ARE MADE TO SUPPORT CHARITABLE WORK. THE FOCUS OF ACTIVITIES ARE WORKING WITH DONORS WHO WANT TO PROVIDE LONG-TERM SUPPORT FOR CHARITABLE SERVICES, COMMUNITIES TO BUILD UNRESTRICTED FUNDS TO MEET CHANGING NEEDS, AND POLICY MAKERS TO IMPLEMENT SYSTEMATIC CHANGES TO IMPROVE 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 in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,580,201.

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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included in line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? 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 in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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... X; b Other officers or key employees of the organization... 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? X; 16b 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? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MT
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in 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:
EMILY KOVARIK, CPA - 406-443-8313
1 N LAST CHANCE GULCH, SUITE 1, HELENA, MT 59601

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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) DAN CLARK DIRECTOR	2.00	X					0.	0.	0.	
(2) JEFF BRETHERTON DIRECTOR	2.00	X					0.	0.	0.	
(3) LAURA BREHM DIRECTOR	2.00	X					0.	0.	0.	
(4) KELLY BRUGGEMAN DIRECTOR	2.00	X					0.	0.	0.	
(5) BARBARA BYRNE DIRECTOR	2.00	X					0.	0.	0.	
(6) JO ANNE EDER DIRECTOR	2.00	X					0.	0.	0.	
(7) GREG HANSON DIRECTOR	2.00	X					0.	0.	0.	
(8) KAREN LATKA DIRECTOR	2.00	X					0.	0.	0.	
(9) CASEY LOZAR DIRECTOR	2.00	X					0.	0.	0.	
(10) SCOTT PANKRATZ DIRECTOR	2.00	X					0.	0.	0.	
(11) MARY ANN PHIPPS DIRECTOR	2.00	X					0.	0.	0.	
(12) TAWYNA RUPE DIRECTOR	2.00	X					0.	0.	0.	
(13) CAMI SKINNER DIRECTOR	2.00	X					0.	0.	0.	
(14) MARY CRAIGLE BOARD CHAIR	2.00	X		X			0.	0.	0.	
(15) BRIAN PATRICK SECRETARY	2.00	X		X			0.	0.	0.	
(16) CYNTHIA WOODS VICE CHAIR	2.00	X		X			0.	0.	0.	
(17) DALE WOOLHISER TREASURER	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MARY RUTHERFORD CEO/PRESIDENT	40.00			X				170,005.	0.	17,341.
(19) EMILY KOVARIK CFO	40.00			X				74,617.	0.	9,807.
1b Sub-total								244,622.	0.	27,148.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								244,622.	0.	27,148.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MERRILL LYNCH GLOBAL WEALTH MANAGEMENT 550 N. 31ST, SUITE 100, BILLINGS, MT 59101	INVESTMENT MANAGEMENT	407,020.

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 Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,021,206.					
	g Noncash contributions included in lines 1a-1f: \$		356,429.					
	h Total. Add lines 1a-1f			4,021,206.				
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	525990	1,032,078.	1,032,078.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,032,078.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,665,450.			1,665,450.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		27,815,863.						
		b Less: cost or other basis and sales expenses		27,424,184.				
		c Gain or (loss)		391,679.				
	d Net gain or (loss)			391,679.			391,679.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER INCOME		900099		6,359.	6,359.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			6,359.				
12 Total revenue. See instructions.				7,116,772.	1,038,437.	0.	2,057,129.	

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	3,492,384.	3,492,384.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	639,504.	639,504.		
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	237,813.	47,563.	125,648.	64,602.
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	633,061.	174,508.	243,084.	215,469.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,574.	8,137.	11,042.	10,395.
9 Other employee benefits	58,549.	14,784.	24,934.	18,831.
10 Payroll taxes	62,652.	15,060.	28,013.	19,579.
11 Fees for services (non-employees):				
a Management	949,340.		949,340.	
b Legal	9,302.	983.	7,441.	878.
c Accounting	40,456.		40,456.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	407,020.		407,020.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	60,418.	29,030.	30,663.	725.
12 Advertising and promotion	72,150.	7,867.	45,960.	18,323.
13 Office expenses	81,580.	18,160.	51,116.	12,304.
14 Information technology	58,958.	14,073.	33,791.	11,094.
15 Royalties				
16 Occupancy	73,755.	26,706.	24,358.	22,691.
17 Travel	58,172.	16,592.	22,266.	19,314.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,427.	11,047.	20,066.	4,314.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,527.		26,527.	
23 Insurance	7,469.		7,469.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	57,404.	14,067.	40,241.	3,096.
b RETURN OF ENDOWMENTS	49,736.	49,736.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,141,251.	4,580,201.	2,139,435.	421,615.
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	152,524.	1	213,217.
	2 Savings and temporary cash investments	2,677,031.	2	2,556,680.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,130.	9	42,666.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 232,373.		
	b Less: accumulated depreciation	10b 143,530.	91,319.	10c 88,843.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	75,186,425.	12	74,951,525.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,072,885.	15	1,034,705.
16 Total assets. Add lines 1 through 15 (must equal line 34)	79,212,314.	16	78,887,636.	
Liabilities	17 Accounts payable and accrued expenses	98,344.	17	121,828.
	18 Grants payable	779,534.	18	948,607.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	11,155,161.	25	10,782,045.
	26 Total liabilities. Add lines 17 through 25	12,033,039.	26	11,852,480.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,094,656.	27	895,966.
	28 Temporarily restricted net assets	15,293,554.	28	12,773,886.
	29 Permanently restricted net assets	50,791,065.	29	53,365,304.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	67,179,275.	33	67,035,156.	
34 Total liabilities and net assets/fund balances	79,212,314.	34	78,887,636.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,116,772.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,141,251.
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,479.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,179,275.
5	Net unrealized gains (losses) on investments	5	-271,990.
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 in Schedule O)	9	152,350.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,035,156.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,956,696.	2,719,454.	4,227,664.	6,495,061.	4,021,206.	20,420,081.
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	2,956,696.	2,719,454.	4,227,664.	6,495,061.	4,021,206.	20,420,081.
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)						2,665,915.
6 Public support. Subtract line 5 from line 4.						17,754,166.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,956,696.	2,719,454.	4,227,664.	6,495,061.	4,021,206.	20,420,081.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,548,258.	1,569,206.	1,596,473.	1,732,397.	1,665,450.	8,111,784.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						28,531,865.
12 Gross receipts from related activities, etc. (see instructions)					12	4,745,048.
13 First five 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 2015 (line 6, column (f) divided by line 11, column (f))	14	62.23 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	63.10 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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"/>

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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. **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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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) 2015

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)

Multiple horizontal lines for supplemental information.

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 186,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 446,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 112,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

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 <p style="text-align: center;">MONTANA COMMUNITY FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">81-0450150</p>
---	---

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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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) 2015

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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 (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	7,141,251.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,141,251.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	507,063.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	126,766.													
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	399,760.	0.	0.	0.	399,760.
b Lobbying ceiling amount (150% of line 2a, column(e))					599,640.
c Total lobbying expenditures	10,006.	0.	0.	0.	10,006.
d Grassroots nontaxable amount	99,940.	0.	0.	0.	99,940.
e Grassroots ceiling amount (150% of line 2d, column (e))					149,910.
f Grassroots lobbying expenditures					

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.	(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 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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015
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	96	81
2 Aggregate value of contributions to (during year)	1,195,796.	215,425.
3 Aggregate value of grants from (during year)	1,632,135.	664,316.
4 Aggregate value at end of year	15,188,562.	9,094,474.

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? Yes 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? Yes 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 (e.g., 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 8/17/06, 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? Yes No

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

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

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

9 In Part XIII, describe how the organization reports conservation 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	64,483,181.	61,801,404.	54,253,801.	48,553,661.	49,380,097.
b Contributions	2,309,439.	2,411,453.	1,994,003.	2,499,909.	2,281,302.
c Net investment earnings, gains, and losses	1,340,537.	3,110,522.	8,874,359.	6,096,100.	-348,566.
d Grants or scholarships	2,537,757.	1,765,661.	2,206,112.	1,916,495.	1,800,773.
e Other expenditures for facilities and programs					
f Administrative expenses	1,204,225.	1,074,537.	1,114,647.	979,374.	958,399.
g End of year balance	64,391,175.	64,483,181.	61,801,404.	54,253,801.	48,553,661.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

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				
c Leasehold improvements				
d Equipment		232,373.	143,530.	88,843.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				88,843.

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	74,951,525.	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.) ▶	74,951,525.	

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	81,726.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	8,881,999.
(4) CHARITABLE AND DEFERRED GIFT ANNUITIES	1,807,447.
(5) CAPITAL LEASE PAYABLE	10,873.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,782,045.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	5,576,388.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-271,990.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-271,990.
3	Subtract line 2e from line 1	3	5,848,378.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,268,394.
c	Add lines 4a and 4b	4c	1,268,394.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,116,772.

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	5,720,506.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,720,506.
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	
b	Other (Describe in Part XIII.)	4b	1,420,745.
c	Add lines 4a and 4b	4c	1,420,745.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,141,251.

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 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, 2016 AND

2015, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT FUND ACTIVITY 373,551.

MANAGEMENT FEE 854,978.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -16,752.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME

FUND 56,617.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,268,394.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES 854,978.

AGENCY ENDOWMENT FUND ACTIVITY 565,767.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,420,745.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2015

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number 81-0450150
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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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		220,000.
3 a Sub-total	0	0			220,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			220,000.

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash 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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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; do not 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; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS

USING THE FAIR MARKET VALUE OF EACH FUND PER THE MERRILL LYNCH INVESTMENT

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

Multiple horizontal lines for supplemental information input.

**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**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 non-cash assistance	(h) Purpose of grant or assistance
THE NEST PO BOX 113 CHARLO, MT 59824	46-2571797	501(C)3	250,000.	0.			UNRESTRICTED OPERATING SUPPORT
CAMP MAK-A-DREAM PO BOX 1450 MISSOULA, MT 59806-1450	81-0472959	501(C)3	234,500.	0.			UNRESTRICTED SUPPORT; WELLNESS CENTER
STANFORD LIBRARY GUILD, INC PO BOX 486 STANDFORD, MT 59479	27-3159012	501(C)3	200,091.	0.			UNRESTRICTED OPERATING SUPPORT
DIVINE MERCY ACADEMY 104 AL PLACE BELGRADE, MT 59714	46-0532968	501(C)3	100,000.	0.			SCHOOL EXPANSION
ANIMEALS 1700 RANKIN ST MISSOULA, MT 59808	20-4694132	501(C)3	60,500.	0.			UNRESTRICTED OPERATING SUPPORT; KEEP IT GOING!
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC - PO BOX 80807 - BILLINGS, MT 59108	81-0419905	501(C)3	59,232.	0.			2015 ANNUAL DISTRIBUTION; REMODEL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 152.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT FALLS SYMPHONY ASSOCIATION P.O. BOX 1078 GREAT FALLS, MT 59403	81-6014907	501(C)3	57,475.	0.			2015 ANNUAL DISTRIBUTION; PROGRAM SUPPORT
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59806	81-0539830	501(C)3	54,911.	0.			2015 ANNUAL DISTRIBUTION; GIVE LOCAL PROGRAM; USDA/RCDI PGRM
AMERICAN INDIAN INSTITUTE 502 WEST MENDENHALL STREET BOZEMAN, MT 59715	81-0339551	501(C)3	52,722.	0.			2015 ANNUAL DISTRIBUTION; YOUTH PROGRAMS;
MAKE-A-WISH FOUNDATION OF AMERICA 4742 N 24TH ST, #400 PHOENIX, AZ 85016	86-0481941	501(C)3	50,000.	0.			TO MAKE WISHES COME TRUE
AUGUSTA YOUTH CENTER PO BOX 9 AUGUSTA, MT 59410	81-0262409	501(C)3	50,000.	0.			OPERATING SUPPORT
YELLOWSTONE ART MUSEUM 401 N 27TH ST BILLINGS, MT 59101	81-6014902	501(C)3	48,929.	0.			2015 ANNUAL DISTRIBUTION; SUPPORT FOR VISITING ARTISTS AND LECTURERS
HELENA AREA COMMUNITY FOUNDATION PO BOX 92 HELENA, MT 59624	81-0536902	501(C)3	42,836.	0.			2015 ANNUAL DISTRIBUTION; GIVE LOCAL PROGRAM
ALBERTA BAIR THEATER PO BOX 1556 BILLINGS, MT 59103	81-0406157	501(C)3	40,062.	0.			2015 ANNUAL DISTRIBUTION
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)3	39,662.	0.			2015 ANNUAL DISTRIBUTION; NABGA; FUND CENTRAL INFORMATION STRUCTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELENA PRESENTS (MYRNA LOY CENTER) 15 N. EWING HELENA, MT 59601	51-0185430	501(C)3	36,158.	0.			2015 ANNUAL DISTRIBUTION; OPERATING SUPPORT
YELLOWSTONE RIVER PARKS ASSOCIATION - PO BOX 1201 - BILLINGS, MT 59103-1201	36-4096295	501(C)3	32,391.	0.			2015 ANNUAL DISTRIBUTION; MEMORIAL SHELTER AT SHILOU POND
HOLTER MUSEUM OF ART 12 EAST LAWRENCE STREET HELENA, MT 59601	81-0472958	501(C)3	32,026.	0.			2015 ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OF THE NORTHERN CHEYENNE NATION - PO BOX 309 - LAME DEER, MT 59043	36-3945776	501(C)3	31,229.	0.			2015 ANNUAL DISTRIBUTION; SUPPORT EXECUTIVE ASSISTANT POSITION
MONTANA PROFESSIONAL TEACHING FOUNDATION - 1232 EAST 6TH AVENUE - HELENA, MT 59601	81-0511792	501(C)3	28,649.	0.			2015 ANNUAL DISTRIBUTION; OPERATING SUPPORT
VALLEY COUNTY COMMUNITY FOUNDATION PO BOX 304 GLASGOW, MT 59230	81-0526746	501(C)3	26,251.	0.			2015 ANNUAL DISTRIBUTION
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN BOZEMAN, MT 59715	83-0311166	501(C)3	26,209.	0.			2015 ANNUAL DISTRIBUTION; CUTTHROAT PROJECT AT YELLOWSTONE LAKE
FAMILY PROMISE OF YELLOWSTONE VALLEY - 40 10TH STREET WEST - BILLINGS, MT 59102	20-0323622	501(C)3	25,270.	0.			PROGRAM SUPPORT AND SPECIAL EVENTS
ROCKY MOUNTAIN BIBLE MISSION 1515 FAIRVIEW AVE STE 200 MISSOULA, MT 59801	81-0303852	501(C)3	25,000.	0.			\$20K FOR CAMP UTMOST; \$5K GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH SUITE 220 HELENA, MT 59601	80-0624179	501(C)3	24,820.	0.			WFM GRANT CYCLE; RESEARCH PROPOSAL
BLACKFEET RESERVATION DEVELOPMENT FUND, INC - PO BOX 3029 - BROWNING, MT 59417-3029	36-3784925	501(C)3	24,171.	0.			2015 ANNUAL DISTRIBUTION
SEELEY LAKE COMMUNITY FOUNDATION PO BOX 25 SEELEY LAKE, MT 59868	31-1711576	501(C)3	23,149.	0.			2015 ANNUAL DISTRIBUTION
BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION - 526 ELECTRIC AVE - BIGFORK, MT 59911	81-0424706	501(C)3	22,449.	0.			2015 ANNUAL DISTRIBUTION; MAINTAIN THE FLOWERS
LIFE SKILLS FORE MONTANA YOUTH INC DBA FIRST TEE OF MONTANA - 821 N. 27TH STREET - BILLINGS, MT 59101	76-0755227	501(C)3	20,000.	0.			PURCHASE GOLF EQUIPMENT FOR LOCAL SCHOOLS
ABSAROOKE COMMUNITY FOUNDATION PO BOX 72 ABSAROOKE, MT 59001	73-1658638	501(C)3	18,504.	0.			2015 ANNUAL DISTRIBUTION
APOSTLES EVANGELICAL LUTHERAN CHURCH - 3140 BROADWATER AVE - BILLINGS, MT 59102	81-6035157	501(C)3	17,560.	0.			2015 ANNUAL DISTRIBUTION; PRINCIPLE PAY-DOWN ON BUILDING
GREATER POLSON COMMUNITY FOUNDATION - PO BOX 314 - POLSON, MT 59860	26-2883184	501(C)3	17,319.	0.			2015 ANNUAL DISTRIBUTION
GREATER GALLATIN UNITED WAY 945 TECHNOLOGY BLVD STE 10-F BOZEMAN, MT 59718	81-0384820	501(C)3	16,824.	0.			2015 ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA STATE UNIVERSITY FOUNDATION - PO BOX 172750 - BOZEMAN, MT 59717-2750	81-6001649	501(C)3	16,734.	0.			2015 ANNUAL DISTRIBUTION
HELENA EDUCATION FOUNDATION PO BOX 792 HELENA, MT 59604	81-0544494	501(C)3	15,075.	0.			2015 ANNUAL DISTRIBUTION
MONTANA NONPROFIT ASSOCIATION P.O. BOX 1744 HELENA, MT 59624	73-1654969	501(C)3	15,000.	0.			PRINCIPLES AND PRACTICES FOR NONPROFITS
FIRST UNITED METHODIST CHURCH 610 SECOND AVENUE NORTH GREAT FALLS, MT 59401	81-0235852	501(C)3	15,000.	0.			PROGRAM SUPPORT
MONTANA WILDERNESS ASSOCIATION, INC. - 80 SOUTH WARREN ST. - HELENA, MT 59601-5700	51-0198932	501(C)3	14,800.	0.			2015 ANNUAL DISTRIBUTION
BOZEMAN PUBLIC LIBRARY FOUNDATION 626 E MAIN ST BOZEMAN, MT 59715-3768	81-0405940	501(C)3	14,750.	0.			2015 ANNUAL DISTRIBUTION; UNRESTRICTED OPERATING SUPPORT
WEST YELLOWSTONE FOUNDATION P.O. BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)3	14,406.	0.			2015 ANNUAL DISTRIBUTION
MANHATTAN HIGH SCHOOL 416 NORTH BROADWAY MANHATTAN, MT 59741	81-6000410	GOVT	14,338.	0.			2015 ANNUAL DISTRIBUTION
UNITED WAY OF LEWIS & CLARK AREA P.O. BOX 862 HELENA, MT 59624	81-6017354	501(C)3	14,123.	0.			2015 ANNUAL DISTRIBUTION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - PO BOX 40 - ROUNDUP, MT 59072	81-0245848	501(C)3	14,083.	0.			2015 ANNUAL DISTRIBUTION
MISSOULA SYMPHONY ASSOCIATION PO BOX 8301 MISSOULA, MT 59807	81-0290730	501(C)3	13,220.	0.			2015 ANNUAL DISTRIBUTION; SYMPHONY AT THE PARK
JEFFERSON VALLEY COMMUNITY FOUNDATION - PO BOX 144 - WHITEHALL, MT 59759	46-3196448	501(C)3	12,169.	0.			2015 ANNUAL DISTRIBUTION
MONTANA WOMEN VOTE 725 W. ALDER ST., STE #21 MISSOULA, MT 59802	81-0362732	501(C)3	12,000.	0.			PROGRAM SUPPORT
UNITED WAY OF YELLOWSTONE COUNTY 2173 OVERLAND AVE BILLINGS, MT 59102	81-0287507	501(C)3	12,000.	0.			\$6K BASIC NEEDS OF YOUTH; \$6K BEST BEGINNING COUNCIL
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N. 30TH ST. SUITE 312 - BILLINGS, MT 59101	81-0452904	501(C)3	11,507.	0.			2015 ANNUAL DISTRIBUTION; \$500 BACKPACK MEAL PROGRAM
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - PO BOX 1439 - BIGFORK, MT 59911	23-7067099	501(C)3	11,362.	0.			2015 ANNUAL DISTRIBUTION
HELENA YMCA 1200 N LAST CHANCE GULCH HELENA, MT 59601	81-0231815	501(C)3	11,321.	0.			2015 ANNUAL DISTRIBUTION
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624	81-0506868	501(C)3	11,318.	0.			2015 ANNUAL DISTRIBUTION

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HOPA MOUNTAIN, INC. 234 E. BABCOCK, SUITE E BOZEMAN, MT 59715	84-1635749	501(C)3	11,229.	0.			2015 ANNUAL DISTRIBUTION
BILLINGS COMMUNITY FOUNDATION PO BOX 1255 BILLINGS, MT 59103	20-4286919	501(C)3	11,047.	0.			2015 ANNUAL DISTRIBUTION; GIVE LOCAL PROGRAMS; OPERATING COSTS
FRIENDS OF THE PIONEER MUSEUM PO BOX 975 GLASGOW, MT 59230	81-0479627	501(C)3	11,023.	0.			2015 ANNUAL DISTRIBUTION
MAKE A WISH MONTANA 175 NORTH 27TH STREET STE 1214 BILLINGS, MT 59101	30-0882267	501(C)3	11,000.	0.			TO FUND WISHES
INTERMOUNTAIN CHILDREN'S HOME 500 S LAMBORN HELENA, MT 59601	81-0231775	501(C)3	10,777.	0.			2015 ANNUAL DISTRIBUTION; GENERAL SUPPORT; SUPPORT CHILDREN'S NEES.
BEACON COMMUNITY FOUNDATION PO BOX 726 SCOBAY, MT 59263	81-0498333	501(C)3	10,560.	0.			2015 ANNUAL DISTRIBUTION
MUSSELSHELL VALLEY COMMUNITY FOUNDATION - PO BOX 713 - ROUNDUP, MT 59072	81-0512493	501(C)3	10,392.	0.			2015 ANNUAL DISTRIBUTION
ST. PETER'S HOSPITAL FOUNDATION 2475 BROADWAY HELENA, MT 59601	81-0392270	501(C)3	10,162.	0.			2015 ANNUAL DISTRIBUTION
MONTANA TECHNOLOGY ENTERPRISE CENTER - 1121 EAST BROADWAY - MISSOULA, MT 59802	81-0529738	501(C)3	10,000.	0.			2015 ANNUAL DISTRIBUTION

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MISSOULA INTERNATIONAL SCHOOL 1100 HARRISON MISSOULA, MT 59802	81-0501614	501(C)3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT
MADISON VALLEY RURAL FIRE DEPARTMENT - PO BOX 68 - ENNIS, MT 59729	81-0426522	GOVT	10,000.	0.			UNRESTRICTED OPERATING SUPPORT
WOLF POINT PUBLIC SCHOOLS 710 4TH AVE N. WOLF POINT, MT 59201-1212	81-6000891	GOVT	10,000.	0.			WESTERN BANK OF WP ENDOWMENT HIGH SCHOOL GYM
ST. THOMAS MORE ACADEMY 6456 E BRISTOL RD BURTON, MI 48519	38-3023152	501(C)3	10,000.	0.			\$5K SCHOOL CAMPUS REPAIRS; \$5K GENERAL OPERATING SUPPORT
ULM PUBLIC SCHOOLS PO BOX 189 ULM, MT 59485	81-6000160	GOVT	10,000.	0.			AFTER SCHOOL PROGRAM
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, BILLINGS BRANCH - 3130 GREGORY DRIVE - BILLINGS, MT 59102	47-7112138	501(C)3	10,000.	0.			SUPPORT FUNDING OF SCHOLARSHIPS
HEROES AND HORSES INC PO BOX 35 MANHATTAN, MT 59741	46-4639973	501(C)3	10,000.	0.			UNRESTRICTED OPERATING SUPPORT
HELENA SYMPHONY PO BOX 1073 HELENA, MT 59624	81-0523705	501(C)3	9,988.	0.			2015 ANNUAL DISTRIBUTION
MONTANA AUDUBON PO BOX 595 HELENA, MT 59624	81-0412530	501(C)3	9,940.	0.			2015 ANNUAL DISTRIBUTION

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HUMANE SOCIETY OF WESTERN MONTANA 5930 HIGHWAY 93 SOUTH MISSOULA, MT 59804	81-0290933	501(C)3	9,294.	0.			2015 ANNUAL DISTRIBUTION; \$1,000 GENERAL OPERTING SUPPORT
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624	81-0369262	501(C)3	9,288.	0.			2015 ANNUAL DISTRIBUTION
TUMBLEWEED RUNAWAY PROGRAM, INC 505 NORTH 24TH ST BILLINGS, MT 59101	36-3343886	501(C)3	9,274.	0.			2015 ANNUAL DISTRIBUTION; GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF MONTANA 1116 GRAND AVE STE 201 BILLINGS, MT 59101	81-0307201	501(C)3	9,270.	0.			2015 ANNUAL DISTRIBUTION; UNRESTRICTED OPERATING SUPPORT
RURAL DYNAMICS INC/CONSUMER CREDIT COUNSELING SERVICE - 2022 CENTRAL AVE - GREAT FALLS, MT 59401	81-0303443	501(C)3	9,200.	0.			2015 ANNUAL DISTRIBUTION
MUSEUM OF THE ROCKIES 600 WEST KAGY BOULEVARD BOZEMAN, MT 59717	81-6016828	501(C)3	9,165.	0.			2015 ANNUAL DISTRIBUTION
STEVENSVILLE COMMUNITY FOUNDATION PO BOX 413 STEVENSVILLE, MT 59870	81-0490459	501(C)3	8,935.	0.			2015 ANNUAL DISTRIBUTION
ROBERTS COMMUNITY FOUNDATION PO BOX 284 ROBERTS, MT 59070	84-1425182	501(C)3	8,877.	0.			2015 ANNUAL DISTRIBUTION
INDIAN LAW RESOURCE CENTER 602 EWING HELENA, MT 59601	52-1121079	501(C)3	8,802.	0.			2015 ANNUAL DISTRIBUTION

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BROADWATER PRODUCTIONS, INC. (GRANDSTREET THEATRE) - P.O. BOX 1258 - HELENA, MT 59624	81-0357843	501(C)3	8,750.	0.			2015 ANNUAL DISTRIBUTION
GIRL SCOUTS OF MONTANA & WYOMING 2302 GRAND AVENUE BILLINGS, MT 59102	81-6001486	501(C)3	8,700.	0.			2015 ANNUAL DISTRIBUTION
GLACIER SYMPHONY ORCHESTRA & CHORALE - PO BOX 2491 - KALISPELL, MT 59903-2491	81-0413320	501(C)3	8,660.	0.			2015 ANNUAL DISTRIBUTION
FIVE VALLEYS LAND TRUST 120 HICKORY ST, SUITE B MISSOULA, MT 59807	23-7182055	501(C)3	8,422.	0.			2015 ANNUAL DISTRIBUTION
MONTANA STATE UNIVERSITY - BOZEMAN P.O. BOX 174160 BOZEMAN, MT 59717	81-6010045	501(C)3	8,299.	0.			2015 ANNUAL DISTRIBUTION
FRIENDS OF IRISH STUDIES IN THE WEST - PO BOX 4693 - MISSOULA, MT 59806	26-1391012	501(C)3	8,294.	0.			2015 ANNUAL DISTRIBUTION
ALLIANCE FOR THE WILD ROCKIES PO BOX 505 HELENA, MT 59624	81-0455740	501(C)3	8,294.	0.			2015 ANNUAL DISTRIBUTION
INTERNATIONAL CHORAL FESTIVAL PO BOX 8203 MISSOULA, MT 59807	81-0459276	501(C)3	8,102.	0.			2015 ANNUAL DISTRIBUTION
UNITED WAY OF CASCADE COUNTY PO BOX 1343 GREAT FALLS, MT 59403	81-0304170	501(C)3	7,961.	0.			2015 ANNUAL DISTRIBUTION

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GLASGOW SCOTTIES BOOSTER CLUB PO BOX 735 GLASGOW, MT 59230	20-3402373	501(C)3	7,828.	0.			2015 ANNUAL DISTRIBUTION
RED LODGE AREA COMMUNITY FOUNDATION - P.O. BOX 1871 - RED LODGE, MT 59068	20-0192255	501(C)3	7,655.	0.			2015 ANNUAL DISTRIBUTION
UNIVERSITY CONGREGATIONAL CHURCH 405 UNIVERSITY AVE MISSOULA, MT 59801-4437	81-0251572	501(C)3	7,563.	0.			2015 ANNUAL DISTRIBUTION
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - 800 EAST 73RD AVE. UNIT 2 - DENVER, CO 80229	37-1145157	501(C)3	7,562.	0.			2015 ANNUAL DISTRIBUTION
WORLD MUSEUM OF MINING INC PO BOX 33 BUTTE, MT 59703	81-6014901	501(C)3	7,531.	0.			2015 ANNUAL DISTRIBUTION
ROCKY MOUNTAIN COLLEGE 1511 POLY DRIVE BILLINGS, MT 59102	81-0235407	501(C)3	7,528.	0.			2015 ANNUAL DISTRIBUTION; ANNUAL FUND; INSTITUTE FOR PEACE STUDIES
LIBERTY VILLAGE ARTS CENTER AND GALLERY - P. O. BOX 269 - CHESTER, MT 59522	81-0364834	501(C)3	7,500.	0.			2015 ANNUAL DISTRIBUTION
WIBAUX COUNTY NURSING HOME 712 S WIBAUX ST WIBAUX, MT 59353	81-0392225	501(C)3	7,331.	0.			2015 ANNUAL DISTRIBUTION; LAYING CEMENT FOR FRONT ENTRANCE
NYE COMMUNITY FOUNDATION PO BOX 528 NYE, MT 59061	81-0531083	501(C)3	7,291.	0.			2015 ANNUAL DISTRIBUTION

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LEWIS AND CLARK INTERPRETIVE CENTER FOUNDATION - PO BOX 398 - GREAT FALLS, MT 59403	81-0471734	501(C)3	7,283.	0.			2015 ANNUAL DISTRIBUTION; L&C FESTIVAL; HISTORIC
MONTANA STATE UNIVERSITY - BILLINGS FOUNDATION - 1500 UNIVERSITY DR - BILLINGS, MT 59101	81-0301477	501(C)3	7,009.	0.			2015 ANNUAL DISTRIBUTION; MSU BILLINGS NURSING DEPT.
MISSOULA FOOD BANK 219 S 3RD ST W MISSOULA, MT 59801	81-0414143	501(C)3	6,975.	0.			2015 ANNUAL DISTRIBUTION
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVENUE HELENA, MT 59601	81-0284022	501(C)3	6,898.	0.			2015 ANNUAL DISTRIBUTION
SCHOOL COMMUNITY DEVELOPMENT COUNCIL / POWDER RIVER CF - PO BOX 629 - BROADUS, MT 59317	81-0514945	501(C)3	6,843.	0.			2015 ANNUAL DISTRIBUTION
FORT PECK THEATRE 201 MISSOURI AVE FORT PECK, MT 59223	81-0306649	501(C)3	6,840.	0.			2015 ANNUAL DISTRIBUTION
YWCA OF BILLINGS 909 WYOMING AVE BILLINGS, MT 59101	81-0534954	501(C)3	6,628.	0.			2015 ANNUAL DISTRIBUTION
MINERAL COUNTY COMMUNITY FOUNDATION - PO BOX 93 - SUPERIOR, MT 59872	81-0501990	501(C)3	6,572.	0.			2015 ANNUAL DISTRIBUTION
RONALD MCDONALD HOUSE OF CHARITIES OF WESTERN MONTANA, INC. - 3003 FORT MISSOULA ROAD - MISSOULA, MT 59804	47-2261447	501(C)3	6,504.	0.			2015 ANNUAL DISTRIBUTION; GENERAL OPERATING SUPPORT

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BLACKFEET NATION HIGHER EDUCATION PROGRAM - P.O. BOX 850 - BROWNING, MT 59417	81-0212955	501(C)3	6,363.	0.			2015 ANNUAL DISTRIBUTION
WESTERN HERITAGE CENTER 2822 MONTANA AVE BILLINGS, MT 59101	23-7155997	501(C)3	6,345.	0.			2015 ANNUAL DISTRIBUTION
BILLINGS SYMPHONY SOCIETY 201 N. BROADWAY #350 BILLINGS, MT 59101	23-7083873	501(C)3	6,238.	0.			2015 ANNUAL DISTRIBUTION; BACH TO BOOKS PROGRAM
DAWSON COUNTY HEALTHY COMMUNITIES COALITION - 207 W BELL - GLENDIVE, MT 59330	47-0891424	501(C)3	6,080.	0.			WALKING AND BIKING TRAILS; POOL SPLIT
BIG SKY COMMUNITY CORPORATION PO BOX 161404 BIG SKY, MT 59716	81-0520589	501(C)3	6,036.	0.			2015 ANNUAL DISTRIBUTION; GENERAL OPERATING SUPPORT
NOVA CENTER FOR THE PERFORMING ARTS, INC. - PO BOX 11 - BILLINGS, MT 59103	81-0514788	501(C)3	6,016.	0.			2015 ANNUAL DISTRIBUTION
CHESTER JOPLIN INVERNESS PUBLIC SCHOOLS - PO BOX 550 - CHESTER, MT 59522	81-6000582	501(C)3	6,000.	0.			PROGRAM SUPPORT
COMMUNITY GIVING ASSISTANCE TOWARDS EMPLOYMENT - 121 S DOUGLAS ST - GLENDIVE, MT 59330	81-0517655	501(C)3	6,000.	0.			TEMPORARY HOUSING AND COMMUNITY GARDEN
MCCONE COUNTY 100 CLUB PO BOX 465 CIRCLE, MT 59214	81-0452539	501(C)3	6,000.	0.			LOCAL FIRE AND AMBULANCE SERVICES

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VALLEY COUNTY COMMUNITY EMERGENCY FOOD BANK - 735 7TH AVENUE N. - GLASGOW, MT 59230	81-0466404	501(C)3	6,000.	0.			NEW BUILDING FOR FOOD PURCHASES
GOD'S LOVE INC. 533 N. LAST CHANCE GULCH HELENA, MT 59601	81-0400234	501(C)3	5,859.	0.			2015 ANNUAL DISTRIBUTION; PROGRAM SUPPORT
FLATHEAD LAND TRUST PO BOX 1913 KALISPELL, MT 59903	36-3479966	501(C)3	5,817.	0.			2015 ANNUAL DISTRIBUTION; DARROW FAMILY PROPERTY CONSERVATION
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION - 777 GRANDVIEW DRIVE - KALISPELL, MT 59901	81-0365752	501(C)3	5,766.	0.			2015 ANNUAL DISTRIBUTION
ANGEL FUND PO BOX 7436 HELENA, MT 59604	81-0535130	501(C)3	5,675.	0.			2015 ANNUAL DISTRIBUTION
BENEFIS HEALTHCARE FOUNDATION PO BOX 7008 GREAT FALLS, MT 59406-7008	81-0480587	501(C)3	5,526.	0.			2015 ANNUAL DISTRIBUTION; EMERGENCY DEPT REMODEL
FORSYTH PUBLIC SCHOOLS PO BOX 319 FORSYTH, MT 59327	81-6000897	GOVT	5,526.	0.			TRACK AND FIELD IMPROVEMENTS; WEIGHT ROOM EQUIPMENT
MONTANA FREEDOM OF INFORMATION HOTLINE, INC - PO BOX 320 - CHOTEAU, MT 59422	81-0455690	501(C)3	5,500.	0.			UNRESTRICTED OPERATING SUPPORT
CHASE HAWKS MEMORIAL FOUNDATION PO BOX 31333 BILLINGS, MT 59107	81-0499653	501(C)3	5,460.	0.			UNRESTRICTED OPERATING SUPPORT

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BILLINGS STUDIO THEATRE 1500 RIMROCK ROAD BILLINGS, MT 59102	81-0293924	501(C)3	5,335.	0.			2015 ANNUAL DISTRIBUTION; EQUIPMENT STORAGE
MONTANA COUNCIL - BOY SCOUTS OF AMERICA - 820 - 17TH AVE SOUTH - GREAT FALLS, MT 59405	81-0343177	501(C)3	5,328.	0.			2015 ANNUAL DISTRIBUTION; UNRESTRICTED OPERATING SUPPORT
FRIENDSHIP HOUSE 3123 - 8TH AVE SOUTH BILLINGS, MT 59101	81-0300497	501(C)3	5,260.	0.			2015 ANNUAL DISTRIBUTION
HELENA YOUTH SOCCER ASSOCIATION INC - PO BOX 6972 - HELENA, MT 59604	81-0472455	501(C)3	5,257.	0.			2015 ANNUAL DISTRIBUTION
BOZEMAN SYMPHONY SOCIETY 1001 OAK ST, STE 201 BOZEMAN, MT 59715	81-6019534	501(C)3	5,249.	0.			2015 ANNUAL DISTRIBUTION; UNRESTRICTED OPERATING SUPPORT
PLYMOUTH CONGREGATIONAL CHURCH 400 SOUTH OAKES HELENA, MT 59601	81-0298891	501(C)3	5,227.	0.			2015 ANNUAL DISTRIBUTION
TRINITY LUTHERAN CHURCH 537 GRAND AVE BILLINGS, MT 59101	81-0300195	501(C)3	5,194.	0.			2015 ANNUAL DISTRIBUTION
CARROLL COLLEGE 1601 N BENTON AVE HELENA, MT 59625	81-0231774	501(C)3	5,171.	0.			2015 ANNUAL DISTRIBUTION; HAUNTHAUSEN ACTIVITY CENTER
HINSDALE HIGH SCHOOL 600 N. MONTANA HINSDALE, MT 59241	81-6001060	501(C)3	5,157.	0.			2015 ANNUAL DISTRIBUTION

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YELLOWSTONE WILDLIFE SANCTUARY PO BOX 675 RED LODGE, MT 59068	81-0422009	501(C)3	5,145.	0.			2015 ANNUAL DISTRIBUTION
MOUNTAIN VIEW MEDICAL CENTER 16 WEST MAIN WHITE SULPHUR SPRINGS, MT 59645	81-0255832	501(C)3	5,126.	0.			2015 ANNUAL DISTRIBUTION
CENTER FOR MENTAL HEALTH PO BOX 3089 GREAT FALLS, MT 59403	81-0347441	501(C)3	5,082.	0.			2015 ANNUAL DISTRIBUTION
C.M. RUSSELL MUSEUM 400 - 13TH STREET NORTH GREAT FALLS, MT 59401	81-6003526	501(C)3	5,078.	0.			2015 ANNUAL DISTRIBUTION
ALPINE THEATRE PROJECT, INC. P.O. BOX 1959 WHITEFISH, MT 59937	77-0626385	501(C)3	5,000.	0.			SUPPORT PROGRAMMING OR WHEREVER NEED IS MOST
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, BOZEMAN BRANCH - PO BOX 526 - GALLATIN GATEWAY, MT 59730	81-0388256	501(C)3	5,000.	0.			2015 ANNUAL DISTRIBUTION
AMERICAN FRIENDS OF CONCORDIA UNIVERSITY - C/O ROHA & FLAHERTY, 1725 I STREET NW - WASHINGTON, DC 20006	72-1601411	501(C)3	5,000.	0.			HIGH ALTITUDE BALLOONING PROJECT UNDER PHYSICS DEPT
BURTON K WHEELER CENTER 1102 S 6TH AVE BOZEMAN, MT 59717	81-0480612	501(C)3	5,000.	0.			PBS STREAMING FOR EARLY EDUCATION
CENTER FOR RESTORATIVE YOUTH JUSTICE - 29 3RD STREET EAST - KALISPELL, MT 59901	84-1428210	501(C)3	5,000.	0.			SOCIAL JUSTICE MT FUND COMPETITIVE GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER POLE FOUNDATION PO BOX 71 GARRYOWEN, MT 59031	20-8780215	501(C)3	5,000.	0.			SOCIAL JUSTICE MT FUND COMPETITIVE GRANT
GALLATIN VALLEY LAND TRUST PO BOX 7021 BOZEMAN, MT 59715	81-0464513	501(C)3	5,000.	0.			UNRESTRICTED OPERATING SUPPORT; TOHEY RANCH CONSERVATION EASEMENT
GREAT FALLS PUBLIC SCHOOLS 1100 4TH ST S GREAT FALLS, MT 59405	27-2577990	GOVT	5,000.	0.			GENERAL PROGRAM SUPPORT
LIBERTY COUNTY MUSEUM AND ARCHIVE ASSOCIATION, INC - PO BOX 476 - CHESTER, MT 59522	81-0344759	501(C)3	5,000.	0.			UPGRADE DIGITAL DATABASE FOR CATALOGING MUSEUM
MISSOULA INTERFAITH COLLABORATIVE 202 BROOKS ST, MISSOULA, MT 59801	46-3396495	501(C)3	5,000.	0.			SOCIAL JUSTICE MT FUND COMPETITIVE GRANT
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624	81-0472423	501(C)3	5,000.	0.			SOCIAL JUSTICE MT FUND COMPETITIVE GRANT
MONTANA STATE UNIVERSITY ALUMNI ASSOCIATION - 1501 S 11TH AVE - BOZEMAN, MT 59715	81-0235631	501(C)3	5,000.	0.			MSU GREAT FALLS ALUMNI FOUNDATION FOR THE BRIGHT BEGIN
NATIONAL COALITION BUILDING INSTITUTE - 1124 CEDAR ST - MISSOULA, MT 59802-3911	22-2627168	501(C)3	5,000.	0.			SOCIAL JUSTICE MT FUND COMPETITIVE GRANT
PARENTS, LET'S UNITE FOR KIDS 516 N 32ND ST BILLINGS, MT 59101	81-0422077	501(C)3	5,000.	0.			UNRESTRICTED OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR POST-SECONDARY EDUCATION	290	639,504.	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)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 (e.g., 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 in line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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" to 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 non-fixed 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" to 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) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY RUTHERFORD CEO/PRESIDENT	(i)	170,005.	0.	0.	10,343.	6,998.	187,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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	25	356,429.	DAILY AVG 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 IV, Donee Acknowledgement **29**

	Yes	No
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 is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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.

Multiple horizontal lines for supplemental information.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPY IN MONTANA AND PRUDENTLY MANAGING ENDOWMENTS WHICH EMPOWER

COMMUNITIES AND MAKE MONTANA A GREAT PLACE TO LIVE.

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

APPROPRIATE INDIVIDUALS IN MANAGEMENT AND THE AUDIT AND COMPLIANCE

COMMITTEE MEMBERS OF THE BOARD REVIEW THE RETURN BEFORE FILING WITH THE

IRS.

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

AT EVERY BOARD MEETING PRIOR TO APPROVING GRANTS, THE BOARD IS ASKED TO

DISCLOSE ANY CONFLICT. ANNUALLY, BOARD AND STAFF ARE REQUIRED TO SIGN

DISCLOSURE STATEMENTS. ANNUALLY, THE BOARD RECEIVES TRAINING ON CONFLICT OF

INTEREST.

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. A MATRIX IS USED

TO DETERMINE PERFORMANCE. COMPARABLE COMPENSATION DATA IS USED AND APPROVED

BY THE EXECUTIVE COMMITTEE. COMPENSATION DECISIONS FOR KEY OFFICERS ARE THE

RESPONSIBILITY OF THE CEO/PRESIDENT. OUTSIDE INFORMATION REGARDING SALARIES

PAID BY SIMILAR ORGANIZATIONS IS EVALUATED.

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

THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S

WEBSITE AND UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AS

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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

WELL.

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

ENDOWMENT AGENCY FUND ACTIVITY	192,216.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME	
FUND	-56,618.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	16,752.
TOTAL TO FORM 990, PART XI, LINE 9	152,350.

**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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 1 N. LAST CHANCE GULCH, STE. 1 HELENA, MT 59601	ACCEPT AND LIQUIDATE GIFTED PROPERTY ON BEHALF OF MCF, INC.	MONTANA	0.	0.	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) 2015

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.

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

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

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

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

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ **Information about Form 926 and its separate instructions is at www.irs.gov/form926.**
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Part I U.S. Transferor Information (see instructions)

Name of transferor Montana Community Foundation, Inc.	Identifying number (see instructions) 81-0450150
--	---

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) KKR GLOBAL SPECIAL SITUATIONS II CAYMEN ACCESS, L.P.	4a Identifying number, if any
5 Address (including country) PO BOX 309 GRAND CAYMAN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	4b Reference ID number 001
6 Country code of country of incorporation or organization CJ	
7 Foreign law characterization (see instructions) CORPORATION	

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	05/09/2016		220,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 2.0000 %

10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property Yes No
 - b Depreciation recapture Yes No
 - c Branch loss recapture Yes No
 - d Any other income recognition provision contained in the above-referenced regulations Yes No
- SEE STATEMENT 1

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____

16 Was cash the only property transferred? Yes No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ **Information about Form 926 and its separate instructions is at www.irs.gov/form926.**
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Part I U.S. Transferor Information (see instructions)

Name of transferor Montana Community Foundation, Inc.	Identifying number (see instructions) 81-0450150
--	---

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) PARTNERS GROUP PRIVATE EQUITY (OFFSHORE), LDC	4a Identifying number, if any 98-0660296
5 Address (including country) WALKER HOUSE, 87 MARY STREET GRAND CAYMMAN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS	4b Reference ID number 002
6 Country code of country of incorporation or organization CJ	
7 Foreign law characterization (see instructions) CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/01/2016		1,290,000.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .1316 % (b) After .4039 %

10 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property Yes No
 - b Depreciation recapture Yes No
 - c Branch loss recapture Yes No
 - d Any other income recognition provision contained in the above-referenced regulations Yes No
- SEE STATEMENT 2

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____

16 Was cash the only property transferred? Yes No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY REGULATION SECTIONS 1.6038B-1T(C)(4)(III) AND (VII), AND 1.6038B-1T(C)(5) STATEMENT 1

1. TRANSFEROR.

MONTANA COMMUNITY FOUNDATION, INC. EIN: 81-0450150
1 N LAST CHANCE GULCH, SUITE 1, HELENA, MT 59601

2. TRANSFEREE.

I. KKR GLOBAL SPECIAL SITUATIONS II CAYMEN ACCESS, L.P., NO TIN
PO BOX 309, GRAND CAYMAN, KY1-1104, CAYMAN ISLANDS

II. AT VARIOUS TIME DURING THE YEAR, THE TAXPAYER TRANSFERRED A TOTAL OF \$220,000 IN CASH TO KKR GLOBAL SPECIAL SITUATIONS II CAYMEN ACCESS, A CORPORATION INCORPORATED IN CAYMAN ISLANDS, IN EXCHANGE FOR A SMALL PERCENT INTEREST IN THE CORPORATION THAT QUALIFIED AS A CODE SECTION 351 TRANSFER.

3. CONSIDERATION RECEIVED - OWNERSHIP INTEREST IN THE TRANSFEREE.

4. PROPERTY TRANSFERRED.

I. ACTIVE BUSINESS PROPERTY.

THE PROPERTIES TRANSFERRED TO THE FOREIGN CORPORATION WAS \$220,000 IN CASH.

II. STOCK OR SECURITIES.

NOT APPLICABLE

III. DEPRECIATED PROPERTY.

NOT APPLICABLE

IV. PROPERTY TO BE LEASED.

NOT APPLICABLE

V. PROPERTY TO BE SOLD.

NOT APPLICABLE

VI. TRANSFERS TO FSCS

NOT APPLICABLE

VII. TAINTED PROPERTY.

A. INVENTORY, ETC. PROPERTY DESCRIBED IN SEC. 1.367(A)-5T(B).

NOT APPLICABLE

B. INSTALLMENT OBLIGATIONS, ETC. PROPERTY DESCRIBED IN SEC. 1.367(A)-5T(C).

NOT APPLICABLE

C. FOREIGN CURRENCY, ETC. PROPERTY DESCRIBED IN SEC. 1.367(A)-5T(D).

NOT APPLICABLE

D. INTANGIBLE PROPERTY. PROPERTY DESCRIBED IN SEC. 1.367(A)-5T(E).

NOT APPLICABLE

E. LEASED PROPERTY. PROPERTY DESCRIBED IN SEC. 1.367(A)-4T(F).

NOT APPLICABLE

VIII. FOREIGN LOSS BRANCH.

NOT APPLICABLE

IX. OTHER INTANGIBLES

NOT APPLICABLE

5. TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.

I. BRANCH OPERATION.

NOT APPLICABLE

II. BRANCH PROPERTY.

NOT APPLICABLE

III. PREVIOUSLY DEDUCTED LOSSES.

NOT APPLICABLE

IV. CHARACTER OF GAIN.

NOT APPLICABLE

6. APPLICATION OF SECTION 367(A)(5) - NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY REGULATION SECTIONS 1.6038B-1T(C)(4)(III) AND (VII), AND 1.6038B-1T(C)(5) STATEMENT 2

1. TRANSFEROR.

MONTANA COMMUNITY FOUNDATION, INC. EIN: 81-0450150
1 N LAST CHANCE GULCH, SUITE 1, HELENA, MT 59601

2. TRANSFEREE.

I. PARTNERS GROUP PRIVATE EQUITY (OFFSHORE), LDC, TIN 98-0660296
WALKER HOUSE, 87 MARY STREET, GRAND CAYMAN, KY1-9005, CAYMAN ISLANDS

II. AT VARIOUS TIME DURING THE YEAR, THE TAXPAYER TRANSFERRED A TOTAL OF \$1,290,000 IN CASH TO PARTNERS GROUP PRIVATE EQUITY (OFFSHORE), A CORPORATION INCORPORATED IN CAYMAN ISLANDS, IN EXCHANGE FOR A SMALL PERCENT INTEREST IN THE CORPORATION THAT QUALIFIED AS A CODE SECTION 351 TRANSFER.

3. CONSIDERATION RECEIVED - OWNERSHIP INTEREST IN THE TRANSFEREE.

4. PROPERTY TRANSFERRED.

- I. ACTIVE BUSINESS PROPERTY. THE PROPERTIES TRANSFERRED TO THE FOREIGN CORPORATION WAS \$1,290,000 IN CASH.
II. STOCK OR SECURITIES. NOT APPLICABLE
III. DEPRECIATED PROPERTY. NOT APPLICABLE
IV. PROPERTY TO BE LEASED. NOT APPLICABLE
V. PROPERTY TO BE SOLD. NOT APPLICABLE
VI. TRANSFERS TO FSCS NOT APPLICABLE
VII. TAINTED PROPERTY.
A. INVENTORY, ETC. PROPERTY DESCRIBED IN SEC. 1.367(A)-5T(B). NOT APPLICABLE
B. INSTALLMENT OBLIGATIONS, ETC. PROPERTY DESCRIBED IN SEC. 1.367(A)-5T(C). NOT APPLICABLE
C. FOREIGN CURRENCY, ETC. PROPERTY DESCRIBED IN SEC.1.367(A)-5T(D). NOT APPLICABLE
D. INTANGIBLE PROPERTY. PROPERTY DESCRIBED IN SEC. 1.367(A)-5T(E). NOT APPLICABLE
E. LEASED PROPERTY. PROPERTY DESCRIBED IN SEC. 1.367(A)-4T(F). NOT APPLICABLE
VIII. FOREIGN LOSS BRANCH. NOT APPLICABLE
IX. OTHER INTANGIBLES NOT APPLICABLE

5. TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.

- I. BRANCH OPERATION. NOT APPLICABLE
II. BRANCH PROPERTY. NOT APPLICABLE
III. PREVIOUSLY DEDUCTED LOSSES. NOT APPLICABLE
IV. CHARACTER OF GAIN. NOT APPLICABLE

6. APPLICATION OF SECTION 367(A)(5) - NOT APPLICABLE