

MONTANA COMMUNITY FOUNDATION  
PUBLIC DISCLOSURE COPY  
RETURN OF EXEMPT ORGANIZATION  
YEAR ENDED JUNE 30, 2013

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

# 2012

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MONTANA COMMUNITY FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>81-0450150</b>
	Doing Business As		<b>E</b> Telephone number <b>406-443-8313</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1 N LAST CHANCE GULCH</b>		<b>G</b> Gross receipts \$ <b>33,852,370.</b>
City, town, or post office, state, and ZIP code <b>HELENA, MT 59601</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>MARY RUTHERFORD</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>WWW.MTCF.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1988</b>	<b>M</b> State of legal domicile: <b>MT</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO CULTIVATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH, SERVING AS A CENTER FOR</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>8</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,956,696.	<b>Current Year</b> 2,719,454.
	<b>9</b> Program service revenue (Part VIII, line 2g)	753,569.	785,313.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,174,709.	4,049,568.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,398.	145,533.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,938,372.</b>	<b>7,699,868.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,567,904.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		447,292.	441,773.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>45,570.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,659,103.	2,073,727.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>4,674,299.</b>	<b>4,995,197.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,264,073.</b>	<b>2,704,671.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 59,658,108.	<b>End of Year</b> 65,095,733.
	<b>21</b> Total liabilities (Part X, line 26)	9,703,688.	10,327,399.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>49,954,420.</b>	<b>54,768,334.</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	EMILY KOVARIK, CPA, CHIEF FINANCIAL OFFICER				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	PAUL D. KELLER				P00179519
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Firm's address	
	MOSS ADAMS, LLP	91-0189318		975 OAK STREET, SUITE 500 EUGENE, OR 97401	
				Phone no. 541-686-1040	

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 to any question 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 \$ 3,368,391. including grants of \$ 2,479,697. ) (Revenue \$ 930,846. ) 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 3,368,391.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding IRS filings and tax compliance.

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 to any question 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 of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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?

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, physical address, and telephone number of the person who possesses the books and records of the organization:
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 to any question 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) STACEY MUELLER DIRECTOR	2.00	X					0.	0.	0.	
(2) JEFF BRETHERTON DIRECTOR	2.00	X					0.	0.	0.	
(3) MIKE GUSTAFSON DIRECTOR	2.00	X					0.	0.	0.	
(4) CINDA HOLT FORMER DIRECTOR	2.00	X					0.	0.	0.	
(5) BRIAN PATRICK DIRECTOR	0.00	X					0.	0.	0.	
(6) CYNTHIA WOODS DIRECTOR	0.00	X					0.	0.	0.	
(7) DALE WOOLHISER TREASURER	2.00	X		X			0.	0.	0.	
(8) DAN CLARK BOARD CHAIR	2.00	X		X			0.	0.	0.	
(9) MARY CRAIGLE SECRETARY/INTERIM CEO	8.00	X		X			0.	0.	0.	
(10) LINDA REED CEO	40.00			X			185,280.	0.	18,647.	
(11) EMILY KOVARIK CFO/INTERIM FOUNDATION MANAGER	40.00			X			58,792.	0.	8,168.	





**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,719,454.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		583,156.				
	<b>h Total.</b> Add lines 1a-1f .....		2,719,454.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	Business Code 525990	785,313.	785,313.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		785,313.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,569,206.			1,569,206.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		28,632,864.					
		<b>b</b> Less: cost or other basis and sales expenses .....		26,152,502.			
		<b>c</b> Gain or (loss) .....		2,480,362.			
	<b>d</b> Net gain or (loss) .....		2,480,362.			2,480,362.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME	900099	145,533.	145,533.				
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		145,533.				
<b>12 Total revenue.</b> See instructions. ....		7,699,868.	930,846.	0.	4,049,568.		

**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,479,697.	2,479,697.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	205,658.	32,772.	154,349.	18,537.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	176,765.	77,963.	78,903.	19,899.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,749.	4,624.	4,895.	1,230.
<b>9</b> Other employee benefits	24,018.	9,833.	11,931.	2,254.
<b>10</b> Payroll taxes	24,583.	7,627.	14,570.	2,386.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	732,462.		732,462.	
<b>b</b> Legal	27,172.		27,172.	
<b>c</b> Accounting	35,499.		35,499.	
<b>d</b> Lobbying	10,006.		10,006.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	334,141.		334,141.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	463,009.	421,537.	41,472.	
<b>12</b> Advertising and promotion	10,463.	4,772.	5,613.	78.
<b>13</b> Office expenses	38,467.	20,058.	17,827.	582.
<b>14</b> Information technology	28,422.	9,706.	18,716.	
<b>15</b> Royalties				
<b>16</b> Occupancy	42,241.	13,090.	29,151.	
<b>17</b> Travel	19,582.	13,878.	5,100.	604.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	142,968.	137,680.	5,288.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	21,474.		21,474.	
<b>23</b> Insurance	8,190.	2,387.	5,803.	
<b>24</b> 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.)				
<b>a</b> RETURN OF ENDOWMENTS	70,964.	70,964.		
<b>b</b> MISCELLANEOUS	63,545.	55,422.	8,123.	
<b>c</b> PRINTING & PUBLICATIONS	22,273.	5,055.	17,218.	
<b>d</b> ADVOCACY SUPPORT	2,849.	1,326.	1,523.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,995,197.	3,368,391.	1,581,236.	45,570.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	247,382.	<b>1</b>	244,628.
	<b>2</b> Savings and temporary cash investments .....	2,511,857.	<b>2</b>	2,767,353.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	28,301.	<b>9</b>	47,843.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 275,635.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 215,231.	70,428.	<b>10c</b> 60,404.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	55,647,930.	<b>12</b>	60,764,222.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,152,210.	<b>15</b>	1,211,283.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	59,658,108.	<b>16</b>	65,095,733.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	68,553.	<b>17</b>	29,798.
	<b>18</b> Grants payable .....	698,439.	<b>18</b>	803,773.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,936,696.	<b>25</b>	9,493,828.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,703,688.	<b>26</b>	10,327,399.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	196,682.	<b>27</b>	769,192.
	<b>28</b> Temporarily restricted net assets .....	6,312,153.	<b>28</b>	8,360,046.
	<b>29</b> Permanently restricted net assets .....	43,445,585.	<b>29</b>	45,639,096.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	49,954,420.	<b>33</b>	54,768,334.	
<b>34</b> Total liabilities and net assets/fund balances .....	59,658,108.	<b>34</b>	65,095,733.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,699,868.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,995,197.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,704,671.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	49,954,420.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,829,709.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-720,466.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	54,768,334.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form **990** (2012)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

<b>Name of the organization</b> MONTANA COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,996,245.	1,939,870.	3,488,810.	2,956,696.	2,719,454.	13,101,075.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,996,245.	1,939,870.	3,488,810.	2,956,696.	2,719,454.	13,101,075.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						787,515.
<b>6 Public support.</b> Subtract line 5 from line 4.						12,313,560.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	1,996,245.	1,939,870.	3,488,810.	2,956,696.	2,719,454.	13,101,075.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,373,390.	1,201,030.	1,466,588.	1,548,258.	1,569,206.	7,158,472.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						20,259,547.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,650,042.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	60.78 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	48.54 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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



# 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.

OMB No. 1545-0047

# 2012

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 155,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 114,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 93,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 71,481.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> MONTANA COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 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	_____ _____ _____	\$ _____ 61,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____ _____ _____	\$ _____ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
1	STOCK _____ _____ _____	\$ 133,208.	04/03/13
2	STOCK _____ _____ _____	\$ 101,887.	07/26/12
6	STOCK _____ _____ _____	\$ 71,481.	12/21/12
7	STOCK _____ _____ _____	\$ 58,015.	12/21/12
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number  81-0450150
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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

(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

(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

(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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), 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>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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) 2012  
LHA

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	10,006.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	10,006.													
<b>d</b>	Other exempt purpose expenditures	4,985,191.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	4,995,197.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	399,760.													
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	99,940.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	366,449.	411,565.	0.	399,760.	1,177,774.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,766,661.
<b>c</b> Total lobbying expenditures	113,509.	35,445.	0.	10,006.	158,960.
<b>d</b> Grassroots nontaxable amount	91,612.	102,891.	0.	99,940.	294,443.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					441,665.
<b>f</b> Grassroots lobbying expenditures		35,445.	0.		35,445.

Schedule C (Form 990 or 990-EZ) 2012

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	67	72
2 Aggregate contributions to (during year)	460,513.	189,023.
3 Aggregate grants from (during year)	621,340.	495,610.
4 Aggregate value at end of year	11,807,640.	7,914,841.

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" to 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 an 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to 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?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	48,553,661.	49,380,097.	41,462,566.	38,844,182.	46,597,648.
b Contributions	2,499,909.	2,281,302.	2,229,413.	1,274,485.	1,667,956.
c Net investment earnings, gains, and losses	6,096,100.	-348,566.	8,629,743.	4,041,407.	-6,708,914.
d Grants or scholarships	-1,916,495.	-1,800,773.	-2,016,148.	-1,842,391.	-1,918,585.
e Other expenditures for facilities and programs	0.	0.	0.	-5,871.	-18,448.
f Administrative expenses	-979,374.	-958,399.	-925,477.	-849,246.	-775,475.
g End of year balance	54,253,801.	48,553,661.	49,380,097.	41,462,566.	38,844,182.

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 in 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" to 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.** 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		275,635.	215,231.	60,404.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				60,404.

**Part VII Investments - Other Securities.** 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	60,764,222.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	60,764,222.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER UNITRUSTS	647,244.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	7,579,478.
(4) CHARITABLE AND DEFERRED GIFT ANNUITIES	1,267,106.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,493,828.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	8,735,819.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	2,829,709.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	9,938.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,839,647.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,896,172.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,803,696.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,803,696.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,699,868.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,921,904.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,921,904.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,073,293.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,073,293.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,995,197.

**Part XIII Supplemental Information**

Complete this part to 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 FASB ASC 740-10, RELATING TO

**Part XIII** Supplemental Information (continued)

ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A

RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN

TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH

AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF

JUNE 30, 2013 AND 2012, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS

REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME

FUND 9,938.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT FUND ACTIVITY 1,121,905.

MANAGEMENT FEE 658,679.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 23,112.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,803,696.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES 658,679.

AGENCY ENDOWMENT FUND ACTIVITY 414,614.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,073,293.









**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 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)* .....  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

**Part V Supplemental Information**

Complete this part to 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.

SCHEDULE F, 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.

**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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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
MONTANA STATE UNIVERSITY - BOZEMAN P.O. BOX 174160 BOZEMAN, MT 59717	81-6010045	GOV'T	107,377.	0.			SCHOLARSHIPS
UNIVERSITY OF MONTANA LOMMASON CENTER 218 MISSOULA, MT 59807	81-6001713	GOV'T	97,960.	0.			SCHOLARSHIPS
AMERICAN INDIAN INSTITUTE 502 W MENDENHALL STREET BOZEMAN, MT 59715	81-0339551	501(C)(3)	68,137.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND SUPPORT TRAVEL OF DELEGATES TO
HOPA MOUNTAIN, INC. P.O. BOX 10892 BOZEMAN, MT 59719	84-1635749	501(C)(3)	50,514.	0.			STRENGTHENING THE CIRCLE AND ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
GREAT FALLS SYMPHONY ASSOCIATION P.O. BOX 1078 GREAT FALLS, MT 59403	81-6014907	501(C)(3)	45,392.	0.			GENERAL OPERATING PURPOSES AND ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
YELLOWSTONE ART MUSEUM 401 N 27TH STREET BILLINGS, MT 59101	81-6014902	501(C)(3)	42,835.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, SENIOR ART CONNECTIONS PROJECT,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **123.**

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

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

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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 TECH 1300 W PARK STREET BUTTE, MT 59703	81-6001713	GOV'T	34,550.	0.			SCHOLARSHIPS
HOLTER MUSEUM OF ART 12 E LAWRENCE STREET HELENA, MT 59601	81-0472958	501(C)(3)	31,050.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, CULTURAL CROSSROAD, ARTISTS IN
CARROLL COLLEGE 1601 N BENTON AVENUE HELENA, MT 59625	81-0231774	501(C)(3)	30,315.	0.			SCHOLARSHIPS
ALBERTA BAIR THEATER P.O. BOX 1556 BILLINGS, MT 59103	81-0406157	501(C)(3)	29,786.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
HELENA AREA COMMUNITY FOUNDATION P.O. BOX 92 HELENA, MT 59624	81-0536902	501(C)(3)	28,013.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
HELENA PRESENTS (MYRNA LOY CENTER) 15 N EWING HELENA, MT 59601	51-0185430	501(C)(3)	27,306.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF THE NORTHERN CHEYENNE NATION - P.O. BOX 309 - LAME DEER, MT 59043	36-3945776	501(C)(3)	25,514.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
ST. LABRE INDIAN SCHOOL P.O. BOX 77 ASHLAND, MT 59068	81-0244542	501(C)(3)	25,000.	0.			DEVELOPMENT OF CROW LANGUAGE PROGRAM
MADISON VALLEY RURAL FIRE DEPARTMENT - P.O. BOX 68 - ENNIS, MT 59729	81-0426522	501(C)(3)	25,000.	0.			NEW FIRE TRUCK

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
FRIENDS FOREVER MENTORING 49518 US HWY 93 POLSON, MT 59860	81-0362546	501(C)(3)	25,000.	0.			GENERAL OPERATING PURPOSES
MISSOULA COMMUNITY FOUNDATION P.O. BOX 1968 MISSOULA, MT 59806	81-0539830	501(C)(3)	22,086.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS,
SEELEY LAKE COMMUNITY FOUNDATION P.O. BOX 25 SEELEY LAKE, MT 59868	31-1711576	501(C)(3)	21,668.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
FIVE VALLEYS LAND TRUST P.O. BOX 8953 MISSOULA, MT 59807	23-7182055	501(C)(3)	21,640.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND MISSION VALLEY PROJECT
YELLOWSTONE PARK FOUNDATION 222 E MAIN BOZEMAN, MT 59715	83-0311166	501(C)(3)	21,197.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND CUT THROAT TROUT PROJECT
UNIVERSITY OF MONTANA FOUNDATION P.O. BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)(3)	21,068.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, GENERAL OPERATING SUPPORT FOR
PRICKLY PEAR LAND TRUST P.O. BOX 892 HELENA, MT 59624	81-0506868	501(C)(3)	21,050.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND ASPEN TRAILS PROJECT
NATURE CONSERVANCY OF MONTANA 32 S EWING STE 215 HELENA, MT 59601	53-0242652	501(C)(3)	20,565.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND BIG HOLE PROJECT
VALLEY COUNTY COMMUNITY FOUNDATION 83 BONNIE STREET GLASGOW, MT 59230	81-0526746	501(C)(3)	20,340.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

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
SEVENTH GENERATION FUND FOR INDIAN DEVELOPMENT, INC. - P.O. BOX 4569 - ARCATA, CA 95518	68-0027247	501(C)(3)	20,000.	0.			MESSENGERS FOR HEALTH "RESPECT YOURSELF AND OTHERS THROUGH CULTURAL VALUES" PROGRAM
BLACKHORSE PRIDE 8403 HILLVIEW DRIVE HELENA, MT 59602	26-3637305	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BILLINGS COMMUNITY FOUNDATION P.O. BOX 1255 BILLINGS, MT 59103	20-4286919	501(C)(3)	19,812.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MONTANA - WESTERN 710 S ATLANTIC STREET DILLON, MT 59725	81-0386970	GOV'T	19,500.	0.			SCHOLARSHIPS
GREATER POLSON COMMUNITY FOUNDATION - P.O. BOX 314 - POLSON, MT 59860	26-2883184	501(C)(3)	19,401.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS,
RED LODGE AREA COMMUNITY FOUNDATION - P.O. BOX 1871 - RED LODGE, MT 59068	20-0192255	501(C)(3)	18,890.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS,
MONTANA PROFESSIONAL TEACHING FOUNDATION - 1232 E 6TH AVENUE - HELENA, MT 59601	81-0511792	501(C)(3)	15,971.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
ABSAROOKEE COMMUNITY FOUNDATION P.O. BOX 72 ABSAROOKEE, MT 59001	73-1658638	501(C)(3)	15,906.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
BLACKFEET RESERVATION DEVELOPMENT FUND, INC. - P.O. BOX 3029 - BROWNING, MT 59417	36-3784925	501(C)(3)	15,657.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING 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
ROCKY MOUNTAIN COLLEGE 1511 P.O.LY DRIVE BILLINGS, MT 59102	81-0235407	501(C)(3)	15,520.	0.			SCHOLARSHIPS AND ADVANCEMENT OF TECHNOLOGY
GALLATIN VALLEY LAND TRUST P.O. BOX 7021 BOZEMAN, MT 59715	81-0464513	501(C)(3)	15,500.	0.			GENERAL OPERATING PURPOSES AND BIG SKY PROJECT
MUSSELSHELL VALLEY COMMUNITY FOUNDATION - P.O. BOX 713 - ROUNDUP, MT 59072	81-0512493	501(C)(3)	15,095.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
NATIONAL COALITION BUILDING INSTITUTE - 1280 S 3RD STREET WEST - MISSOULA, MT 59801	22-2627168	501(C)(3)	15,000.	0.			GENERAL OPERATING PURPOSES
ANACONDA LOCAL DEVELOPMENT CORPORATION - 118 E 7TH STREET - ANACONDA, MT 59711	81-0380448	501(C)(3)	15,000.	0.			ADMINISTRATION OF USDA GRANT PROGRAM
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - P.O. BOX 1439 - BIGFORK, MT 59911	23-7067099	501(C)(3)	13,987.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
GREATER GALLATIN UNITED WAY 945 TECHNOLOGY BLVD STE 10-F BOZEMAN, MT 59718	81-0384820	501(C)(3)	13,260.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION - P.O. BOX 1230 - BIGFORK, MT 59911	81-0424706	501(C)(3)	12,625.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
FIRST UNITED METHODIST CHURCH 610 SECOND AVENUE NORTH GREAT FALLS, MT 59401	81-0235852	501(C)(3)	12,000.	0.			GENERAL OPERATING PURPOSES

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
APOSTLES EVANGELICAL LUTHERAN CHURCH - 3140 BROADWATER AVENUE - BILLINGS, MT 59102	81-6035157	501(C)(3)	11,768.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND BUILDING EXPANSION FUND
BOZEMAN PUBLIC LIBRARY FOUNDATION 626 E MAIN STREET BOZEMAN, MT 59715	81-0405940	501(C)(3)	11,666.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
HELENA YMCA 1200 N LAST CHANCE GULCH HELENA, MT 59601	81-0231815	501(C)(3)	11,475.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT OF
WEST YELLOWSTONE FOUNDATION P.O. BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)(3)	11,417.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
ROBERTS COMMUNITY FOUNDATION P.O. BOX 284 ROBERTS, MT 59070	84-1425182	501(C)(3)	11,234.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
MANHATTAN HIGH SCHOOL 416 NORTH BROADWAY MANHATTAN, MT 59741	81-6000410	GOV'T	11,195.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT - VO-TECH DEPARTMENT
MONTANA STATE UNIVERSITY FOUNDATION - P.O. BOX 172750 - BOZEMAN, MT 59717-2750	81-6001649	501(C)(3)	11,000.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, ARCHITECTURE DESIGN AWARD, DEAN'S
MUSEUM OF WOMEN'S HISTORY 2824 3RD AVENUE N BILLINGS, MT 59101	81-0503254	501(C)(3)	11,000.	0.			GENERAL OPERATING PURPOSES
BOYS & GIRLS CLUB OF NORTH CENTRAL MONTANA - P.O. BOX 652 - GREAT FALLS, MT 59403	81-0475269	501(C)(3)	10,660.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING 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
FLATHEAD LAND TRUST P.O. BOX 1913 KALISPELL, MT 59903	36-3479966	501(C)(3)	10,494.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND NORTH SHORE FLATHEAD LAKE PROJECT
MONTANA NONPROFIT ASSOCIATION P.O. BOX 1744 HELENA, MT 59624	73-1654969	501(C)(3)	10,400.	0.			SPONSORSHIP OF MNA CONFERENCE AND SUPPORT OF LITIGATION EXPENSES
BENEFITS HEALTHCARE FOUNDATION P.O. BOX 7008 GREAT FALLS, MT 59406-7008	81-0480587	501(C)(3)	10,347.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND ALZHEIMER'S SPA ROOM REMODEL PROJECT
WILLIAM AND PHYLLIS BOUCHEE MISSOULA FAMILY ENDOWMENT - 165 TOWNSHIP LINE ROAD, SUITE 150 - JENKINTOWN, PA 19046	13-2638166	501(C)(3)	10,000.	0.			INCENTIVE GRANT
MADISON VALLEY MEDICAL CENTER FOUNDATION - P.O. BOX 993 - ENNIS, MT 59597	81-0453395	501(C)(3)	10,000.	0.			CT SCAN MACHINE
BITTER ROOT LAND TRUST P.O. BOX 1806 HAMILTON, MT 59840	31-1595967	501(C)(3)	10,000.	0.			LAZY J - CROSS RANCH PROJECT
GALLATIN HISTORICAL SOCIETY & PIONEER MUSEUM - 317 W MAIN - BOZEMAN, MT 59715	81-0378098	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES OF THE PIONEER MUSEUM
MONTANA WILDERNESS ASSOCIATION 30 S EWING STREET HELENA, MT 59601	51-0198932	501(C)(3)	9,493.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N. 30TH ST. SUITE 312 - BILLINGS, MT 59101	81-0452904	501(C)(3)	9,399.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND BACKPACK PROGRAM FOR WEEKEND

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
MISSOULA SYMPHONY ASSOCIATION P.O. BOX 8301 MISSOULA, MT 59807	81-0290730	501(C)(3)	9,254.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
FAMILY SERVICE, INC. P.O. BOX 1020 BILLINGS, MT 59103-1020	81-0232120	501(C)(3)	9,162.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, GENERAL OPERATING SUPPORT, AND
CONGREGATION BETH AARON P.O. BOX 187 BILLINGS, MT 59103	80-0699654	501(C)(3)	9,084.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
YELLOWSTONE BOYS & GIRLS RANCH 1732 S 72ND STREET W BILLINGS, MT 59106	81-0419905	501(C)(3)	8,866.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 310 N 27TH STREET - BILLINGS, MT 59101	81-0231776	501(C)(3)	8,500.	0.			GENERAL SUPPORT, OPERATING BUDGET, CONTRIBUTION TOWARD ENERGY AUDIT, AND SUPPORT
BOYS & GIRLS CLUBS OF YELLOWSTONE COUNTY - 505 ORCHARD LANE - BILLINGS, MT 59101	81-0456702	501(C)(3)	8,390.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
FRIENDS OF THE PIONEER MUSEUM P.O. BOX 975 GLASGOW, MT 59230	81-0479627	501(C)(3)	8,334.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
BILLINGS FOOD BANK INC. P.O. BOX 1158 BILLINGS, MT 59103	36-3519470	501(C)(3)	8,298.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
BEACON COMMUNITY FOUNDATION P.O. BOX 726 SCOBAY, MT 59263	81-0498333	501(C)(3)	8,227.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING 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
CHESTER SCHOOL DISTRICT 33 EDUCATION FOUNDATION, INC. - P.O. BOX 550 - CHESTER, MT 59522	81-0532817	501(C)(3)	8,000.	0.			MISSOULA CHILDREN'S THEATER PRODUCTION, SPEECH DEPARTMENT, FCCA NATIONAL LEADERSHIP
ST. PETER'S HOSPITAL FOUNDATION 2475 BROADWAY HELENA, MT 59601	81-0392270	501(C)(3)	7,983.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND CANCER TREATMENT
MOUNT CARMEL YOUTH RANCH 428 ROAD 1AF POWELL, WY 82435	84-1404636	501(C)(3)	7,727.	0.			GENERAL OPERATING PURPOSES
MONTANA RESCUE MISSION P.O. BOX 3232 BILLINGS, MT 59103	81-6013963	501(C)(3)	7,727.	0.			GENERAL OPERATING PURPOSES
AMERICAN RED CROSS OF MONTANA, MIDLAND EMPIRE DISTRICT - 1300 28TH STREET S - GREAT FALLS, MT 59405	53-0196605	501(C)(3)	7,727.	0.			GENERAL OPERATING PURPOSES
ST. VINCENT DE PAUL SOCIETY 2610 MONTANA AVENUE BILLINGS, MT 59101-2340	91-0879988	501(C)(3)	7,727.	0.			GENERAL OPERATING PURPOSES
BILLINGS AREA CATHOLIC EDUCATION TRUST - P.O. BOX 31158 - BILLINGS, MT 59107	81-0342894	501(C)(3)	7,727.	0.			GENERAL OPERATING PURPOSES
HAR SHALOM P.O. BOX 3715 MISSOULA, MT 59806	81-0452486	501(C)(3)	7,700.	0.			GENERAL OPERATING PURPOSES
HELENA SYMPHONY 2 N. LAST CHANCE GULCH HELENA, MT 59601	81-0523705	501(C)(3)	7,688.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING 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
INTERMOUNTAIN CHILDREN'S HOME 500 S LAMBORN HELENA, MT 59601	81-0231775	501(C)(3)	7,586.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC. - P.O. BOX 80807 - BILLINGS, MT 59108	81-0419905	501(C)(3)	7,506.	0.			GENERAL OPERATING PURPOSES
COLORADO SCHOOL OF MINES 1600 MAPLE STREET GOLDEN, CO 80401	84-6000551	GOV'T	7,500.	0.			SCHOLARSHIPS
MONTANA AUDUBON P.O. BOX 595 HELENA, MT 59624	81-0412530	501(C)(3)	7,190.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
STEVENSVILLE COMMUNITY FOUNDATION P.O. BOX 413 STEVENSVILLE, MT 59870	81-0490459	501(C)(3)	7,181.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MONTANA - HELENA COLLEGE OF TECHNOLOGY - 1115 N ROBERTS - HELENA, MT 59601	81-0302402	GOV'T	7,059.	0.			SCHOLARSHIPS
MONTANA TECH - COLLEGE OF TECHNOLOGY - 1300 W PARK STREET - BUTTE, MT 59701	81-6001713	GOV'T	7,059.	0.			SCHOLARSHIPS
MSU BILLINGS FOUNDATION 1500 UNIVERSITY DRIVE BILLINGS, MT 59101	81-0301477	501(C)(3)	7,000.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND SCHOLARSHIPS
MONTANA STATE UNIVERSITY - BILLINGS - 1500 N 30TH STREET - BILLINGS, MT 59101	81-0301477	GOV'T	7,000.	0.			SCHOLARSHIPS

**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
HRDC BOZEMAN 32 SOUTH TRACY AVENUE BOZEMAN, MT 59715	81-0350886	501(C)(3)	7,000.	0.			PROVIDE CASE MANAGEMENT FOR SAFE LOAN PROJECT
ARIZONA STATE UNIVERSITY P.O. BOX 871612 TEMPE, AZ 85287	86-6051042	GOV'T	7,000.	0.			SCHOLARSHIPS
INDIAN LAW RESOURCE CENTER 602 EWING HELENA, MT 59601	52-1121079	501(C)(3)	6,946.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
GLACIER SYMPHONY ORCHESTRA & CHORALE - P.O. BOX 2491 - KALISPELL, MT 59903-2491	81-0413320	501(C)(3)	6,866.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
NYE COMMUNITY FOUNDATION P.O. BOX 528 NYE, MT 59061	81-0531083	501(C)(3)	6,668.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
BROADWATER PRODUCTIONS, INC. (GRANDSTREET THEATRE) - P.O. BOX 1258 - HELENA, MT 59624	81-0357843	501(C)(3)	6,611.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
SCHOOL COMMUNITY DEVELOPMENT COUNCIL / POWDER RIVER CF - P.O. BOX 421 - BROADUS, MT 59317	81-0514945	501(C)(3)	6,511.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
INTERNATIONAL CHORAL FESTIVAL P.O. BOX 8203 MISSOULA, MT 59807	81-0459276	501(C)(3)	6,424.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
MUSEUM OF THE ROCKIES 600 WEST KAGY BOULEVARD BOZEMAN, MT 59717	81-6016828	501(C)(3)	6,382.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING 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
PLAINS JUSTICE P.O. BOX 1398 BILLINGS, MT 59103	38-3748744	501(C)(3)	6,000.	0.			GENERAL OPERATING PURPOSES AND CONSTRUCTION OF BOARD PROJECT
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - 2727 W. 92ND AVENUE, SUITE 103 - FEDERAL HEIGHTS, CO 80260	37-1145157	501(C)(3)	5,981.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
WORLD MUSEUM OF MINING INC. P.O. BOX 33 BUTTE, MT 59703	81-6014901	501(C)(3)	5,959.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
JOLIET COMMUNITY CENTER P.O. BOX 29 JOLIET, MT 59041	81-0531719	501(C)(3)	5,838.	0.			FOR THE BENEFIT OF JOLIET FOOD PANTRY OPERATING EXPENSES, REPLACEMENT OF FLOORING
PEARL & BOB RICHARDSON END. OF THE UNITED WAY - P.O. BOX 862 - HELENA, MT 59624	81-6017354	501(C)(3)	5,829.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
BUTTE-SILVER BOW COMMUNITY FOUNDATION - 3505 QUINCY STREET - BUTTE, MT 59703	27-3492133	501(C)(3)	5,746.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
HELENA EDUCATION FOUNDATION P.O. BOX 792 HELENA, MT 59604	81-0544494	501(C)(3)	5,712.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
UNITED WAY OF CASCADE COUNTY P.O. BOX 1343 GREAT FALLS, MT 59403	81-0304170	501(C)(3)	5,678.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
MINERAL COUNTY COMMUNITY FOUNDATION - P.O. BOX 93 - SUPERIOR, MT 59872	81-0501990	501(C)(3)	5,532.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING 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
GREAT FALLS COLLEGE MSU 2100 16TH AVENUE GREAT FALLS, MT 59405	81-0522790	GOV'T	5,263.	0.			SCHOLARSHIPS
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - P.O. BOX 40 - ROUNDUP, MT 59072	81-0245848	501(C)(3)	5,222.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
FLATHEAD VALLEY COMMUNITY COLLEGE 777 GRANDVIEW DRIVE KALISPELL, MT 59901	81-0461253	GOV'T	5,162.	0.			SCHOLARSHIPS
UNIVERSITY OF MONTANA COLLEGE OF TECHNOLOGY - 909 SOUTH AVENUE W - MISSOULA, MT 59801	81-6001713	GOV'T	5,059.	0.			SCHOLARSHIPS
DAWSON COMMUNITY COLLEGE P.O. BOX 421 GLEN DIVE, MT 59330	81-6000240	GOV'T	5,049.	0.			SCHOLARSHIPS
FORT PECK THEATRE P.O. BOX 973 GLASGOW, MT 59230	81-0306649	501(C)(3)	5,038.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
CENTER FOR MENTAL HEALTH P.O. BOX 1653 GREAT FALLS, MT 59403	81-0347441	501(C)(3)	5,027.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, STORAGE SHED FOR GREEN TEAM LAWN SERVICE,
BLACKFEET NATION HIGHER EDUCATION PROGRAM - P.O. BOX 850 - BROWNING, MT 59417	81-0212955	501(C)(3)	5,008.	0.			ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
WESTERN MONTANA MENTAL HEALTH CENTER - BLDG. T-9 FORT MISSOULA - MISSOULA, MT 59804	81-0307814	501(C)(3)	5,000.	0.			SUPPORT CONSTRUCTION ON THE ALCOHOL TREATMENT CENTER, SUPPORT FOR RECOVERY CENTER

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
PARK UNIVERSITY - MISSOURI 8700 NW RIVER PARK DRIVE PARKVILLE, MO 64152	44-0562048	GOV'T	5,000.	0.			SCHOLARSHIPS
MONTANA CONSERVATION VOTERS EDUCATION FUND - P.O. BOX 853 - BILLINGS, MT 59103	81-0525336	501(C)(3)	5,000.	0.			MATCHING GRANT FOR CINNABAR FOUNDATION, MATCHING FUND CAMPAIGN
THE FAMILY TREE CENTER 2520 5TH AVENUE S BILLINGS, MT 59101	81-0443762	501(C)(3)	5,000.	0.			SUPPORT THE CENTER'S PROGRAMS AND SERVICES
NORTH DAKOTA STATE COLLEGE OF SCIENCE - 800 6TH STREET N - WHAHPETON, ND 58076-0002	45-0407617	GOV'T	5,000.	0.			SCHOLARSHIPS
PARENTS, LET'S UNITE FOR KIDS 516 N 32ND STREET BILLINGS, MT 59101	81-0422077	501(C)(3)	5,000.	0.			GENERAL OPERATING PURPOSES
UNIVERSITY OF WASHINGTON SCHOLARSHIPS SEATTLE, WA 98124-1967	91-6001537	GOV'T	5,000.	0.			SCHOLARSHIPS
MONTANA STATE UNIVERSITY ALUMNI ASSOCIATION - 1501 S 11TH AVENUE - BOZEMAN, MT 59715	81-0235631	501(C)(3)	5,000.	0.			BRIGHT BEGINNINGS PROGRAM
CAMP MAKE-A-DREAM P.O. BOX 1450 MISSOULA, MT 59806-1450	91-0472959	501(C)(3)	5,000.	0.			GENERAL OPERATING PURPOSES
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE, ADMIN BUILDING, ROOM 113 - BOISE, ID 83725	82-6010706	GOV'T	5,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, 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 AND AWARDED UPON.

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN INDIAN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT AND SUPPORT TRAVEL OF DELEGATES TO INTERNATIONAL ELDERS

& YOUTH COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: YELLOWSTONE ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, SENIOR ART CONNECTIONS PROJECT, BREAKING BRUSHES

EXHIBIT, AND GENERAL OPERATING PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: HOLTER MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, CULTURAL CROSSROAD, ARTISTS IN RESIDENCE

NAME OF ORGANIZATION OR GOVERNMENT: MISSOULA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS, SUPPORT FOR WALKING

TRAIL BETWEEN MISSOULA AND SEELEY LAKE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MONTANA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, GENERAL OPERATING SUPPORT FOR BUSINESS SCHOOL DEAN'S

OPPORTUNITY FUND, BUSINESS ADMIN, ECONOMICS, CHEMISTRY, BIOLOGICAL

STATION LAKE MONITORING, AMPLOANS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: GREATER POLSON COMMUNITY FOUNDATION

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS, SUPPORT FOR RENT AND

UTILITIES ON ENVISION POLSON OFFICE

NAME OF ORGANIZATION OR GOVERNMENT: RED LODGE AREA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS, SUPPORT FOR

COMPREHENSIVE, COMMUNITY-WIDE VOLUNTEER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HELENA YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT AND GENERAL OPERATING SUPPORT OF CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: MONTANA STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, ARCHITECTURE DESIGN AWARD, DEAN'S DISCRETIONARY FUND

NAME OF ORGANIZATION OR GOVERNMENT:

EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT AND BACKPACK PROGRAM FOR WEEKEND LUNCHES

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, GENERAL OPERATING SUPPORT, AND PREVENT HOMELESSNESS

AND ALLEVIATE POVERTY

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, OPERATING BUDGET,

CONTRIBUTION TOWARD ENERGY AUDIT, AND SUPPORT FOR CAMP MIMANAGISH

NAME OF ORGANIZATION OR GOVERNMENT:

CHESTER SCHOOL DISTRICT 33 EDUCATION FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MISSOULA CHILDREN'S THEATER

PRODUCTION, SPEECH DEPARTMENT, FCCA NATIONAL LEADERSHIP CONVENTION

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR MENTAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL ENDOWMENT PAYOUT FOR GENERAL

OPERATING SUPPORT, STORAGE SHED FOR GREEN TEAM LAWN SERVICE, AND FOR THE

BENEFIT OF OUR PLACE DROP-IN CENTER

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 officers, directors, trustees, and 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 type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in 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 in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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
1a		
1b		
2		
3		
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) 2012

**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 in 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA REED CEO	(i)	130,890.	5,019.	49,371.	8,155.	10,492.	203,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4A: LINDA REED RECEIVED \$49,371 AS A SEVERANCE PAYMENT.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	583,156.	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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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) (2012)



**Part II** **Supplemental Information.** Complete this part to 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.

OMB No. 1545-0047

**2012**

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 IV, LINE 12A

THE FISCAL YEAR FINANCIAL STATEMENT AUDIT IS IN PROCESS BUT NOT  
COMPLETED AS OF THE DATE OF FILING.

FORM 990, PART VI, SECTION B, LINE 11: APPROPRIATE INDIVIDUALS IN

MANAGEMENT AND THE AUDIT AND FINANCE 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: THIS IS THE RESPONSIBILITY OF THE

EXECUTIVE COMMITTEE. A MATRIX IS USED TO DETERMINE PERFORMANCE. OUTSIDE  
INFORMATION REGARDING SALARIES PAID BY SIMILAR ORGANIZATIONS IS EVALUATED  
AS WELL AS THE GRANTMAKERS SALARY AND BENEFITS REPORT.

FORM 990, PART VI, SECTION C, LINE 19: BOTH THE FINANCIAL STATEMENTS AND

FORM 990 ARE AVAILABLE FROM THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AS WELL.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

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

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

ENDOWMENT AGENCY FUND ACTIVITY -707,292.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME

FUND 9,938.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -23,112.

TOTAL TO FORM 990, PART XI, LINE 9 -720,466.

#618625  
Efile JL  
add 01/13

Form **8868**  
(Rev. January 2013)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*  
**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions <b>MONTANA COMMUNITY FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>81-0450150</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1 N LAST CHANCE GULCH, NO. 1</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HELENA, MT 59601</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**EMILY KOVARIK, CPA**

• The books are in the care of ▶ **1 N LAST CHANCE GULCH, SUITE 1 - HELENA, MT 59601**  
 Telephone No. ▶ **406-443-8313** FAX No ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2013)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions  MONTANA COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or  81-0450150
	Number, street, and room or suite no. If a P.O. box, see instructions.  1 N LAST CHANCE GULCH, NO. 1	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  HELENA, MT 59601	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

EMILY KOVARIK, CPA

• The books are in the care of  1 N LAST CHANCE GULCH, SUITE 1 - HELENA, MT 59601  
Telephone No.  406-443-8313 FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Emily O. Crosswell Title  CPA Date  2/3/2014