

PUBLIC DISCLOSURE COPY

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MONTANA COMMUNITY FOUNDATION, INC. Doing business as N/A Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 S LAST CHANCE GULCH 2A City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59601 <b>F</b> Name and address of principal officer: MARY RUTHERFORD SAME AS C ABOVE	<b>D</b> Employer identification number 81-0450150  <b>E</b> Telephone number 406-443-8313  <b>G</b> Gross receipts \$ 61,325,670. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.MTCF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1988
		<b>M</b> State of legal domicile: MT

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO CULTIVATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH, SERVING AS A CENTER FOR		
	<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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	16
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	17
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-12,957.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-14,052.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	6,940,820.	11,725,624.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,037,055.	1,342,372.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,605,002.	3,908,864.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-67,035.	51,781.
<b>12</b>			14,515,842.	17,028,641.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,743,316.	4,347,753.
	<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)	1,189,734.	1,316,028.
	<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) ▶ 513,218.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,016,756.	2,137,413.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,949,806.	7,801,194.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	7,566,036.	9,227,447.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	88,031,824.	100,536,044.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	14,910,587.	16,686,020.
	<b>22</b>		73,121,237.	83,850,024.

**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 MARY RUTHERFORD, PRESIDENT/CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name WENDY CAMPOS Preparer's signature WENDY CAMPOS Date 05/02/19 Check if self-employed <input type="checkbox"/> PTIN P00448102 Firm's name ▶ MOSS ADAMS LLP Firm's EIN ▶ 91-0189318 Firm's address ▶ 805 SW BROADWAY, SUITE 1200 PORTLAND, OR 97205 Phone no. 503-242-1447	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 5,006,797. including grants of \$ 4,347,753. ) (Revenue \$ 1,398,115. ) THE FOUNDATION ACCUMULATES PERMANENT WEALTH FROM WHICH GRANTS ARE MADE TO SUPPORT CHARITABLE WORK.

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 5,006,797.

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**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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

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

	Yes	No
<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? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	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 25a</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), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<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 or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
 KACIE TOLLEFSON - 406-443-8313  
 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA BYRNE DIRECTOR	2.00	X						0.	0.	0.
(2) ED ECK DIRECTOR	2.00	X						0.	0.	0.
(3) JO ANN EDER DIRECTOR	2.00	X						0.	0.	0.
(4) GREG HANSON DIRECTOR	2.00	X						0.	0.	0.
(5) KAREN LATKA DIRECTOR	2.00	X						0.	0.	0.
(6) SCOTT PANKRATZ DIRECTOR	2.00	X						0.	0.	0.
(7) BRYSON PELC DIRECTOR	2.00	X						0.	0.	0.
(8) MARY ANN PHIPPS DIRECTOR	2.00	X						0.	0.	0.
(9) TAWNIA RUPE DIRECTOR	2.00	X						0.	0.	0.
(10) CAMI SKINNER DIRECTOR	2.00	X						0.	0.	0.
(11) MARY CRAIGLE DIRECTOR (THROUGH 12/31/17)	2.00	X						0.	0.	0.
(12) CASEY LOZAR DIRECTOR (THROUGH 12/31/17)	2.00	X						0.	0.	0.
(13) DALE WOOLHISER BOARD CHAIR	2.00	X		X				0.	0.	0.
(14) LAURA BREHM VICE CHAIR	2.00	X		X				0.	0.	0.
(15) KELLY BRUGGEMAN SECRETARY	2.00	X		X				0.	0.	0.
(16) CINDY WOODS TREASURER	2.00	X		X				0.	0.	0.
(17) MARY RUTHERFORD CEO/PRESIDENT	40.00			X				169,556.	0.	15,336.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KACIE TOLLEFSON CONTROLLER	40.00			X				67,016.	0.	7,393.
<b>1b Sub-total</b>								236,572.	0.	22,729.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								236,572.	0.	22,729.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES, LLC 125 HIGH STREET, BOSTON, MA 02110	INVESTMENT MANAGEMENT	253,067.

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



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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	11,725,624.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,216,868.				
	<b>h Total.</b> Add lines 1a-1f .....		11,725,624.				
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b> 525990	1,342,372.	1,342,372.			
	<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 .....		1,342,372.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,164,417.			1,164,417.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	219,118.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	220,369.				
		<b>c</b> Rental income or (loss) .....	-1,251.				
	<b>d</b> Net rental income or (loss) .....		-1,251.		-10,246.	8,995.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	46,821,107.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	44,076,660.				
		<b>c</b> Gain or (loss) .....	2,744,447.				
	<b>d</b> Net gain or (loss) .....		2,744,447.			2,744,447.	
	<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 .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME		900099	55,743.	55,743.			
	<b>b</b> PASSTHROUGH INCOME	900099	-2,711.		-2,711.		
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			53,032.			
<b>12 Total revenue.</b> See instructions. ....			17,028,641.	1,398,115.	-12,957.	3,917,859.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,979,893.	3,979,893.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	367,860.	367,860.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	287,691.	57,538.	150,161.	79,992.
<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	824,635.	292,947.	256,397.	275,291.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,772.	15,641.	16,871.	15,260.
<b>9</b> Other employee benefits	74,997.	21,304.	29,912.	23,781.
<b>10</b> Payroll taxes	80,933.	24,362.	31,121.	25,450.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	1,101,518.		1,101,518.	
<b>b</b> Legal	11,879.		4,348.	7,531.
<b>c</b> Accounting	52,893.		52,893.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	259,367.		259,367.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	164,829.	102,850.	61,735.	244.
<b>12</b> Advertising and promotion	111,916.	30,959.	65,798.	15,159.
<b>13</b> Office expenses	78,471.	15,020.	53,361.	10,090.
<b>14</b> Information technology	48,611.	9,887.	29,846.	8,878.
<b>15</b> Royalties				
<b>16</b> Occupancy	83,936.	25,036.	34,284.	24,616.
<b>17</b> Travel	59,043.	19,940.	20,782.	18,321.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	73,584.	26,281.	40,215.	7,088.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	18,635.		18,635.	
<b>23</b> Insurance	9,249.		9,249.	
<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> MISCELLANEOUS	57,170.	10,967.	44,686.	1,517.
<b>b</b> RETURN OF ENDOWMENTS	6,312.	6,312.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,801,194.	5,006,797.	2,281,179.	513,218.
<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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,952,461.	<b>2</b>	2,523,146.
	<b>3</b> Pledges and grants receivable, net .....	111,155.	<b>3</b>	52,807.
	<b>4</b> Accounts receivable, net .....	12,879.	<b>4</b>	2,507.
	<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 .....	38,925.	<b>9</b>	52,662.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,547,682.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 254,901.	2,391,291.	<b>10c</b> 2,292,781.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	80,709,496.	<b>12</b>	94,910,771.
	<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 .....	815,617.	<b>15</b>	701,370.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	88,031,824.	<b>16</b>	100,536,044.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	135,956.	<b>17</b>	200,974.
	<b>18</b> Grants payable .....	1,071,634.	<b>18</b>	1,115,753.
	<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 .....	1,693,581.	<b>23</b>	1,653,307.
	<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 .....	12,009,416.	<b>25</b>	13,715,986.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	14,910,587.	<b>26</b>	16,686,020.
<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 .....	253,938.	<b>27</b>	88,999.
	<b>28</b> Temporarily restricted net assets .....	14,624,857.	<b>28</b>	16,091,450.
	<b>29</b> Permanently restricted net assets .....	58,242,442.	<b>29</b>	67,669,575.
	<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 .....	73,121,237.	<b>33</b>	83,850,024.	
<b>34</b> Total liabilities and net assets/fund balances .....	88,031,824.	<b>34</b>	100,536,044.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,028,641.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,801,194.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,227,447.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	73,121,237.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,619,112.
<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>	-1,117,772.
<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>	83,850,024.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain 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 (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

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

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

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

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

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**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,227,664.	6,495,061.	4,021,206.	6,940,820.	11,725,624.	33,410,375.
<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 .....	4,227,664.	6,495,061.	4,021,206.	6,940,820.	11,725,624.	33,410,375.
<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) .....						6,359,436.
<b>6 Public support.</b> Subtract line 5 from line 4.						27,050,939.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	4,227,664.	6,495,061.	4,021,206.	6,940,820.	11,725,624.	33,410,375.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,596,473.	1,732,397.	1,665,450.	562,725.	1,233,683.	6,790,728.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						40,201,103.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,421,140.
<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 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	67.29 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	69.70 %
<b>16a 33 1/3% support test - 2017.</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 - 2016.</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 - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.) .....						
<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 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Horizontal lines for supplemental information input.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Table with 2 columns: Name of organization (MONTANA COMMUNITY FOUNDATION, INC.) and Employer identification number (81-0450150)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2017

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures		7,801,194.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		7,801,194.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		540,060.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		135,015.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount				0.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures				0.	
<b>d</b> Grassroots nontaxable amount				0.	
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures				0.	

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**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017 Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including revenue and asset amounts.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	70,899,423.	64,391,175.	64,483,181.	61,801,404.	54,253,801.
b Contributions	9,057,295.	4,669,686.	2,309,439.	2,411,453.	1,994,003.
c Net investment earnings, gains, and losses	5,022,745.	4,737,066.	1,340,537.	3,110,522.	8,874,359.
d Grants or scholarships	2,532,864.	1,704,079.	2,537,757.	1,765,661.	2,206,112.
e Other expenditures for facilities and programs					
f Administrative expenses	1,238,603.	1,194,425.	1,204,225.	1,074,537.	1,114,647.
g End of year balance	81,207,996.	70,899,423.	64,391,175.	64,483,181.	61,801,404.

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,367,623.	79,876.	2,287,747.
c Leasehold improvements				
d Equipment		180,059.	175,025.	5,034.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,292,781.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) POOLED INVESTMENTS	94,910,771.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	94,910,771.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER UNITRUSTS	91,039.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	10,608,229.
(4) CHARITABLE AND DEFERRED GIFT ANNUITIES	2,987,098.
(5) CAPITAL LEASE PAYABLE	29,620.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,715,986.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	17,210,899.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 2,619,112.		
<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> 223,080.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,842,192.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	14,368,707.
<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> 2,659,934.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	2,659,934.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	17,028,641.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,482,112.
<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> 222,180.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	222,180.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,259,932.
<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> 1,541,262.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,541,262.
<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>	7,801,194.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE ENDOWMENT FUNDS OF THE MONTANA COMMUNITY FOUNDATION SUPPORT CHARITABLE

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

GREAT PLACE TO LIVE.

PART X, LINE 2:

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

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

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

FOUNDATION COMPLIES WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

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

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

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**Part XIII** Supplemental Information (continued)

MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO

PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION,

INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2018 AND

2017, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	220,369.
PASSTHROUGH LOSS FROM K-1	2,711.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	223,080.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT FUND ACTIVITY	1,368,460.
MANAGEMENT FEE	990,756.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	172,080.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND	128,638.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,659,934.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	220,369.
TRANSFER OF ASSETS UNDER MANAGEMENT	1,811.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	222,180.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES	1,101,518.
AGENCY ENDOWMENT FUND ACTIVITY	439,744.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,541,262.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization <b>MONTANA COMMUNITY FOUNDATION, INC.</b>	Employer identification number 81-0450150
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		27,059,403.
<b>3 a</b> Sub-total .....	0	0			27,059,403.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			27,059,403.

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

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

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

# PUBLIC DISCLOSURE COPY

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

Part III can be duplicated if additional space is needed.

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

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Part IV Foreign Forms

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

Schedule F (Form 990) 2017



**Part V** Supplemental Information

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

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS

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

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

Multiple horizontal lines for supplemental information.

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
406 FAMILY AID FOUNDATION 573 GRANDVIEW DR STEVENSVILLE, MT 59870	46-2523833	501(C)(3)	15,000.	0.			DISASTER RELIEF - EVACUATION COSTS
A. SCOTT JACKSON TRUCKING, INC. PO BOX 56 JEROME, ID 83338	84-1407107	501(C)(3)	44,682.	0.			DISASTER RELIEF - HAY TRANSPORT
ABSAROCKE COMMUNITY FOUNDATION PO BOX 72 ABSAROCKE, MT 59001	73-1658638	501(C)(3)	18,952.	0.			2017 ANNUAL DISTRIBUTION
ACLU OF MONTANA PO BOX 1317 HELENA, MT 59624	81-0431527	501(C)(3)	8,235.	0.			SUPPORT COMMUNITY ORGANIZING FOR EDUCATIONAL EQUITY
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 59103	81-0406157	501(C)(3)	40,678.	0.			2017 ANNUAL DISTRIBUTION
ALLIANCE FOR THE WILD ROCKIES PO BOX 505 HELENA, MT 59624	81-0455740	501(C)(3)	8,482.	0.			2017 ANNUAL DISTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 234.

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.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPINE ARTISANS, INC. P.O. BOX841 SEELEY LAKE, MT 59868	81-0490239	501(C)(3)	5,000.	0.			DISASTER RELIEF - COVER COSTS LOST DURING THE FIRES
AMERICAN INDIAN INSTITUTE 502 WEST MENDENHALL ST BOZEMAN, MT 59715	81-0339551	501(C)(3)	48,525.	0.			2017 ANNUAL DISTRIBUTION
AMERICAN LUNG ASSOCIATION IN MONTANA - 5601 6TH AVE S. #460 - SEATTLE, MT 98108	13-1632524	501(C)(3)	15,000.	0.			DISASTER RELIEF - HEPA AIR PURIFIERS AND PUBLIC EDUCATION
APOSTLES LUTHERAN CHURCH 3140 BROADWATER AVE BILLINGS, MT 59102	81-6035157	501(C)(3)	21,468.	0.			2017 ANNUAL DISTRIBUTION; NEW CAPITAL CAMPAIGN BUILDING FUND; SCHOLARSHIP FUND
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVENUE HELENA, MT 59602-9240	81-0284022	501(C)(3)	7,296.	0.			2017 ANNUAL DISTRIBUTION; IMPROVEMENTS OF OFFICERS QUARTERS
ARLEE VOLUNTEER FIRE DEPARTMENT P.O. BOX 254 ARLEE, MT 59821	81-0770012	501(C)(3)	7,000.	0.			DISASTER RELIEF - COMPLETE IMPROVEMENTS TO WATER TENDER
BASIN VOLUNTEER FIRE DEPARTMENT PO BOX 119 BASIN, MT 59631	39-2049374	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE
BEACON COMMUNITY FOUNDATION PO BOX 726 SCOBEY, MT 59263	81-0498333	501(C)(3)	10,727.	0.			2017 ANNUAL DISTRIBUTION
BEARPAW FIRE VOLUNTEER DEPT. PO BOX 1185 HAVRE, MT 59501	82-4123927	501(C)(3)	6,000.	0.			DISASTER RELIEF - RADIOS

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BELFRY VOLUNTEER FIRE PO BOX 225 BELFRY, MT 59008	81-0456543	501(C)(3)	5,000.	0.			DISASTER RELIEF - PPE, HOSES AND FITTINGS
BENEFIS HEALTH SYSTEM FOUNDATION INC - PO BOX 7008 - GREAT FALLS, MT 59406-7008	81-0480587	501(C)(3)	10,527.	0.			2017 ANNUAL DISTRIBUTION; PEACE HOSPICE CHILDREN'S BEREAVEMENT SERVICES
BIG BROTHERS & SISTERS OF BUTTE P.O. BOX 62 BUTTE, MT 59703	81-0301219	501(C)(3)	7,826.	0.			2017 ANNUAL DISTRIBUTION
BIG SANDY VOLUNTEER FIRE DEPARTMENT - 256 JUDITH LANDING ROAD - BIG SANDY, MT 59520	81-0502018	501(C)(3)	7,000.	0.			DISASTER RELIEF - TIRES AND SUPPLIES DAMAGED IN THE FIRE
BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION LTD - PO BOX 1230 - BIGFORK, MT 59911	81-0424706	501(C)(3)	29,108.	0.			MAINTENANCE OF THE GARDENS; SURVEYING AND ENGINEERING FOR THEATRE PARKING LOT; 2017 ANNUAL
BILLINGS CATHOLIC SCHOOLS FOUNDATION - P.O. BOX 31158 - BILLINGS, MT 59107	38-3819006	501(C)(3)	50,000.	0.			UNRESTRICTED OR OPERATING SUPPORT
BILLINGS COMMUNITY FOUNDATION PO BOX 1255 BILLINGS, MT 59103	20-4286919	501(C)(3)	6,551.	0.			2017 ANNUAL DISTRIBUTION; UNRESTRICTED OR OPERATING SUPPORT
BILLINGS FIRST UNITED METHODIST CHURCH - 2800 4TH AVENUE NORTH - BILLINGS, MT 59101	81-0232801	501(C)(3)	5,200.	0.			GREATEST NEED
BILLINGS SYMPHONY SOCIETY 201 N. BROADWAY #350 BILLINGS, MT 59101	23-7083873	501(C)(3)	5,249.	0.			2017 ANNUAL DISTRIBUTION

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BLACKFEET RESERVATION DEVELOPMENT FUND INC - PO BOX 3029 - BROWNING, MT 59417-3029	36-3784925	501(C)(3)	24,585.	0.			2017 ANNUAL DISTRIBUTION
BLACKFEET TRIBE P.O. BOX 850 BROWNING, MT 59417	81-0212955	501(C)(3)	6,379.	0.			2017 ANNUAL DISTRIBUTION - BLACKFEET NATION HIGHER EDUCATION PROGRAM
BOULDER VOLUNTEER FIRE DEPT 304 N MAIN BOULDER, MT 59632	81-6006799	501(C)(3)	6,000.	0.			DISASTER RELIEF - PPE
BOULEVARD VOLUNTEER FIRE DEPT. 190 S FRANKLIN BUTTE, MT 59701	94-2903672	501(C)(3)	9,000.	0.			DISASTER RELIEF - PPE
BOY SCOUTS OF AMERICA MONTANA COUNCIL 315 - P.O. BOX 1571 - MILES CITY, MT 59301	81-0343177	501(C)(3)	8,788.	0.			2017 ANNUAL DISTRIBUTION
BOYS AND GIRLS CLUB OF CASCADE COUNTY - PO BOX 652 - GREAT FALLS, MT 59403	81-0475269	501(C)(3)	27,968.	0.			2017 ANNUAL DISTRIBUTION
BOYS AND GIRLS CLUB OF RED LODGE AND THE BEARTOOTH FRONT - PO BOX 11 - RED LODGE, MT 59068	81-0493132	501(C)(3)	5,374.	0.			SUMMER FOOD; 2017 ANNUAL DISTRIBUTION
BOYS AND GIRLS CLUB OF THE NORTHERN CHEYENNE NATION - PO BOX 309 - LAME DEER, MT 59043	36-3945776	501(C)(3)	33,232.	0.			2017 ANNUAL DISTRIBUTION; SUPPORT FOR THE ADMINISTRATIVE ASSISTANT POSITION
BOZEMAN PUBLIC LIBRARY FOUNDATION 626 E MAIN ST BOZEMAN, MT 59715-3768	81-0405940	501(C)(3)	14,795.	0.			2017 ANNUAL DISTRIBUTION

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BROADVIEW VFD P.O. BOX 123 BROADVIEW, MT 59015	20-2492561	501(C)(3)	5,000.	0.			DISASTER RELIEF - THERMAL IMAGING CAMERA/RADIOS/RESCUE GEAR
BROADWATER PRODUCTIONS, INC. (GRANDSTREET THEATRE) - P.O. BOX 1258 - HELENA, MT 59624	81-0357843	501(C)(3)	9,015.	0.			2017 ANNUAL DISTRIBUTION
BULL LAKE RURAL FIRE DISTRICT PO BOX 1032 TROY, MT 59935	81-0391560	501(C)(3)	8,000.	0.			DISASTER RELIEF - RADIOS AND PPE
BUTTE-SILVER BOW COMMUNITY FOUNDATION - 3505 QUINCY STREET - BUTTE, MT 59701-4458	27-3492133	501(C)(3)	5,476.	0.			2017 ANNUAL DISTRIBUTION
C.M. RUSSELL MUSEUM 400 -13TH ST N GREAT FALLS, MT 59401	81-6003526	501(C)(3)	9,092.	0.			2017 ANNUAL DISTRIBUTION
CAMP MAK-A-DREAM PO BOX 1450 MISSOULA, MT 59806-1450	81-0472959	501(C)(3)	10,000.	0.			GENERAL OPERATING PURPOSES; FUNDING FOR CAMPERS FROM MILES CITY AREA
CASCADE CITY RURAL FIRE DEPARTMENT PO BOX 65 CASCADE, MT 59421	81-0415273	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE
CENTER FOR MENTAL HEALTH PO BOX 1653 GREAT FALLS, MT 59403	81-0347441	501(C)(3)	5,089.	0.			2017 ANNUAL DISTRIBUTION
CHASE HAWKS MEMORIAL FOUNDATION PO BOX 31333 BILLINGS, MT 59107	81-0499653	501(C)(3)	5,725.	0.			UNRESTRICTED OR OPERATING SUPPORT

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CHESTER JOPLIN INVERNESS PUBLIC SCHOOLS - PO BOX 550 - CHESTER, MT 59522	81-6000582	501(C)(3)	8,000.	0.			MISSOULA CHILDREN'S THEATER; MISSOULA CHILDREN'S THEATER; PURCHASE OR REPAIR BAND
CHOTEAU VOLUNTEER FIRE DEPARTMENT P.O. BOX 128 CHOTEAU, MT 59422	81-0541997	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - PO BOX 1439 - BIGFORK, MT 59911	23-7067099	501(C)(3)	16,372.	0.			2017 ANNUAL DISTRIBUTION; UNRESTRICTED OR OPERATING SUPPORT
CONGREGATION BETH AARON PO BOX 187 BILLINGS, MT 59103	80-0699654	501(C)(3)	21,747.	0.			2017 ANNUAL DISTRIBUTION
CUSTER COUNTY COUNCIL ON AGING 1010 MAIN ST MILES CITY, MT 59301	81-6001347	501(C)(3)	5,000.	0.			HANDICAP BUSES AND VANS FOR TRANSPORTATION
CUSTER COUNTY RURAL VOLUNTEER FIRE COMPANY - 1010 MAIN ST STE 2 - MILES CITY, MT 59301	81-0540843	501(C)(3)	9,000.	0.			DISASTER RELIEF - PPE
DARBY VOLUNTEER FIRE DEPARTMENT 500 N. MAIN ST. DARBY, MT 59829	81-0414126	501(C)(3)	5,000.	0.			DISASTER RELIEF - PPE
DOMESTIC AND SEXUAL VIOLENCE SERVICES OF CARBON COUNTY - PO BOX 314 - RED LODGE, MT 59068-0314	20-2358889	501(C)(3)	6,300.	0.			POWER UP SPEAK OUT
DUPUYER VOLUNTEER FIRE DEPARTMENT P.O. BOX 108 DUPUYER, MT 59432	22-3858166	501(C)(3)	5,000.	0.			DISASTER RELIEF - TOOLS AND TOOL BOXES

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EAST GLACIER PARK VFD 20243 WEST HWY 2 EAST GLACIER PARK, MT 59434	81-0518537	501(C)(3)	5,000.	0.			DISASTER RELIEF - PPE
ECOLOGY PROJECT INTERNATIONAL 315 S 4TH ST E MISSOULA, MT 59801	91-2163952	501(C)(3)	20,000.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; ANNUAL SUPPORT GRANT; SUPPORT FOR GIRLS
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N 30TH STREET - BILLINGS, MT 59101	81-0452904	501(C)(3)	12,550.	0.			BACKPACK MEALS PROGRAM; 2017 ANNUAL DISTRIBUTION; READING PROGRAM
EMPOWERMT 2300 REGENT ST STE 101 MISSOULA, MT 59801	22-2627168	501(C)(3)	8,235.	0.			YOUTH FORWARD LGBTQ LEADERSHIP PROGRAM TO SERVE YOUNGER YOUTH
EUREKA CHAMBER OF COMMERCE PO BOX 186 EUREKA, MT 59917	14-1871854	501(C)(3)	15,000.	0.			DISASTER RELIEF - REBUILDING STRUCTURES DAMAGED IN THE FIRE
FAIRFIELD RURAL VOLUNTEER FIRE DEPT. - PO BOX 51 - FAIRFIELD, MT 59436	81-0416383	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE
FAMILY SERVICE INC PO BOX 1020 BILLINGS, MT 59103-1020	81-0232120	501(C)(3)	21,116.	0.			2017 ANNUAL DISTRIBUTION
FINELY POINT/YELLOW BAY FIRE DEPARTMENT - 35408 MT-35 - POLSON, MT 59860	81-6001381	501(C)(3)	5,000.	0.			DISASTER RELIEF - RADIOS, PPE AND TOOLS
FIRST UNITED METHODIST CHURCH 610 2ND AVE N GREAT FALLS, MT 59401-2524	81-0235852	501(C)(3)	10,000.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; UPGRADE OF TABLES AND CHAIRS IN BASEMENT



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FIRST UNITED METHODIST CHURCH - MISSOULA - PO BOX 7646 - MISSOULA, MT 59807-7646	81-0238182	501(C)(3)	5,000.	0.			UNRESTRICTED OR OPERATING SUPPORT
FIVE VALLEYS LAND TRUST 120 HICKORY ST, STE B MISSOULA, MT 59801	23-7182055	501(C)(3)	14,618.	0.			2017 ANNUAL DISTRIBUTION; UNRESTRICTED OR OPERATING SUPPORT
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION INC - 777 GRANDVIEW DRIVE - KALISPELL, MT 59901-2622	81-0365752	501(C)(3)	6,135.	0.			2017 ANNUAL DISTRIBUTION
FORT PECK FINE ARTS COUNCIL PO BOX 973 GLASGOW, MT 59230-0973	81-0306649	501(C)(3)	8,236.	0.			2017 ANNUAL DISTRIBUTION
FOUNDATION FOR ANIMALS PO BOX 389 HELENA, MT 59624-0389	55-0911292	501(C)(3)	5,623.	0.			2017 ANNUAL DISTRIBUTION
FRENCHTOWN RURAL FIRE DISTRICT 16875 MARION STREET FRENCHTOWN, MT 59834	81-0474710	501(C)(3)	7,000.	0.			DISASTER RELIEF - RADIOS AND PPE
FRIENDS FOREVER MENTORING 49518 US HWY 93 POLSON, MT 59860	81-0362546	501(C)(3)	8,235.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF FRANCIS 33 S LAST CHANCE GULCH HELENA, MT 59601	46-4790266	501(C)(3)	25,000.	0.			AMERICAN JOBS FOR AMERICAN'S YOUTH
FRIENDS OF THE PIONEER MUSEUM INC PO BOX 975 GLASGOW, MT 59230	81-0479627	501(C)(3)	12,517.	0.			2017 ANNUAL DISTRIBUTION

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FRIENDSHIP HOUSE OF CHRISTIAN SERVICE INC - 3123 8TH AVE SOUTH - BILLINGS, MT 59101	81-0300497	501(C)(3)	6,240.	0.			2017 ANNUAL DISTRIBUTION; OPERATING SUPPORT OR UNRESTRICTED SUPPORT
FUEGO, INC P. O. BOX 81061 BILLINGS, MT 59108	81-0471334	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE
GALLATIN COUNTY EMERGENCY MANAGEMENT - 34 NORTH ROUSE - BOZEMAN, MT 59715	81-6001363	501(C)(3)	5,000.	0.			DISASTER RELIEF - EQUIPMENT CACHE
GALLATIN VALLEY LAND TRUST PO BOX 7021 BOZEMAN, MT 59715	81-0464513	501(C)(3)	5,424.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; OUT WEST PROJECT
GERALDINE VOLUNTEER FIRE DEPARTMENT - PO BOX 335 - GERALDINE, MT 59446	81-6001345	GOVERNMENT	6,500.	0.			DISASTER RELIEF - NOZZLES, HOSES AND HAND TOOLS
GILDFORD VOLUNTEER FIRE DEPARTMENT PO BOX 167 GILDFORD, MT 59525	81-0400945	501(C)(3)	8,000.	0.			DISASTER RELIEF - HOSES AND UPGRADES
GIRL SCOUTS OF MONTANA AND WYOMING PO BOX 7128 GREAT FALLS, MT 59406	81-6001486	501(C)(3)	5,734.	0.			2017 ANNUAL DISTRIBUTION; PROMOTE CAMPING AND OTHER OUTDOOR ACTIVITIES ; SUPPORT THE LEGO ROBOTICS
GLACIER SYMPHONY ORCHESTRA AND CHORALE INC - P.O. BOX 2491 - KALISPELL, MT 59903-2491	81-0413320	501(C)(3)	8,890.	0.			2017 ANNUAL DISTRIBUTION
GLASGOW EVANGELICAL CHURCH 152 ABERDEEN ST GLASGOW, MT 59230	81-0359599	501(C)(3)	5,430.	0.			2017 ANNUAL DISTRIBUTION

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GLASGOW SCOTTIES BOOSTER CLUB PO BOX 735 GLASGOW, MT 59230	20-3402373	501(C)(3)	9,513.	0.			2017 ANNUAL DISTRIBUTION
GOD'S LOVE INC 533 N. LAST CHANCE GULCH HELENA, MT 59601	81-0400234	501(C)(3)	9,542.	0.			2017 ANNUAL DISTRIBUTION; PROGRAM NEEDS; UNRESTRICTED
GRASS RANGE RURAL FIRE DISTRICT PO BOX 845 GRASS RANGE, MT 59032	81-0445828	501(C)(3)	7,000.	0.			DISASTER RELIEF - RADIOS AND PPE
GREAT FALLS CHAMBER FOUNDATION INC 100 1ST AVENUE SOUTH GREAT FALLS, MT 59401	36-3658000	501(C)(3)	10,000.	0.			MATCHED FUNDS RAISED BY LEADERSHIP GREAT FALLS FOR MY STUDENT IN NEED; SUPPORT OF LEADERSHIP
GREAT FALLS SYMPHONY ASSOCIATION INC - PO BOX 1078 - GREAT FALLS, MT 59403	81-6014907	501(C)(3)	54,981.	0.			2017 ANNUAL DISTRIBUTION; OPERATING AND UNRESTRICTED SUPPORT
GREATER GALLATIN UNITED WAY 945 TECHNOLOGY BLVD STE 101F BOZEMAN, MT 59718-6859	81-0384820	501(C)(3)	17,398.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; 2017 ANNUAL DISTRIBUTION
GREATER POLSON COMMUNITY FOUNDATION - PO BOX 314 - POLSON, MT 59860	26-2883184	501(C)(3)	25,923.	0.			2017 ANNUAL DISTRIBUTION
H E P CLUB PO BOX 171 HARDIN, MT 59034	81-0485429	501(C)(3)	7,500.	0.			CARE FOR ANIMALS, INCLUDING VETERINARY CARE
HALEY BENCH VOLUNTEER FIRE DEPARTMENT - 1309 INDIAN CREEK ROAD - HUNTLEY, MT 59037	81-8416761	501(C)(3)	5,000.	0.			DISASTER RELIEF - RADIOS

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HARLEM VOLUNTEER FIRE DEPARTMENT 112 1ST STREET SW HARLEM, MT 59526	81-0404727	501(C)(3)	7,250.	0.			TO PURCHASE A THREE QUARTER TON PICKUP AS A RAPID RESPONSE FIRE TRUCK; DISASTER RELIEF
HARRISON/ NORRIS / PONY RURAL FIRE DISTRICT - PO BOX 200 - HARRISON, MT 59735	46-1335273	501(C)(3)	7,000.	0.			DISASTER RELIEF - TOOLS AND RADIOS
HAVEN PO BOX 752 BOZEMAN, MT 59771	81-0389914	501(C)(3)	9,235.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; END THE SILENCE SPEAKER SERIES
HELENA AREA COMMUNITY FOUNDATION PO BOX 92 HELENA, MT 59624	81-0536902	501(C)(3)	36,072.	0.			2017 ANNUAL DISTRIBUTION
HELENA AREA HABITAT FOR HUMANITY P.O. BOX 459 HELENA, MT 59624	81-0476317	501(C)(3)	9,270.	0.			2017 ANNUAL DISTRIBUTION; COMPLETE CONSTRUCTION ON A CLASSROOM TO SERVE THE YOUTH
HELENA EDUCATION FOUNDATION PO BOX 792 HELENA, MT 59624	81-0544494	501(C)(3)	16,623.	0.			2017 ANNUAL DISTRIBUTION
HELENA FOOD SHARE INC PO BOX 943 HELENA, MT 59624	36-3507623	501(C)(3)	9,680.	0.			2017 ANNUAL DISTRIBUTION; FOOD FOR THOSE IN NEED
HELENA PRESENTS / MYRNA LOY CENTER 15 N. EWING HELENA, MT 59601	51-0185430	501(C)(3)	36,772.	0.			2017 ANNUAL DISTRIBUTION; PROGRAM SPONSORSHIP
HELENA SYMPHONY SOCIETY PO BOX 1073 HELENA, MT 59624	81-0352076	501(C)(3)	10,121.	0.			2017 ANNUAL DISTRIBUTION

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HELENA YOUTH SOCCER ASSOCIATION INC - PO BOX 6972 - HELENA, MT 59604	81-0472455	501(C)(3)	5,266.	0.			2017 ANNUAL DISTRIBUTION
HELMVILLE VOLUNTEER FIRE DEPARTMENT - 617 S MAIN ST - HELMVILLE, MT 59843	81-0416992	501(C)(3)	15,000.	0.			DISASTER RELIEF - RADIOS
HEROES AND HORSES INC PO BOX 35 MANHATTAN, MT 59741	46-4639973	501(C)(3)	25,000.	0.			UNRESTRICTED OR OPERATING SUPPORT
HINSDALE COOPERATIVE COMMUNITY SCHOLARSHIP FUND - C/O FIRST COMMUNITY BANK - HINSDALE, MT 59241-0127	81-6001060	501(C)(3)	5,206.	0.			2017 ANNUAL DISTRIBUTION
HOCKADAY MUSEUM OF ART 302 2ND AVE EAST KALISPELL, MT 59901	81-0303038	501(C)(3)	12,321.	0.			2017 ANNUAL DISTRIBUTION
HOGELAND VOLUNTEER FIRE DEPARTMENT 123 PULLOK RD HOGELAND, MT 59529	81-0449583	501(C)(3)	5,000.	0.			DISASTER RELIEF - TYPE 6 ATTACK UNIT
HOLTER MUSEUM OF ART 12 EAST LAWRENCE STREET HELENA, MT 59601-4019	81-0472958	501(C)(3)	33,066.	0.			2017 ANNUAL DISTRIBUTION
HONOR FLIGHT, INC. 1750 SOUTH TUTTLE RD. SPRINGFIELD, OH 45505	20-2751460	501(C)(3)	10,000.	0.			CLOSURE OF EXISTING FUND
HOPA MOUNTAIN FOUNDATION PO BOX 10892 BOZEMAN, MT 59719	84-1635749	501(C)(3)	9,467.	0.			HOPA - 2017 ANNUAL DISTRIBUTION; FFRT- INDIGENOUS SCHOLARS OF PROMISE PROGRAM

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HOSPICE CARE FOUNDATION 715 KENSINGTON AVE STE 2C MISSOULA, MT 59801	81-0539006	501(C)(3)	11,500.	0.			UNRESTRICTED OR OPERATING SUPPORT
HUMANE SOCIETY OF WESTERN MONTANA PO BOX 1059 MISSOULA, MT 59806	81-0290933	501(C)(3)	11,482.	0.			UNRESTRICTED OR OPERATING SUPPORT
INDIAN LAW RESOURCE CENTER 602 N EWING ST HELENA, MT 59601	52-1121079	501(C)(3)	8,835.	0.			2017 ANNUAL DISTRIBUTION
INTERMOUNTAIN CHILDREN'S HOME 500 S LAMBORN ST HELENA, MT 59601	81-0231775	501(C)(3)	10,423.	0.			2017 ANNUAL DISTRIBUTION; OPERATING SUPPORT OR UNRESTRICTED SUPPORT
INTERNATIONAL CHORAL FESTIVAL INC PO BOX 8203 MISSOULA, MT 59807	81-0459276	501(C)(3)	8,109.	0.			2017 ANNUAL DISTRIBUTION
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - USA - 800 E 73RD AVE UNIT 2 - DENVER, CO 80229	37-1145157	501(C)(3)	7,585.	0.			2017 ANNUAL DISTRIBUTION
INTERNATIONAL RESCUE COMMITTEE, INC. - 1535 LIBERTY LANE #117E - MISSOULA, MT 59808	13-5660870	501(C)(3)	8,235.	0.			SOCIAL JUSTICE GRANT CYCLE 12/11/17
JEFFERSON VALLEY COMMUNITY FOUNDATION - PO BOX 144 - WHITEHALL, MT 59759	46-3196448	501(C)(3)	9,711.	0.			2017 ANNUAL DISTRIBUTION
JOLIET VOLUNTEER FIRE DEPARTMENT BOX 388 JOLIET, MT 59041	46-1942297	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE

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LEWIS & CLARK FOUNDATION PO BOX 398 GREAT FALLS, MT 59403	81-0471734	501(C)(3)	7,286.	0.			2017 ANNUAL DISTRIBUTION, UNRESTRICTED SUPPORT
LEWIS & CLARK HUMANE SOCIETY P.O. BOX 4455 HELENA, MT 59604	81-6014910	501(C)(3)	22,468.	0.			UNRESTRICTED OPERATING EXPENSES; 2017 ANNUAL DISTRIBUTION; CROW RESERVATION CLINIC
LEWIS & CLARK VOLUNTEER FIRE DEPARTMENT - 221 BRECKENRIDGE ST - HELENA, MT 59601	81-6001383	501(C)(3)	12,500.	0.			DISASTER RELIEF - COMPLETION OF THE TACTICAL TENDER
LIBBY VOLUNTEER FIRE DEPARTMENT PO BOX 796 LIBBY, MT 59923	81-0495617	501(C)(3)	15,000.	0.			DISASTER RELIEF - RADIOS
LIBERTY COUNTY MUSEUM AND ARCHIVE ASSOCIATION, INC - PO BOX 476 - CHESTER, MT 59522	81-0344759	501(C)(3)	10,000.	0.			CONTINUED UPGRADE OF DIGITAL DATABASE FOR CATALOGING
LIBERTY VILLAGE ARTS CENTER AND GALLERY - PO BOX 269 - CHESTER, MT 59522	81-0364834	501(C)(3)	15,000.	0.			TRAVELING EXHIBITS, ARTISTS RECEPTIONS AND SHOW
LINCOLN RURAL FIRE DISTRICT PO BOX 1071 LINCOLN, MT 59639	81-0527952	501(C)(3)	13,000.	0.			DISASTER RELIEF - FINISH A NEW TENDER WITH A DECK NOZZLE AND PUMP
LOCKWOOD FIRE DISTRICT 8 501 JOHNSON LANE BILLINGS, MT 59101	81-0451542	501(C)(3)	5,000.	0.			DISASTER RELIEF - WILDLAND FIRE SHELTERS
LOLO COMMUNITY CHURCH PO BOX 1323 LOLO, MT 59847	81-6020462	501(C)(3)	5,000.	0.			CHURCH GENERAL FUND

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LOVE HAS COME PO BOX 4861 MISSOULA, MT 59806	32-0335371	501(C)(3)	10,000.	0.			THE NOUVELLE AUBE GROCERY STORE
MADISON COUNTY EMERGENCY MANAGEMENT / FIRE WARDEN - 7 PLACER LOOP - VIRGINIA CITY, MT 59755	81-6001389	501(C)(3)	5,000.	0.			DISASTER RELIEF - THERMAL IMAGING CAMERA
MANCHESTER VOLUNTEER FIRE DEPARTMENT - 38 HAVEN LANE - GREAT FALLS, MT 59404	20-0450831	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE AND RADIOS
MANHATTAN HIGH SCHOOL PO BOX 425 MANHATTAN, MT 59741	81-6000410	501(C)(3)	14,412.	0.			2017 ANNUAL DISTRIBUTION - VO-TECH DEPARTMENT
MARION FIRE DISTRICT 180 GOPHER LANE MARION, MT 59925	90-0854346	501(C)(3)	8,000.	0.			DISASTER RELIEF - PPE
MARYSVILLE RURAL FIRE DISTRICT 159 GRAND STREET MARYSVILLE, MT 59640	81-0540333	501(C)(3)	6,000.	0.			DISASTER RELIEF - PPE
MENNONITE CENTRAL COMMITTEE U S PO BOX 500 AKRON, PA 17501-0500	23-6002702	501(C)(3)	15,000.	0.			PROJECT SUPPORT - HAITI LATRINE
MINERAL COUNTY COMMUNITY FOUNDATION - PO BOX 93 - SUPERIOR, MT 59872	81-0501990	501(C)(3)	6,742.	0.			2017 ANNUAL DISTRIBUTION
MISSOULA ART MUSEUM 335 NORTH PATTEE MISSOULA, MT 59802	81-0496898	501(C)(3)	5,309.	0.			UNRESTRICTED SUPPORT; 2017 ANNUAL DISTRIBUTION



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MISSOULA CITY-COUNTY HEALTH DEPARTMENT - 301 W. ALDER - MISSOULA, MT 59802	81-6001397	501(C)(3)	15,000.	0.			DISASTER RELIEF - HEPA AIR PURIFIERS
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59806	81-0539830	501(C)(3)	50,962.	0.			2017 ANNUAL DISTRIBUTION; SUPPORT THE GIVE LOCAL MISSOULA GIVES 2018 PROJECT
MISSOULA FIRE DEPARTMENT 625 E PINE STREET MISSOULA, MT 59802	81-6001293	501(C)(3)	5,000.	0.			SOFTWARE FOR CARDIAC MONITORS
MISSOULA FOOD BANK 1720 WYOMING ST MISSOULA, MT 59801	81-0414143	501(C)(3)	6,737.	0.			OPERATING SUPPORT AND UNRESTRICTED SUPPORT; 2017 ANNUAL DISTRIBUTION
MISSOULA INTERNATIONAL SCHOOL 1100 HARRISON ST MISSOULA, MT 59802	81-0501614	501(C)(3)	10,000.	0.			ANNUAL EDUCATION SUPPORT
MISSOULA RURAL FIRE DISTRICT 2521 SOUTH AVE WEST MISSOULA, MT 59804	81-0386669	501(C)(3)	7,000.	0.			DISASTER RELIEF - RADIOS
MISSOULA SYMPHONY ASSOCIATION PO BOX 8301 MISSOULA, MT 59807	81-0290730	501(C)(3)	16,763.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; 2017 ANNUAL DISTRIBUTION; SYMPHONY IN THE PARK
MONTANA AMATEUR SPORTS, INC. PO BOX 7136 BILLINGS, MT 59103	81-0431595	501(C)(3)	5,000.	0.			HEART AND SOLE RUN
MONTANA ARTS COUNCIL PO BOX 202201 HELENA, MT 59620-2201	81-6017343	501(C)(3)	21,000.	0.			2018 ARTISTS INNOVATION AWARD

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MONTANA AUDUBON PO BOX 595 HELENA, MT 59624	81-0412530	501(C)(3)	11,067.	0.			2017 ANNUAL DISTRIBUTION
MONTANA CITY VOLUNTEER FIRE DEPARTMENT - 1192 HWY 282 - CLANCY, MT 59634	81-0383749	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624	81-0472423	501(C)(3)	9,735.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; MONTANA GENDER ALLIANCE AND TRANSGENDER SUPPORT
MONTANA PROFESSIONAL TEACHING FOUNDATION - 1232 EAST 6TH AVENUE - HELENA, MT 59601	81-0511792	501(C)(3)	35,771.	0.			2017 ANNUAL DISTRIBUTION
MONTANA RESCUE MISSION PO BOX 3232 BILLINGS, MT 59103	81-6013963	501(C)(3)	10,664.	0.			ANNUAL SUPPORT GRANT; OPERATING AND GENERAL SUPPORT; WOMEN AND CHILDREN'S SHELTER
MONTANA STATE UNIVERSITY - BOZEMAN FINANCIAL AID OFFICE BOZEMAN, MT 59717	81-6010045	501(C)(3)	6,000.	0.			SCHOOL OF ARCHITECTURE MASONRY DESIGN COMPETITION
MONTANA STATE UNIVERSITY ALUMNI FOUNDATION - PO BOX 172750 - BOZEMAN, MT 59717-2750	81-6001649	501(C)(3)	42,748.	0.			2017 ANNUAL DISTRIBUTION - MSU SKI TEAM; 2017 ANNUAL DISTRIBUTION - MSU SCHOOL OF ENGINEERING;
MONTANA STATE UNIVERSITY BILLINGS FOUNDATION - 1500 UNIVERSITY DRIVE - BILLINGS, MT 59101	81-0301477	501(C)(3)	9,922.	0.			EXPANSION AND RENOVATION OF THE SCIENCE BUILDING; 2017 ANNUAL DISTRIBUTION
MONTANA STATE UNIVERSITY EXTENDED UNIVERSITY - 128 EPS BUILDING - BOZEMAN, MT 59717	81-6010045	501(C)(3)	5,000.	0.			MONTANA GIRLS STEM COLLABORATIVE PROJECT - SMALL TOWN

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MONTANA WILDERNESS ASSOCIATION 80 S WARREN ST HELENA, MT 59601	51-0198932	501(C)(3)	18,212.	0.			2017 ANNUAL DISTRIBUTION
MONTANA WOMEN VOTE 725 W. ALDER ST., STE #21 MISSOULA, MT 59802	81-0362732	501(C)(3)	9,235.	0.			WOMEN'S POLICY LEADERSHIP INSTITUTE; WPLI & STATEWIDE TOUR AND OUTREACH
MOUNTAIN HOME MONTANA 2606 SOUTH AVE. W MISSOULA, MT 59804	81-0520628	501(C)(3)	13,000.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; NEEDED SUPPLIES
MOUNTAINVIEW MEDICAL CENTER INC 16 WEST MAIN ST WHITE SULPHUR SPRINGS, MT 59645	81-0255832	501(C)(3)	5,160.	0.			2017 ANNUAL DISTRIBUTION
MUSEUM OF THE ROCKIES 600 WEST KAGY BOULEVARD BOZEMAN, MT 59717	81-6016828	501(C)(3)	9,227.	0.			2017 ANNUAL DISTRIBUTION
MUSSELSHELL VALLEY COMMUNITY FOUNDATION - PO BOX 713 - ROUNDUP, MT 59072	81-0512493	501(C)(3)	11,634.	0.			2017 ANNUAL DISTRIBUTION
NACDC FINANCIAL SERVICES INC 101 PATA ST BROWNING, MT 59417	27-3156259	501(C)(3)	8,235.	0.			BLACKFEET MINI BANK PROGRAM
NORTH TOOLE COUNTY/SUNBURST FIRE DEPARTMENT - PO BOX 381 - SUNBURST, MT 59482	81-6001314	501(C)(3)	26,000.	0.			DISASTER RELIEF - RADIOS; POOL PROJECT
NOVA CENTER FOR THE PERFORMING ARTS - PO BOX 11 - BILLINGS, MT 59103-0011	81-0514788	501(C)(3)	6,426.	0.			2017 ANNUAL DISTRIBUTION

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NYE COMMUNITY FOUNDATION PO BOX 528 NYE, MT 59061	81-0531083	501(C)(3)	7,531.	0.			2017 ANNUAL DISTRIBUTION
PARENTS, LET'S UNITE FOR KIDS 516 N 32ND ST BILLINGS, MT 59101	81-0422077	501(C)(3)	5,000.	0.			GENERAL OPERATING PURPOSES
PARK COUNTY RURAL FIRE DISTRICT #1 P.O. BOX 1134 LIVINGSTON, MT 59047	81-0468436	501(C)(3)	7,500.	0.			DISASTER RELIEF - PPE
PHILLIPS COUNTY RURAL FIRE DEPARTMENT - PO BOX 967 - MALTA, MT 59538	81-6001405	501(C)(3)	6,267.	0.			2017 ANNUAL DISTRIBUTION; DISASTER RELIEF-RADIOS AND PPE
PLAINS-PARADISE RURAL FIRE DISTRICT - PO BOX 1115 - PLAINS, MT 59859	82-3456394	501(C)(3)	9,000.	0.			DISASTER RELIEF - PPE
PLANNED PARENTHOOD OF MONTANA 1116 GRAND AVE STE 201 BILLINGS, MT 59102	81-0307201	501(C)(3)	6,898.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; 2017 ANNUAL DISTRIBUTION
PLANNED PARENTHOOD OF THE GREAT NW AND THE HAWAIIAN ISLANDS - 2001 EAST MADISON ST - SEATTLE, WA 98122	91-0686012	501(C)(3)	5,000.	0.			UNRESTRICTED OR OPERATING SUPPORT
PLYMOUTH CONGREGATIONAL CHURCH 400 SOUTH OAKES HELENA, MT 59601	81-0298891	501(C)(3)	5,236.	0.			2017 ANNUAL DISTRIBUTION
POLSON FIRE DEPARTMENT 106 1ST ST E POLSON, MT 59860	81-6001301	501(C)(3)	9,000.	0.			DISASTER RELIEF - RADIOS, PPE AND TOOLS

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POPLAR VOLUNTEER FIRE DEPARTMENT PO BOX 746 POPLAR, MT 59255	81-6001302	501(C)(3)	5,000.	0.			DISASTER RELIEF - THERMAL IMAGING CAMERA/VEHICLE RADIO
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624	81-0506868	501(C)(3)	11,641.	0.			2017 ANNUAL DISTRIBUTION; OUT WEST FUNDS
PROACTIVE LIVING FACILITY 45466 NORTH FOOTHILLS DR. RONAN, MT 59864	82-4599378	501(C)(3)	150,000.	0.			JUMPSTART LIVING FACILITY
PUNK WARD COMMITTEE FBO MONTANA CLUB - PO BOX 726 - HELENA, MT 59624	81-0169370	501(C)(3)	11,183.	0.			SUPPORT AND MAINTENANCE OF THE MONTANA CLUB BUILDING
RANGE RIDERS INC 435 L. P. ANDERSON RD MILES CITY, MT 59301	81-0255838	501(C)(3)	5,956.	0.			2017 ANNUAL DISTRIBUTION
RED LODGE AREA COMMUNITY FOUNDATION - PO BOX 1871 - RED LODGE, MT 59068	20-0192255	501(C)(3)	9,495.	0.			2017 ANNUAL DISTRIBUTION
RED LODGE FIRE RESCUE PO BOX 318 RED LODGE, MT 59068	81-0467084	501(C)(3)	14,000.	0.			DISASTER RELIEF - RADIOS
RIVERSTONE HEALTH FOUNDATION PO BOX 1562 BILLINGS, MT 59103	35-2332179	501(C)(3)	6,070.	0.			2017 ANNUAL DISTRIBUTION
ROBERTS COMMUNITY FOUNDATION PO BOX 284 ROBERTS, MT 59070	84-1425182	501(C)(3)	9,084.	0.			2017 ANNUAL DISTRIBUTION

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ROCKY MOUNTAIN BIBLE MISSION 1515 FAIRVIEW AVE STE 200 MISSOULA, MT 59801	81-0303852	501(C)(3)	15,000.	0.			CAMP UTMOST CONSTRUCTION PROJECTS
RONALD MCDONALD HOUSE CHARITIES OF EASTERN MONTANA INC - 1144 N. 30TH STREET - BILLINGS, MT 59101-0124	81-0400667	501(C)(3)	10,016.	0.			GREATEST NEED; OPERATING SUPPORT OR UNRESTRICTED SUPPORT; 2017 ANNUAL DISTRIBUTION
ROSEBUD COUNTY SENIOR CITIZENS PROGRAM - C/O ROSEBUD CO. CLERK & RECORDER - FORSYTH, MT 59324	81-6001424	501(C)(3)	16,441.	0.			2017 ANNUAL DISTRIBUTION; FLOWER BARRELS FOR COMMUNITY BEAUTIFICATION; FORSYTH YOUTH SOCCER
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - PO BOX 40 - ROUNDUP, MT 59072	81-0245848	501(C)(3)	15,204.	0.			2017 ANNUAL DISTRIBUTION
SAND COULEE VOL FIRE DEPT. PO BOX 60 SAND COULEE, MT 59472	81-6017287	501(C)(3)	11,500.	0.			DISASTER RELIEF - TIRES AND SUPPLIES DAMAGED IN THE FIRE
SCHOOL COMMUNITY DEVELOPMENT COUNCIL - PO BOX 629 - BROADUS, MT 59317	81-0514945	501(C)(3)	14,932.	0.			2017 ANNUAL DISTRIBUTION
SEELEY LAKE AREA CHAMBER OF COMMERCE - PO BOX 516 - SEELEY LAKE, MT 59868	81-0425251	501(C)(3)	15,000.	0.			DISASTER RELIEF - SUPPORT BUSINESSES AFFECTED BY THE FIRES
SEELEY LAKE COMMUNITY FOUNDATION PO BOX 25 SEELEY LAKE, MT 59868	31-1711576	501(C)(3)	38,623.	0.			2017 ANNUAL DISTRIBUTION; DISASTER RELIEF - FUNDS LOST FROM THE SUMMER MUSIC FESTIVAL/FUNDRAISER
SEELEY LAKE RURAL FIRE DEPARTMENT PO BOX 309 SEELEY LAKE, MT 59868	46-2039679	501(C)(3)	15,000.	0.			DISASTER RELIEF - RADIOS, IPAD PROS AND HI VI JACKETS

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SHEPHERD VOLUNTEER FD PO BOX 1 SHEPHERD, MT 59079	81-0303623	501(C)(3)	5,064.	0.			DISASTER RELIEF - PPE
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS RD - CALABASAS, CA 91302	95-4116679	501(C)(3)	6,735.	0.			SOFT LANDING MISSOULA - CRITICAL COMMUNITY ENGAGEMENT
ST. PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601	81-0392270	501(C)(3)	13,570.	0.			2017 ANNUAL DISTRIBUTION; 2017 ANNUAL DISTRIBUTION - CANCER TREATMENT; TO PURCHASE 3D MAMMOGRAPHY
ST. VINCENT DE PAUL SOCIETY 2610 MONTANA AVE BILLINGS, MT 59101-2340	91-0879988	501(C)(3)	10,000.	0.			UNRESTRICTED OR OPERATING SUPPORT
STANFORD LIBRARY GUILD INC PO BOX 486 STANFORD, MT 59479	27-3159012	501(C)(3)	14,389.	0.			COMPUTERS, COMPUTER SOFTWARE, FURNITURE
STEVENSVILLE COMMUNITY FOUNDATION INC - PO BOX 413 - STEVENSVILLE, MT 59870	81-0490459	501(C)(3)	8,994.	0.			2017 ANNUAL DISTRIBUTION
SUN PRAIRIE RURAL VOLUNTEER FIRE DEPARTMENT - PO BOX 413 - VAUGHN, MT 59487	55-0821818	501(C)(3)	7,000.	0.			DISASTER RELIEF - PPE
SUPERIOR VOLUNTEER FIRE DEPARTMENT PO BOX 729 SUPERIOR, MT 59872	81-6001970	501(C)(3)	5,000.	0.			DISASTER RELIEF - RADIOS AND PPE
THE CMS FUND 312 E PINE ST MISSOULA, MT 59802	04-6114500	501(C)(3)	10,000.	0.			UNRESTRICTED OR OPERATING SUPPORT

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THE FRIENDS OF IRISH STUDIES IN THE WEST - PO BOX 4693 - MISSOULA, MT 59806	26-1391012	501(C)(3)	8,482.	0.			2017 ANNUAL DISTRIBUTION
THE HUMANE SOCIETY OF THE UNITED STATE - 1255 23RD STREET, NW, SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	5,000.	0.			EMERGENCY CARE OF ANIMALS WITHIN THE STATE OF MONTANA
THE MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624	81-0369262	501(C)(3)	9,433.	0.			2017 ANNUAL DISTRIBUTION
THE MONTANA RACIAL EQUITY PROJECT PO BOX 11885 BOZEMAN, MT 59719	47-5462992	501(C)(3)	6,720.	0.			FIRST EVER THREE-DAY YOUTH RETREAT AND ADDITIONAL EDUCATION
THE NATURE CONSERVANCY OF MONTANA 32 S EWING STE 215 HELENA, MT 59601	53-0242652	501(C)(3)	5,327.	0.			ROCKY MOUNTAIN FRONT PRESERVATION; 2017 ANNUAL DISTRIBUTION; OPERATING SUPPORT OR UNRESTRICTED
THRIVE PO BOX 6637 BOZEMAN, MT 59772-4325	36-3501185	501(C)(3)	10,235.	0.			GIRLS FOR A CHANGE 2018 SUMMIT; PARENTING PARTNERSHIP PROGRAM SERVING YOUNG FAMILIES
TRI-LAKES FIRE SERVICE AREA 3200 SPOKANE CR RD EAST HELENA, MT 59635	35-2268327	501(C)(3)	9,000.	0.			DISASTER RELIEF - PREPROGRAMMED SOLAR SIGN
TRINITY LUTHERAN CHURCH 537 GRAND AVE BILLINGS, MT 59101	81-0300195	501(C)(3)	5,203.	0.			2017 ANNUAL DISTRIBUTION
TUMBLEWEED RUNAWAY PROGRAM INC 505 NORTH 24TH ST BILLINGS, MT 59101	36-3343886	501(C)(3)	17,918.	0.			2017 ANNUAL DISTRIBUTION; UNRESTRICTED OPERATING SUPPORT



PUBLIC DISCLOSURE COPY

**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
TURNER VOLUNTEER FIRE DEPARTMENT PO BOX 36 TURNER, MT 59542	81-0441414	501(C)(3)	13,360.	0.			DISASTER RELIEF - MAINTENANCE AND RADIOS
ULM PUBLIC SCHOOLS PO BOX 189 ULM, MT 59485	81-6000160	501(C)(3)	6,282.	0.			AFTER SCHOOL PROGRAM
ULM VOLUNTEER FIRE DEPARTMENT/ULM FIRE SERVICE AREA - PO BOX 224 - ULM, MT 59485	83-0489245	501(C)(3)	6,250.	0.			DISASTER RELIEF - NEW WATER TANK
UNITED WAY OF CASCADE COUNTY PO BOX 1343 GREAT FALLS, MT 59403-1343	81-0304170	501(C)(3)	8,343.	0.			2017 ANNUAL DISTRIBUTION
UNITED WAY OF MISSOULA COUNTY PO BOX 7395 MISSOULA, MT 59807	81-0287854	501(C)(3)	12,500.	0.			UNRESTRICTED OR OPERATING SUPPORT
UNITED WAY OF THE LEWIS AND CLARK AREA INC - PO BOX 862 - HELENA, MT 59624	81-6017354	501(C)(3)	15,174.	0.			2017 ANNUAL DISTRIBUTION
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807-7159	81-0362989	501(C)(3)	34,843.	0.			2017 ANNUAL DISTRIBUTION; GRIZZLY LACROSSE TEAM; OPERATING SUPPORT OR UNRESTRICTED SUPPORT;
UNIVERSITY OF MONTANA-MONTANA GIRLS STEM COLLABORATIVE - 32 CAMPUS DRIVE ED113 - MISSOULA, MT 59812	81-0362989	501(C)(3)	5,000.	0.			STEM COLLABORATIVE
UNIVERSITY OF PROVIDENCE 1301 20TH STREET SOUTH GREAT FALLS, MT 59405	81-0231777	501(C)(3)	5,035.	0.			2017 ANNUAL DISTRIBUTION

PUBLIC DISCLOSURE COPY

**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
VALLEY COUNTY COMMUNITY FOUNDATION PO BOX 304 GLASGOW, MT 59230	81-0526746	501(C)(3)	32,591.	0.			2017 ANNUAL DISTRIBUTION
VAUGHN VOLUNTEER FIRE DEPARTMENT 360 POST AVE VAUGHN, MT 59487	81-0415095	501(C)(3)	6,000.	0.			DISASTER RELIEF - PPE
VICTOR VOLUNTEER RURAL FIRE DEPARTMENT - PO BOX 243 - VICTOR, MT 59875	81-0478375	501(C)(3)	5,000.	0.			DISASTER RELIEF - FUNDS LOST FROM ANNUAL FUNDRAISER
WEST KOOTENAI FIRE PROTECTION COMPANY - 5724 W KOOTENAI RD - REXFORD, MT 59930	75-3198819	501(C)(3)	13,000.	0.			DISASTER RELIEF - RADIOS
WEST YELLOWSTONE FOUNDATION PO BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)(3)	60,515.	0.			2017 ANNUAL DISTRIBUTION; ANNUAL SUPPORT GRANT
WESTERN HERITAGE CENTER 2822 MONTANA AVE BILLINGS, MT 59101	23-7155997	501(C)(3)	6,361.	0.			2017 ANNUAL DISTRIBUTION
WIBAUX COUNTY NURSING HOME 712 S WIBAUX ST S WIBAUX, MT 59353	81-0392225	501(C)(3)	8,251.	0.			MEMORY CARE PROJECT; 2017 ANNUAL DISTRIBUTION
WINIFRED RURAL FIRE DEPARTMENT PO BOX 183 WINIFRED, MT 59489	81-6001358	501(C)(3)	6,000.	0.			DISASTER RELIEF - PPE
WOLF CREEK VOLUNTEER FIRE COMPANY PO BOX 42 WOLF CREEK, MT 59648	81-0374673	501(C)(3)	6,000.	0.			DISASTER RELIEF - BOAT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLF POINT AREA MUSEUM, INC. PO BOX 1205 WOLF POINT, MT 59201	81-6033737	501(C)(3)	5,700.	0.			PRODUCTION FOR "SPECIAL COWBOY MOMENTS" FILM
WORLD MUSEUM OF MINING PO BOX 33 BUTTE, MT 59703	81-6014901	501(C)(3)	7,552.	0.			2017 ANNUAL DISTRIBUTION
YELLOWSTONE ART MUSEUM 401 N 27TH ST BILLINGS, MT 59101-1241	81-6014902	501(C)(3)	47,940.	0.			2017 ANNUAL DISTRIBUTION
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC - PO BOX 80807 - BILLINGS, MT 59108	81-0419905	501(C)(3)	56,269.	0.			UNRESTRICTED OPERATING SUPPORT; 2017 ANNUAL DISTRIBUTION
YELLOWSTONE HISTORIC CENTER PO BOX 1299 WEST YELLOWSTONE, MT 59758	81-0521215	501(C)(3)	6,000.	0.			SUMMER DISPLAYS AND GENERAL FUNDING TO MEET CURRENT NEED; UNRESTRICTED SUPPORT
YELLOWSTONE RIVER PARKS ASSOCIATION - PO BOX 1201 - BILLINGS, MT 59103-1201	36-4096295	501(C)(3)	6,476.	0.			2017 ANNUAL DISTRIBUTION
YELLOWSTONE VALLEY ANIMAL SHELTER PO BOX 20920 BILLINGS, MT 59104	26-1389957	501(C)(3)	6,164.	0.			ANNUAL SUPPORT GRANT; ANNABELLE'S FUND TO PROVIDE CANINE TRAINING AND EDUCATION
YELLOWSTONE WILDLIFE SANCTUARY PO BOX 675 RED LODGE, MT 59068	81-0422009	501(C)(3)	5,853.	0.			2017 ANNUAL DISTRIBUTION
YORK FIRE RESCUE 6042 NELSON ROAD HELENA, MT 59602	81-2516460	501(C)(3)	9,000.	0.			DISASTER RELIEF - EMERGENCY LIGHTING, TOOLS, HOSES, RADIO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION OF HELENA INC - 1200 N LAST CHANCE GULCH - HELENA, MT 59601	81-0231815	501(C)(3)	12,761.	0.			2017 ANNUAL DISTRIBUTION; UNRESTRICTED OPERATING SUPPORT
YWCA BILLINGS 909 WYOMING AVE BILLINGS, MT 59101	81-0534954	501(C)(3)	9,655.	0.			SCHOLARSHIPS FUNDS; OPERATING SUPPORT OR UNRESTRICTED SUPPORT; 2017 ANNUAL DISTRIBUTION
YWCA MISSOULA 1130 W BROADWAY MISSOULA, MT 59802	81-0245851	501(C)(3)	7,000.	0.			OPERATING SUPPORT OR UNRESTRICTED SUPPORT; SUPPORT TO ENGAGE GIRLS IN NON-TRADITIONAL WORK

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR POST-SECONDARY EDUCATION	184	367,860.	0.		

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

PART I, LINE 2:

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

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

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

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

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

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

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

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

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Part IV Supplemental Information

AND AWARDED UPON.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION LTD

(H) PURPOSE OF GRANT OR ASSISTANCE: MAINTENANCE OF THE GARDENS;

SURVEYING AND ENGINEERING FOR THEATRE PARKING LOT; 2017 ANNUAL

DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

CHESTER JOPLIN INVERNESS PUBLIC SCHOOLS

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

MISSOULA CHILDREN'S THEATER; PURCHASE OR REPAIR BAND EQUIPMENT; CLEAN

MUSIC ROBES

NAME OF ORGANIZATION OR GOVERNMENT: ECOLOGY PROJECT INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT OR UNRESTRICTED

SUPPORT; ANNUAL SUPPORT GRANT; SUPPORT FOR GIRLS PARTICIPATION IN PLACE

BASED STEM

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF MONTANA AND WYOMING

(H) PURPOSE OF GRANT OR ASSISTANCE: 2017 ANNUAL DISTRIBUTION; PROMOTE

CAMPING AND OTHER OUTDOOR ACTIVITIES ; SUPPORT THE LEGO ROBOTICS AND STEM

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: GREAT FALLS CHAMBER FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: MATCHED FUNDS RAISED BY LEADERSHIP

GREAT FALLS FOR MY STUDENT IN NEED; SUPPORT OF LEADERSHIP GREAT FALLS

PUBLIC DISCLOSURE COPY

Part IV Supplemental Information

PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: MONTANA HUMAN RIGHTS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT OR UNRESTRICTED

SUPPORT; MONTANA GENDER ALLIANCE AND TRANSGENDER SUPPORT GROUP

NAME OF ORGANIZATION OR GOVERNMENT:

MONTANA STATE UNIVERSITY ALUMNI FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2017 ANNUAL DISTRIBUTION - MSU SKI

TEAM; 2017 ANNUAL DISTRIBUTION - MSU SCHOOL OF ENGINEERING; UNRESTRICTED

SUPPORT; 2017 ANNUAL DISTRIBUTION - SHAKESPEARE IN THE PARK; 2017 ANNUAL

DISTRIBUTION- GREAT FALLS COLLEGE MSU; UPPORT WORK ON THE BLACKFEET

RESERVATION THROUGH KRISTIN RUPPEL AND NATIVE STUDIES PROGRAM; HILLEMAN

SCHOLARS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

ROSEBUD COUNTY SENIOR CITIZENS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: 2017 ANNUAL DISTRIBUTION; FLOWER

BARRELS FOR COMMUNITY BEAUTIFICATION; FORSYTH YOUTH SOCCER GOALS; 4-H

SHOOTING SPORTS EQUIPMENT UPGRADE; DISASTER RELIEF - TOOLS

NAME OF ORGANIZATION OR GOVERNMENT: ST. PETER'S HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2017 ANNUAL DISTRIBUTION; 2017

ANNUAL DISTRIBUTION - CANCER TREATMENT; TO PURCHASE 3D MAMMOGRAPHY

MACHINE

NAME OF ORGANIZATION OR GOVERNMENT: THE NATURE CONSERVANCY OF MONTANA

(H) PURPOSE OF GRANT OR ASSISTANCE: ROCKY MOUNTAIN FRONT PRESERVATION;

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**Part IV** Supplemental Information

2017 ANNUAL DISTRIBUTION; OPERATING SUPPORT OR UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MONTANA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2017 ANNUAL DISTRIBUTION; GRIZZLY

LACROSSE TEAM; OPERATING SUPPORT OR UNRESTRICTED SUPPORT; MONTANA PUBLIC

RADIO KUFM UNRESTRICTED SUPPORT

PART III:

SCHOLARSHIP ADVISORY COMMITTEES, UNDER THE OVERSIGHT OF MCF, SELECT

SCHOLARSHIP RECIPIENTS EACH YEAR BASED ON THE APPLICATIONS RECEIVED.

SCHOLARSHIP FUNDS ARE TRANSFERRED DIRECTLY FROM THE FOUNDATION TO THE

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY RUTHERFORD CEO/PRESIDENT	(i)	150,307.	17,693.	1,556.	10,777.	4,559.	184,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**Part III Supplemental Information**

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

PART I, LINE 7:

WHEN A SPECIFIC GOAL WAS ACHIEVED THE BUDGET WAS EXAMINED BY GOVERNANCE TO

SEE HOW MUCH OF A BONUS COULD BE AFFORDED. THAT AMOUNT WAS DIVIDED ACROSS

THE TOTAL STAFF, AND WEIGHTED THE TOTAL BASED ON YEARS THE STAFF PERSON WAS

INVOLVED IN REACHING THE GOAL. FINAL ALLOCATIONS WERE MADE AND APPROVED

FOR ALL STAFF.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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	113	4,216,868.	DAILY AVERAGE OF PRICES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard 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 didn't 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) 2017

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

SCHEDULE M, PART I, COLUMN (B):

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

Multiple horizontal lines for data entry.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

PHILANTHROPY IN MONTANA AND PRUDENTLY MANAGING ENDOWMENTS WHICH EMPOWER  
COMMUNITIES AND MAKE MONTANA A GREAT PLACE TO LIVE.

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

APPROPRIATE INDIVIDUALS IN MANAGEMENT AND THE AUDIT AND COMPLIANCE  
COMMITTEE MEMBERS OF THE BOARD REVIEW THE RETURN BEFORE FILING WITH THE  
IRS.

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

AT EVERY BOARD MEETING PRIOR TO APPROVING GRANTS, THE BOARD IS ASKED TO  
DISCLOSE ANY CONFLICT. ANNUALLY, BOARD AND STAFF ARE REQUIRED TO SIGN  
DISCLOSURE STATEMENTS. ANNUALLY, THE BOARD RECEIVES TRAINING ON CONFLICT OF  
INTEREST.

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

THE COMPENSATION OF THE CEO/PRESIDENT IS THE RESPONSIBILITY OF THE  
EXECUTIVE COMMITTEE OF THE INDEPENDENT BOARD OF DIRECTORS. A MATRIX IS USED  
TO DETERMINE PERFORMANCE. COMPARABLE COMPENSATION DATA IS USED AND APPROVED  
BY THE EXECUTIVE COMMITTEE. COMPENSATION DECISIONS FOR KEY OFFICERS ARE THE  
RESPONSIBILITY OF THE CEO/PRESIDENT. OUTSIDE INFORMATION REGARDING SALARIES  
PAID BY SIMILAR ORGANIZATIONS IS EVALUATED.

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

THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S  
WEBSITE AND UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AS

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

Schedule O (Form 990 or 990-EZ) (2017)

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

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

ENDOWMENT AGENCY FUND ACTIVITY	-817,954.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME	
FUND	-128,638.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-172,080.
TRANSFER OF ASSETS UNDER MANAGEMENT	-1,811.
PASSTHROUGH LOSS FROM K-1	2,711.
TOTAL TO FORM 990, PART XI, LINE 9	-1,117,772.

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SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MCF REAL PROPERTY LLC - 47-3656226 1 N. LAST CHANCE GULCH, STE. 1 HELENA, MT 59601	ACCEPT AND LIQUIDATE GIFTED PROPERTY ON BEHALF OF MCF, INC.	MONTANA	0.	0.	MONTANA COMMUNITY FOUNDATION, INC.
33 S SOUTH LAST CHANCE GULCH, LLC - 35-2572088, 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601	LLC TO OWN PROPERTY	MONTANA	-29,518.	2,431,373.	MONTANA COMMUNITY FOUNDATION, INC.

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

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

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

Schedule R (Form 990) 2017



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

PUBLIC DISCLOSURE COPY

**Part VII Supplemental Information.**

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

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PUBLIC DISCLOSURE COPY

EXTENDED TO MAY 15, 2019

Form **990-T**

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

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MONTANA COMMUNITY FOUNDATION, INC.</b>	D Employer identification number (Employees' trust, see instructions.) <b>81-0450150</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 S LAST CHANCE GULCH, NO. 2A</b>	E Unrelated business activity codes (See instructions.) <b>531120 900099</b>
C Book value of all assets at end of year <b>100,536,044.</b>		City or town, state or province, country, and ZIP or foreign postal code <b>HELENA, MT 59601</b>	

F Group exemption number (See instructions.)

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **KACIE TOLLEFSON** Telephone number **406-443-8313**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-101.	-101.
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-2,656.	-2,656.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	149,852.	160,098.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	12	3,301.	3,301.
13	<b>Total.</b> Combine lines 3 through 12	13	150,396.	160,098.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	50.
20	Charitable contributions (See instructions for limitation rules) <b>STATEMENT 5</b>	20	0.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <b>SEE STATEMENT 4</b>	28	4,300.
29	<b>Total deductions.</b> Add lines 14 through 28	29	4,350.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-14,052.
31	Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 6</b>	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-14,052.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-14,052.

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<b>Part III Tax Computation</b>			
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____			
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____			
<b>c</b> Income tax on the amount on line 34			35c 0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			
			36
<b>37 Proxy tax.</b> See instructions			37
<b>38 Alternative minimum tax</b>			38
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions			39
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40 0.

<b>Part IV Tax and Payments</b>			
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		41a	
<b>b</b> Other credits (see instructions)		41b	
<b>c</b> General business credit. Attach Form 3800		41c	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)		41d	
<b>e Total credits.</b> Add lines 41a through 41d		41e	
<b>42</b> Subtract line 41e from line 40		42	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43	
<b>44 Total tax.</b> Add lines 42 and 43		44	0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017		45a	
<b>b</b> 2017 estimated tax payments		45b	
<b>c</b> Tax deposited with Form 8868		45c	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)		45d	
<b>e</b> Backup withholding (see instructions)		45e	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)		45f	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total		45g	
<b>46 Total payments.</b> Add lines 45a through 45g		46	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		50	

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)			
<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>		Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.			X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$			

**Sign Here**

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

<input type="checkbox"/> Signature of officer	Date	<input type="checkbox"/> PRESIDENT / CEO	Title
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May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	WENDY CAMPOS	WENDY CAMPOS	05/02/19		P00448102
	Firm's name <input type="checkbox"/> MOSS ADAMS LLP	805 SW BROADWAY, SUITE 1200		Firm's EIN <input type="checkbox"/>	91-0189318
	Firm's address <input type="checkbox"/> PORTLAND, OR 97205	Phone no. 503-242-1447			

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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) BUILDING	206,265.		STATEMENT 8 220,369.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 9	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 10	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,671,645.	2,301,061.	72.65%	149,852.	160,098.
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A). 149,852.	Enter here and on page 1, Part I, line 7, column (B). 160,098.
<b>Total dividends-received deductions</b> included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

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

**Nonexempt Controlled Organizations**

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

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	0.	0.				0.



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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

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

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

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MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

RENTAL OF NONRESIDENTIAL BUILDING AND INVESTMENT INCOME FROM PASSTHROUGH

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION BENEFITS	3,301.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	3,301.

FORM 990-T CONTRIBUTIONS STATEMENT 3

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2017 DONATIONS	N/A	3,979,897.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		3,979,897.

FORM 990-T OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	4,300.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	4,300.

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MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

3,272,036

TOTAL CARRYOVER

3,272,036

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

3,979,897

TOTAL CONTRIBUTIONS AVAILABLE

7,251,933

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

7,251,933

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

7,251,933

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

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MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	73,256.	0.	73,256.	73,256.
NOL CARRYOVER AVAILABLE THIS YEAR			73,256.	73,256.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 7

PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
KLINE HILL PARTNERS FUND LP	-1,570.	0.	-1,570.
ENR PARTNERS II LP	-1,086.	0.	-1,086.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-2,656.	0.	-2,656.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
LEGAL		2,450.	
OTHER		18,950.	
OFFICE EXPENSES		839.	
OCCUPANCY		42,965.	
INTEREST		71,570.	
INSURANCE		3,367.	
SMALL OFFICE EQUIPMENT DEPRECIATION		352.	
	- SUBTOTAL -	1	220,369.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			220,369.

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MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE AQUISITION INDEBTEDNESS		1,671,645.	
- SUBTOTAL -	1		1,671,645.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			1,671,645.

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MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 10

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		2,301,061.	
- SUBTOTAL -	1		2,301,061.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			2,301,061.

**SCHEDULE D**  
**(Form 1120)**  
Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**  
▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2017**

Name  <b>MONTANA COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>81-0450150</b>
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**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....		134.		-134.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....		SEE STATEMENT 11		<b>6</b> ( 28. )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b> -162.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b>

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

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV .....	<b>18</b>	0.

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

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**Part IV Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)	22		
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	24		
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)	27		
28 Add lines 22, 24, and 27	28		
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	29		
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	30		

Schedule D (Form 1120) 2017





Form **4797**

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

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

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2017**

Attachment  
Sequence No. **27**

MONTANA COMMUNITY FOUNDATION, INC.

Identifying number

81-0450150

**1** Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	PASSTHROUGH INCOME FROM KLINE						
	HILL PARTNERS FUND LP - SECTION 1231					101.	-101.

<b>3</b> Gain, if any, from Form 4684, line 39	<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft	<b>6</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	<b>7</b> -101.

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 12	<b>8</b>
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)

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


<b>11</b> Loss, if any, from line 7	<b>11</b> ( 101.)
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
<b>13</b> Gain, if any, from line 31	<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
<b>17</b> Combine lines 10 through 16	<b>17</b> -101.

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2017)

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

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

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

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

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

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

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MONTANA COMMUNITY FOUNDATION, INC.

81-0450150

SCHEDULE D		CAPITAL LOSS CARRYOVER		STATEMENT 11
LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
2012				
2013				
2014				
2015				
2016		28		28
CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR				28

FORM 4797	NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS	STATEMENT 12
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TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2012	0.	0.	0.
2013	0.	0.	0.
2014	0.	0.	0.
2015	0.	0.	0.
2016	4.	0.	4.
TOTAL TO FORM 4797, LINE 8	4.	0.	4.