

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA COMMUNITY FOUNDATION, INC.		D Employer identification number 81-0450150
	Doing business as N/A		E Telephone number 406-443-8313
	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		G Gross receipts \$ 99,339,189.	
F Name and address of principal officer: MARY RUTHERFORD SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.MTCF.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation: 1988		M State of legal domicile: MT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	238
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-78,045.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-88,396.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,476,008.	19,363,023.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,383,972.	1,648,654.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,508,340.	3,835,596.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	167,033.	-9,930.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,535,353.	24,837,343.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,743,556.	4,892,727.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,287,037.	1,199,354.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	410,176.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,268,977.	2,341,107.
19 Revenue less expenses. Subtract line 18 from line 12	7,299,570.	8,433,188.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,235,783.	16,404,155.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	108,215,489.	124,041,175.
		16,764,877.	17,361,663.
		91,450,612.	106,679,512.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARY RUTHERFORD, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL, CPA	Date 03/09/21	Check if self-employed <input type="checkbox"/>	PTIN P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318	Phone no. 509-747-2600		
	Firm's address 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CREATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 5,418,306. including grants of \$ 4,892,727.) (Revenue \$ 1,708,044.) THE FOUNDATION ACTIVELY SEEKS AND SECURES CHARITABLE GIFTS PRIMARILY FOR THE BENEFIT OF MONTANA. THE MAJORITY OF THE GIFTS ARE PERMANENTLY ENDOWED. MONTANA COMMUNITY FOUNDATION HELPS PEOPLE PRESERVE WHAT THEY CARE ABOUT THROUGH CURRENT, PLANNED AND LEGACY GIVING WITH THE GOAL OF IMPROVING THE QUALITY OF LIFE FOR MONTANANS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,418,306.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [MT]
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [KACIE TOLLEFSON - 406-443-8313 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601]

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY RUTHERFORD CEO/PRESIDENT	40.00			X				167,082.	0.	16,351.
(19) KACIE TOLLEFSON CONTROLLER	40.00			X				75,811.	0.	9,789.
1b Subtotal								242,893.	0.	26,140.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								242,893.	0.	26,140.

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

	Yes	No
3 Did the organization list any former officer, director, 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	205,993.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,363,023.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,619,679.					
	h Total. Add lines 1a-1f			19,363,023.				
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	525990	1,648,654.	1,648,654.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,648,654.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,586,937.			1,586,937.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	236,158.				
			(ii) Personal					
	b Less: rental expenses ...	6b		202,469.				
	c Rental income or (loss)	6c		33,689.				
	d Net rental income or (loss)			33,689.		24,964.	8,725.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	76,548,036.				
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b	74,298,128.	1,249.				
	c Gain or (loss)	7c	2,249,908.	-1,249.				
d Net gain or (loss)			2,248,659.			2,248,659.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	59,390.	59,390.			
	b PASSTHROUGH INCOME		900099	-103,009.		-103,009.		
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			-43,619.				
12 Total revenue. See instructions			24,837,343.	1,708,044.	-78,045.	3,844,321.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,408,942.	4,408,942.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	483,785.	483,785.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	302,037.	60,412.	157,233.	84,392.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	725,294.	179,159.	326,993.	219,142.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,680.	9,411.	16,682.	11,587.
9 Other employee benefits	57,922.	13,264.	18,167.	26,491.
10 Payroll taxes	76,421.	17,645.	35,758.	23,018.
11 Fees for services (nonemployees):				
a Management	1,295,146.		1,295,146.	
b Legal	2,717.		2,717.	
c Accounting	76,942.		76,942.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	299,940.		299,940.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	185,164.	169,954.	15,210.	
12 Advertising and promotion	12,410.	3,506.	8,404.	500.
13 Office expenses	21,652.	5,169.	14,641.	1,842.
14 Information technology	152,459.	9,660.	133,317.	9,482.
15 Royalties				
16 Occupancy	127,077.	30,626.	77,609.	18,842.
17 Travel	34,833.	4,393.	18,306.	12,134.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	44,181.	5,732.	37,840.	609.
20 Interest	199.		199.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,550.		13,550.	
23 Insurance	9,125.	911.	8,214.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND OTHER FEES	33,701.	4,277.	29,180.	244.
b PRINTING AND PUBLICATION	18,041.	8,307.	9,007.	727.
c MISCELLANEOUS	13,970.	3,153.	9,651.	1,166.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,433,188.	5,418,306.	2,604,706.	410,176.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,023,587.	2	1,853,318.
	3 Pledges and grants receivable, net	1,635.	3	885.
	4 Accounts receivable, net	13,801.	4	2,078.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,943.	9	36,851.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,414,346.		
	b Less: accumulated depreciation	10b 312,670.		
		2,196,351.	10c	2,101,676.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	103,314,710.	12	119,369,574.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	632,462.	15	676,793.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	108,215,489.	16	124,041,175.	
Liabilities	17 Accounts payable and accrued expenses	194,380.	17	118,116.
	18 Grants payable	1,092,693.	18	1,157,368.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,609,750.	23	1,776,440.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,868,054.	25	14,309,739.
	26 Total liabilities. Add lines 17 through 25	16,764,877.	26	17,361,663.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	298,395.	27	727,620.
	28 Net assets with donor restrictions	91,152,217.	28	105,951,892.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	91,450,612.	32	106,679,512.
33 Total liabilities and net assets/fund balances	108,215,489.	33	124,041,175.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,837,343.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,433,188.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,404,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,450,612.
5	Net unrealized gains (losses) on investments	5	-911,050.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-264,205.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	106,679,512.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,021,206.	6,940,820.	11,725,624.	8,476,008.	9,330,235.	40,493,893.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,021,206.	6,940,820.	11,725,624.	8,476,008.	9,330,235.	40,493,893.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,055,652.
6 Public support. Subtract line 5 from line 4.						31,438,241.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4,021,206.	6,940,820.	11,725,624.	8,476,008.	9,330,235.	40,493,893.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,665,450.	562,725.	1,233,683.	1,358,068.	1,630,099.	6,450,025.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,359.	34,479.	55,743.	109,477.	59,390.	265,448.
11 Total support. Add lines 7 through 10						47,209,366.
12 Gross receipts from related activities, etc. (see instructions)					12	6,484,969.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	66.59 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	64.93 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

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

OTHER INCOME

2015 AMOUNT: \$ 6,359.

2016 AMOUNT: \$ 34,479.

2017 AMOUNT: \$ 55,743.

2018 AMOUNT: \$ 109,477.

2019 AMOUNT: \$ 59,390.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: FUNDING FOR COMMUNITY TRANSITION PLANNING EFFORTS.

DATE: 12/31/19 AMOUNT: 10032788.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,032,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 885,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 665,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 562,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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.

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	0.	0.												
d	Other exempt purpose expenditures	8,433,188.	0.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	8,433,188.	0.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	571,659.	0.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	142,915.	0.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	497,490.	540,060.	514,979.	571,659.	2,124,188.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,186,282.
c Total lobbying expenditures			15,450.	0.	15,450.
d Grassroots nontaxable amount	124,373.	135,015.	128,745.	142,915.	531,048.
e Grassroots ceiling amount (150% of line 2d, column (e))					796,572.
f Grassroots lobbying expenditures			0.	0.	

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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 (2a-2d), and yes/no 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 the reporting of art and historical treasures, including checkboxes and dollar amount fields.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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	88,156,226.	81,207,996.	70,899,423.	64,391,175.	64,483,181.
b Contributions	6,580,545.	7,130,825.	9,057,295.	4,669,686.	2,309,439.
c Net investment earnings, gains, and losses	2,277,347.	4,158,129.	5,022,745.	4,737,066.	1,340,537.
d Grants or scholarships	2,876,875.	2,910,957.	2,532,864.	1,704,079.	2,537,757.
e Other expenditures for facilities and programs					
f Administrative expenses	1,614,790.	1,429,767.	1,238,603.	1,194,425.	1,204,225.
g End of year balance	92,522,453.	88,156,226.	81,207,996.	70,899,423.	64,391,175.

- 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 Term 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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.	266,252.	2,101,371.
c Leasehold improvements				
d Equipment		46,723.	46,418.	305.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,101,676.

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	119,369,574.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	119,369,574.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER UNITRUSTS	82,290.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	10,971,279.
(4) CHARITABLE AND DEFERRED GIFT ANNUITIES	3,256,170.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,309,739.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	21,818,982.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-911,050.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	305,478.
e	Add lines 2a through 2d	2e	-605,572.
3	Subtract line 2e from line 1	3	22,424,554.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	263,934.
b	Other (Describe in Part XIII.)	4b	2,148,855.
c	Add lines 4a and 4b	4c	2,412,789.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,837,343.

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

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

1	Total expenses and losses per audited financial statements	1	6,590,082.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	202,469.
e	Add lines 2a through 2d	2e	202,469.
3	Subtract line 2e from line 1	3	6,387,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	263,934.
b	Other (Describe in Part XIII.)	4b	1,781,641.
c	Add lines 4a and 4b	4c	2,045,575.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,433,188.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS OF THE MONTANA COMMUNITY FOUNDATION SUPPORT CHARITABLE

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

GREAT PLACE TO LIVE.

PART X, LINE 2:

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

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

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

FOUNDATION COMPLIES WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

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

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

Part XIII Supplemental Information (continued)

MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO

PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION,

INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2020 AND

2019, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	202,469.
PASSTHROUGH INCOME	103,009.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	305,478.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT FUND ACTIVITY	795,237.
COMMUNITY IMPACT FEE	1,162,489.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	274,700.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND	-83,571.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,148,855.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	202,469.
-----------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEES	1,295,146.
AGENCY ENDOWMENT FUND ACTIVITY	486,495.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,781,641.

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

Part V Supplemental Information

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

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS

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

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

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**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
ABSAROEKE COMMUNITY FOUNDATION PO BOX 72 ABSAROEKE, MT 59001	73-1658638	501(C)3	19,340.	0.			2019 ANNUAL DISTRIBUTION
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 59103	81-0406157	501(C)3	41,125.	0.			2019 ANNUAL DISTRIBUTION
ALLIANCE FOR THE WILD ROCKIES PO BOX 505 HELENA, MT 59624	81-0455740	501(C)3	8,597.	0.			2019 ANNUAL DISTRIBUTION
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 31010 11TH AVE N - BILLINGS, MT 59101	13-3039601	501(C)3	6,797.	0.			EXPANDING VOLUNTEER-POWERED PROGRAM DELIVERY-ALZHEIMER'; SUPPORT MONTANA CHAPTER;
AMERICAN INDIAN INSTITUTE 502 WEST MENDENHALL ST BOZEMAN, MT 59715	81-0339551	501(C)3	49,805.	0.			2019 ANNUAL DISTRIBUTION
AMERICAN JOBS FOR AMERICAS YOUTH - MONTANA - PO BOX 923 - HELENA, MT 59624	84-2066548	501(C)3	5,000.	0.			SUMMER JOBS PROGRAM; TUITION SUPPORT FOR LEADING FOR SOCIAL IMPACT PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 184.**
- 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) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTLES LUTHERAN CHURCH 3140 BROADWATER AVE BILLINGS, MT 59102	81-6035157	501(C)3	45,533.	0.			2019 ANNUAL DISTRIBUTION; SCHOLARSHIP ACCOUNT; PAY PRINCIPAL ON THE BUILDING LOAN; PRINCIPAL PAYMENT
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVENUE HELENA, MT 59602-9240	81-0284022	501(C)3	8,919.	0.			2019 ANNUAL DISTRIBUTION; GENERAL SUPPORT
AWARE INC 205 E PARK AVE GREAT FALLS, MT 59405	81-0360391	501(C)3	9,000.	0.			AWARE EARLY HEAD START PROGRAM IN BILLINGS
BEACON COMMUNITY FOUNDATION INC PO BOX 726 SCOBEY, MT 59263	81-0498333	501(C)3	11,208.	0.			2019 ANNUAL DISTRIBUTION
BENEFIS HEALTH SYSTEM FOUNDATION INC - PO BOX 7008 - GREAT FALLS, MT 59406-7008	81-0480587	501(C)3	10,531.	0.			2019 ANNUAL DISTRIBUTION; WOMEN AND CHILDREN'S CENTER
BIG BROTHERS SISTERS OF FLATHEAD COUNTY - 137 S MAIN ST - KALISPELL, MT 59901	81-0374742	501(C)3	50,000.	0.			OPERATING SUPPORT, OUTREACH TO MISSOULA PROGRAMS
BIG SKY YOUTH EMPOWERMENT PROJECT, INC. - PO BOX 6757 - BOZEMAN, MT 59771-6757	81-0543203	501(C)3	10,500.	0.			OPERATING SUPPORT; FINANCIAL EDUCATION
BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION LTD - PO BOX 1230 - BIGFORK, MT 59911	81-0424706	501(C)3	26,489.	0.			2019 ANNUAL DISTRIBUTION
BIGGER SKY KIDS, INC. PO BOX 750 WOLF POINT, MT 59201	82-2944941	501(C)3	9,955.	0.			FUND DIRECTOR'S SALARY FOR 2ND YEAR OF SCHOOL; LOCKING/CHARGING LAPTOP CABINET & MICROSOFT PENS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILLINGS CATHOLIC SCHOOLS FOUNDATION; OPERATING SUPPORT - PO BOX 31158 - BILLINGS, MT 59107	38-3819006	501(C)3	81,500.	0.			HIGH SCHOOL ELEVATOR FUND & CLASSROOM NEEDS
BILLINGS CLINIC FOUNDATION PO BOX 31031 BILLINGS, MT 59107-1031	81-0407289	501(C)3	5,500.	0.			GREATEST NEED; COVA 19 INNOVATION PROJECT MASK FUND
BILLINGS COMMUNITY FOUNDATION PO BOX 1255 BILLINGS, MT 59103	20-4286919	501(C)3	34,689.	0.			2019 ANNUAL DISTRIBUTION; BILLINGS COMMUNITY FOUNDATION OPERATING SUPPORT; REMAINING
BILLINGS DISTRICT COUNCIL -SOCIETY OF ST. VINCENT DE PAUL - 3005 1ST AVE S - BILLINGS, MT 59101	91-0879988	501(C)3	15,000.	0.			OPERATING SUPPORT
BILLINGS FOOD BANK INC. PO BOX 1158 BILLINGS, MT 59103	36-3519470	501(C)3	30,876.	0.			OPERATING SUPPORT; 2019 ANNUAL DISTRIBUTION; GENERAL OPERATING; GENERAL SUPPORT
BILLINGS STUDIO THEATRE INC 1500 RIMROCK ROAD BILLINGS, MT 59102	81-0293924	501(C)3	5,185.	0.			2019 ANNUAL DISTRIBUTION; GREATEST NEED
BILLINGS SYMPHONY SOCIETY; OPERATING SUPPORT - 2721 N. BROADWAY STE. 350 - BILLINGS, MT 59101	23-7083873	501(C)3	10,292.	0.			2019 ANNUAL DISTRIBUTION
BLACKFEET RESERVATION DEVELOPMENT FUND INC - PO BOX 3029 - BROWNING, MT 59417-3029	36-3784925	501(C)3	24,803.	0.			2019 ANNUAL DISTRIBUTION
BLACKFEET TRIBE P.O. BOX 850 BROWNING, MT 59417	81-0212955	501(C)3	6,436.	0.			2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA MONTANA COUNCIL 315 GREAT FALLS, MT 59405-5939	81-0343177	501(C)3	9,939.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT FOR MONTANA COUNCIL 315; ANNUAL FUNDRAISER
BOYS AND GIRLS CLUB OF CASCADE COUNTY - PO BOX 652 - GREAT FALLS, MT 59403	81-0475269	501(C)3	29,809.	0.			2019 ANNUAL DISTRIBUTION
BOYS AND GIRLS CLUB OF THE NORTHERN CHEYENNE NATION - PO BOX 309 - LAME DEER, MT 59043	36-3945776	501(C)3	36,742.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT; FUND EXECUTIVE ASSISTANCE POSITIONS
BOZEMAN PUBLIC LIBRARY FOUNDATION INC. - 626 E MAIN ST - BOZEMAN, MT 59715-3768	81-0405940	501(C)3	15,288.	0.			2019 ANNUAL DISTRIBUTION
BROADWATER COUNTY 515 BROADWAY TOWNSEND, MT 59644	81-0197880	501(C)3	5,600.	0.			BROADWATER COUNTY MUSEUM-DIGITIZING TOWNSEND NEWSPAPE
BROADWATER PRODUCTIONS, INC. (GRANDSTREET THEATRE) - PO BOX 1258 - HELENA, MT 59624	81-0357843	501(C)3	9,322.	0.			2019 ANNUAL DISTRIBUTION
BUTTE EMERGENCY FOOD BANK 1019 E 2ND ST BUTTE, MT 59701-2984	81-0469563	501(C)3	13,163.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT; MEALS; GENERAL SUPPORT
BUTTE RESCUE MISSION 1204 E 2ND ST BUTTE, MT 59702	81-0410116	501(C)3	7,500.	0.			PURCHASING A NEW REFRIGERATOR/FREEZER; SUPPORT OF THE HOMELESS AND NEEDY
BUTTE-SILVER BOW COMMUNITY FOUNDATION - 3505 QUINCY STREET - BUTTE, MT 59701-4458	27-3492133	501(C)3	6,198.	0.			2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL STREET, 9TH FLOOR NEW YORK, NY 10005	13-5602319	501(C)3	8,000.	0.			OPERATING SUPPORT
CENTER FOR MENTAL HEALTH PO BOX 3089 GREAT FALLS, MT 59403	81-0347441	501(C)3	5,131.	0.			2019 ANNUAL DISTRIBUTION
CENTER FOR RESTORATIVE YOUTH JUSTICE - 29 3RD STREET EAST - KALISPELL, MT 59901	84-1428210	501(C)3	5,000.	0.			GENERAL SUPPORT
CHILDRENS ONCOLOGY CAMP FOUNDATION PO BOX 1450 MISSOULA, MT 59806-1450	81-0472959	501(C)3	10,000.	0.			GENERAL OPERATING
CITIZENS FOR A BETTER FLATHEAD PO BOX 2198 KALISPELL, MT 59903	81-0482317	501(C)3	10,000.	0.			ORGANIZATIONAL SUSTAINABILITY
COMMUNITY FOUNDATION FOR A BETTER BIGFORK - PO BOX 486 - BIGFORK, MT 59911	23-7067099	501(C)3	20,104.	0.			2019 ANNUAL DISTRIBUTION; LANDSCAPE ARCHITECTURAL DRAW-LAKE ACCESS AREA
CUSTER COUNTY FOOD BANK, INC. 210 S WINCHESTER AVE MILES CITY, MT 59301	81-0541769	501(C)3	7,000.	0.			SUPPORT FOR THE FOOD BANK; OPERATING SUPPORT
DARBY BREAD BOX PO BOX 207 DARBY, MT 59829	32-0278089	501(C)3	5,000.	0.			OPERATING SUPPORT; EMERGENCY RESPONSE USED AT DBB'S DISCRETION
DAWSON RESOURCE COUNCIL 300 COOKE STREET GLEN DIVE, MT 59330	81-0427228	501(C)3	10,150.	0.			GROW RECYCLING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC AND SEXUAL VIOLENCE SERVICES OF CARBON COUNTY - PO BOX 314 - RED LODGE, MT 59068-0314	20-2358889	501(C)3	17,500.	0.			POWER UP, SPEAK OUT HEALTHY RELATIONSHIP PRGM
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 N 30TH STREET - BILLINGS, MT 59101	81-0452904	501(C)3	11,669.	0.			2019 ANNUAL DISTRIBUTION; BACKPACK PROGRAM
FAMILY SERVICE INC. PO BOX 1020 BILLINGS, MT 59103-1020	81-0232120	501(C)3	16,478.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT; GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 2800 4TH AVE N BILLINGS, MT 59101	81-0232801	501(C)3	5,200.	0.			OPERATING SUPPORT
FIRST UNITED METHODIST CHURCH OF GREAT FALLS - 610 2ND AVE N - GREAT FALLS, MT 59401-2524	81-0235852	501(C)3	10,000.	0.			OPERATIONS & GENERAL FUND
FIVE VALLEYS LAND TRUST 120 HICKORY ST, STE B MISSOULA, MT 59801	23-7182055	501(C)3	10,781.	0.			2019 ANNUAL DISTRIBUTION
FLATHEAD COUNTY LIBRARY FOUNDATION INC - 44 2ND AVE W STE 104 - KALISPELL, MT 59901	81-0460195	501(C)3	100,000.	0.			CAPITAL CAMPAIGN-NEW BIGFORK LIBRARY-IMAGINEIF-CHALLENG
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION INC - 777 GRANDVIEW DRIVE - KALISPELL, MT 59901-2622	81-0365752	501(C)3	9,429.	0.			2019 ANNUAL DISTRIBUTION; SPECIAL: GRANT AFTER 2019 ANNUAL DISTRIBUTION
FORT PECK FINE ARTS COUNCIL PO BOX 973 GLASGOW, MT 59230-0973	81-0306649	501(C)3	10,371.	0.			2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR ANIMALS PO BOX 389 HELENA, MT 59624-0389	55-0911292	501(C)3	6,918.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
FRIENDS OF BIG SKY EDUCATION PO BOX 160633 BIG SKY, MT 59716	33-1106018	501(C)3	5,300.	0.			\$5,000 TO WMPAC, \$300 TO FOSBE SCHOLARSHIP FUND
FRIENDS OF THE PIONEER MUSEUM INC PO BOX 975 GLASGOW, MT 59230	81-0479627	501(C)3	17,960.	0.			2019 ANNUAL DISTRIBUTION
FRIENDSHIP HOUSE OF CHRISTIAN SERVICE INC - 3123 8TH AVE SOUTH - BILLINGS, MT 59101	81-0300497	501(C)3	5,368.	0.			2019 ANNUAL DISTRIBUTION
GALLATIN COUNTY TREASURER 311 W MAIN ST, RM 103 BOZEMAN, MT 59715-9707	81-6001363	501(C)3	14,992.	0.			2019 ANNUAL DISTRIBUTION
GLACIER SYMPHONY ORCHESTRA AND CHORALE INC - PO BOX 2491 - KALISPELL, MT 59903-2491	81-0413320	501(C)3	9,417.	0.			2019 ANNUAL DISTRIBUTION
GLASGOW EVANGELICAL CHURCH 152 ABERDEEN ST GLASGOW, MT 59230	81-0359599	501(C)3	8,167.	0.			2019 ANNUAL DISTRIBUTION
GLASGOW SCOTTIES BOOSTER PO BOX 735 GLASGOW, MT 59230	20-3402373	501(C)3	10,656.	0.			2019 ANNUAL DISTRIBUTION
GOD'S LOVE INC 533 N LAST CHANCE GULCH HELENA, MT 59601	81-0400234	501(C)3	8,807.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT FALLS COMMUNITY FOOD BANK INC. - 1620 12TH AVE N - GREAT FALLS, MT 59401	36-3540471	501(C)3	6,000.	0.			OPERATING SUPPORT; PROGRAM SUPPORT; GENERAL SUPPORT
GREAT FALLS PUBLIC SCHOOLS FOUNDATION - PO BOX 2429 - GREAT FALLS, MT 59403	27-2577990	501(C)3	6,000.	0.			GFHS BOYS SOCCER-2,000, GOLF- 2,000, TRACK-2,000
GREAT FALLS RESCUE MISSION PO BOX 129 GREAT FALLS, MT 59403-0129	81-6014374	501(C)3	7,199.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
GREAT FALLS SYMPHONY ASSOCIATION INC - PO BOX 1078 - GREAT FALLS, MT 59403	81-6014907	501(C)3	54,702.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
GREATER GALLATIN UNITED WAY INC 945 TECHNOLOGY BLVD STE 101F BOZEMAN, MT 59718-6859	81-0384820	501(C)3	29,073.	0.			2019 ANNUAL DISTRIBUTION; WHERE MOST NEEDED; GENERAL OPERATING SUPPORT; LITTLE RANGERS
GREATER POLSON COMMUNITY FOUNDATION - PO BOX 314 - POLSON, MT 59860	26-2883184	501(C)3	53,815.	0.			2019 ANNUAL DISTRIBUTION; SPECIAL: GRANT AFTER 2019 ANNUAL DISTRIBUTION
HELENA AREA COMMUNITY FOUNDATION PO BOX 92 HELENA, MT 59624	81-0536902	501(C)3	51,574.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT-OFFICE RENT; GENERAL OPERATING SUPPORT; HELENA AREA
HELENA EDUCATION FOUNDATION PO BOX 792 HELENA, MT 59624	81-0544494	501(C)3	20,452.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
HELENA FOOD SHARE INC PO BOX 943 HELENA, MT 59624	36-3507623	501(C)3	15,611.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELENA SYMPHONY SOCIETY PO BOX 1073 HELENA, MT 59624	81-0352076	501(C)3	10,374.	0.			2019 ANNUAL DISTRIBUTION
HELENA YOUTH SOCCER ASSOCIATION INC - PO BOX 6972 - HELENA, MT 59604	81-0472455	501(C)3	5,310.	0.			2019 ANNUAL DISTRIBUTION
HI-LINE HEALTH SERVICE FOUNDATION, INC. - PO BOX 705 - CHESTER, MT 59522	81-0453568	501(C)3	10,000.	0.			SUPPLIES, EQUIPMENT TO SERVE RESIDENTS OF LIBERTY COUNT
HINSDALE COOPERATIVE COMMUNITY SCHOLARSHIP FUND - C/O FIRST COMMUNITY BANK - HINSDALE, MT 59241-0127	81-6001060	501(C)3	5,294.	0.			2019 ANNUAL DISTRIBUTION
HOCKADAY MUSEUM OF ART 302 2ND AVE EAST KALISPELL, MT 59901	81-0303038	501(C)3	5,017.	0.			2019 ANNUAL DISTRIBUTION
HOLTER MUSEUM OF ART 12 EAST LAWRENCE STREET HELENA, MT 59601-4019	81-0472958	501(C)3	33,911.	0.			2019 ANNUAL DISTRIBUTION
HOPA MOUNTAIN FOUNDATION PO BOX 10892 BOZEMAN, MT 59719	84-1635749	501(C)3	6,242.	0.			2019 ANNUAL DISTRIBUTION; INDIGENOUS SCHOLARS OF PROMISE PROGRAM
HUMANE SOCIETY OF WESTERN MONTANA PO BOX 1059 MISSOULA, MT 59806	81-0290933	501(C)3	11,597.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
INDIAN LAW RESOURCE CENTER 602 N EWING ST HELENA, MT 59601	52-1121079	501(C)3	8,923.	0.			2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES - 500 S LAMBORN ST - HELENA, MT 59601	81-0231775	501(C)3	18,710.	0.			2019 ANNUAL DISTRIBUTION; WHERE NEEDED MOST; OPERATING SUPPORT
INTERMOUNTAIN PLANNED PARENTHOOD, INC. - 1116 GRAND AVE STE 201 - BILLINGS, MT 59102	81-0307201	501(C)3	18,137.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT; PLANNED PARENTHOOD OF MISSOULA-OPERATING
INTERNATIONAL CHORAL FESTIVAL INC PO BOX 8203 MISSOULA, MT 59807	81-0459276	501(C)3	8,171.	0.			2019 ANNUAL DISTRIBUTION
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - USA - 800 E 73RD AVE UNIT 2 - DENVER, CO 80229	37-1145157	501(C)3	7,657.	0.			2019 ANNUAL DISTRIBUTION
JEFFERSON VALLEY COMMUNITY FOUNDATION - PO BOX 144 - WHITEHALL, MT 59759	46-3196448	501(C)3	10,738.	0.			2019 ANNUAL DISTRIBUTION
LARRY AND CINDY BLOCH ALUMNI AND ADVANCEMENT CENTER - 300 EAST RIVER ROAD - ROCHESTER, NY 14627-1837	16-0743209	501(C)3	10,500.	0.			SCHAFFER FAMILY SCHOLARSHIP
LEWIS & CLARK FOUNDATION PO BOX 398 GREAT FALLS, MT 59403	81-0471734	501(C)3	8,303.	0.			2019 ANNUAL DISTRIBUTION; LEWIS AND CLARK FESTIVAL
LIBERTY COUNTY MUSEUM ASSOCIATION PO BOX 476 CHESTER, MT 59522	81-0344759	501(C)3	5,000.	0.			UPGRADE DIGITAL DATABASE & INVENTORY RECONCILIATION
LIBERTY VILLAGE ARTS CENTER AND GALLERY - PO BOX 269 - CHESTER, MT 59522	81-0364834	501(C)3	7,500.	0.			\$5,000 EXHIBITS, SHOWINGS, ARTISTS/\$2,500 PIANO

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCCONE COUNTY HEALTH CENTER INC. PO BOX 48 CIRCLE, MT 59215	81-0269223	501(C)3	5,000.	0.			MCCONE COUNTY HEALTH CENTER SCHOLARSHIP GRANTS PROGRA
MDECINS SANS FRONTIRES USA INC 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)3	5,000.	0.			OPERATING SUPPORT-DOCTORS WITHOUT BORDERS; OPERATING SUPPORT
MINERAL COUNTY COMMUNITY FOUNDATION - PO BOX 93 - SUPERIOR, MT 59872	81-0501990	501(C)3	6,917.	0.			2019 ANNUAL DISTRIBUTION
MIRACLE OF AMERICA STORY INC 36094 MEMORY LANE POLSON, MT 59860	81-0437386	501(C)3	8,138.	0.			2019 ANNUAL DISTRIBUTION; WEBSITE CONSTRUCTION
MISSOULA ART MUSEUM 335 NORTH PATTEE ST MISSOULA, MT 59802	81-0496898	501(C)3	9,916.	0.			2019 ANNUAL DISTRIBUTION; THESE FUNDS WILL SUPPORT A PUBLICATION(\$4,000) AND TRAV; OPERATING SUPPORT
MISSOULA CIVIC SYMPHONY ASSOCIATION - PO BOX 8301 - MISSOULA, MT 59807	81-0290730	501(C)3	15,160.	0.			2019 ANNUAL DISTRIBUTION; 2019 SYMPHONY IN THE PARK EVENT 8/12/2019; OPERATING SUPPORT
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59806	81-0539830	501(C)3	30,735.	0.			2019 ANNUAL DISTRIBUTION; MISSOULA GIVES 2020
MISSOULA FOOD BANK & COMMUNITY CENTER INC. - 1720 WYOMING ST - MISSOULA, MT 59801	81-0414143	501(C)3	16,403.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT; KIDS EMPOWER PACK; PROGRAM SUPPORT
MONTANA AMATEUR SPORTS INC. PO BOX 7136 BILLINGS, MT 59103	81-0431595	501(C)3	5,000.	0.			SUPPORT FOR HEART AND SOLE RUN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA ARTS COUNCIL PO BOX 202201 HELENA, MT 59620-2201	81-6017343	501(C)3	5,000.	0.			ARTISTS IN SCHOOLS AND COMMUNITIES GRANTS
MONTANA AUDUBON PO BOX 595 HELENA, MT 59624	81-0412530	501(C)3	16,972.	0.			2019 ANNUAL DISTRIBUTION; NEARBY NATURE AND OUTDOOR CLASSROOMS; GENERAL OPERATING SUPPORT
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH STE 220 HELENA, MT 59601	80-0624179	501(C)3	5,000.	0.			POLICY CHANGE WORK TO SUPPORT WOMEN/GIRLS
MONTANA CONSERVATION CORPS, INC 206 N GRAND AVE BOZEMAN, MT 59715	81-0467431	501(C)3	5,500.	0.			OPERATING SUPPORT
MONTANA CONSERVATION CORPS, INC 206 N GRAND AVE BOZEMAN, MT 59715	81-0467431	501(C)3	5,000.	0.			OPERATING SUPPORT
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE- MT NO KID HUNGRY - HELENA, MT 59620	81-0302402	501(C)3	12,392.	0.			FUND THE MONTANA NO KID HUNGRY PROGRAM
MONTANA LAND RELIANCE PO BOX 355 HELENA, MT 59624	81-0369262	501(C)3	5,691.	0.			2019 ANNUAL DISTRIBUTION; GENERAL OPERATING SUPPORT FOR BIG SKY OFFICE
MONTANA LEARNING CENTER AT CANYON FERRY LAKE, INC. - 7653 CANYON FERRY ROAD - HELENA, MT 59602	16-1694479	501(C)3	40,000.	0.			2019 ANNUAL DISTRIBUTION; ANNUAL SUPPORT
MONTANA NONPROFIT ASSOCIATION PO BOX 1744 HELENA, MT 59624	73-1654969	501(C)3	45,828.	0.			CENSUS 2020

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA PROFESSIONAL TEACHING FOUNDATION - 1232 EAST 6TH AVENUE - HELENA, MT 59601	81-0511792	501(C)3	13,601.	0.			2019 ANNUAL DISTRIBUTION
MONTANA RESCUE MISSION PO BOX 3232 BILLINGS, MT 59103	81-6013963	501(C)3	15,042.	0.			WOMEN'S SHELTER FIRE ESCAPE PROJECT; SPECIAL: GRANT AFTER 2019 ANNUAL DISTRIBUTION; OPERATING
MONTANA STATE UNIVERSITY BILLINGS FOUNDATION - 1500 UNIVERSITY DRIVE - BILLINGS, MT 59101	81-0301477	501(C)3	19,512.	0.			2019 ANNUAL DISTRIBUTION; ON-CAMPUS SWEAT LODGE
MONTANA STATE UNIVERSITY FOUNDATION - PO BOX 172750 - BOZEMAN, MT 59717-2750	81-6001649	501(C)3	17,038.	0.			2019 ANNUAL DISTRIBUTION; SHAKESPEARE IN THE PARKS-HAVRE-SUMMER 2020; UNRESTRICTED; QUARTERBACK
MONTANA WILDERNESS ASSOCIATION INC. - 80 S WARREN ST - HELENA, MT 59601	51-0198932	501(C)3	7,000.	0.			2019 ANNUAL DISTRIBUTION
MONTANA WOMEN VOTE 725 W ALDER ST STE #21 MISSOULA, MT 59802	81-0362732	501(C)3	9,430.	0.			FOR WPLI 2020; POILCY-CHANGE WORK TO SUPPORT WOMEN/GIRLS
MUSEUM OF THE ROCKIES 600 WEST KAGY BOULEVARD BOZEMAN, MT 59717	81-6016828	501(C)3	12,899.	0.			2019 ANNUAL DISTRIBUTION
MUSSELSHELL VALLEY COMMUNITY FOUNDATION - PO BOX 713 - ROUNDUP, MT 59072	81-0512493	501(C)3	5,000.	0.			2019 ANNUAL DISTRIBUTION
NAMI-BILLINGS 3333 2ND AVE N STE 150 BILLINGS, MT 59101	81-0507324	501(C)3	10,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CHRISTIAN UNIVERSITY OFFICE OF ADVANCEMENT EUGENE, OR 97401	93-0433696	501(C)3	6,982.	0.			UNFUNDED STUDENT AID-ANNUAL SUPPORT
NOVA CENTER FOR THE PERFORMING ARTS INC. - PO BOX 11 - BILLINGS, MT 59103-0011	81-0514788	501(C)3	7,633.	0.			2019 ANNUAL DISTRIBUTION; GREATEST NEED
NYE COMMUNITY FOUNDATION PO BOX 528 NYE, MT 59061	81-0531083	501(C)3	5,000.	0.			2019 ANNUAL DISTRIBUTION
OPPORTUNITIES INC 905 1ST AVE N GREAT FALLS, MT 59401	81-0295813	501(C)3	12,954.	0.			OPERATING SUPPORT 2019 ANNUAL DISTRIBUTION;
OVANDO SCHOOL DISTRICT PO BOX 176 OVANDO, MT 59854	81-6000809	501(C)3	9,000.	0.			VIDEO-CONFERENCE MUSICAL INSTRUMENT CLASS FOR RURAL S
PARK HILL CONGREGATIONAL UNITED CHURCH OF CHRIST - 2600 LEYDEN ST - DENVER, CO 80207	84-0458060	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT; OPERATING BUDGET; PURCHASE OF NEW CHURCH DOOR; REMOTE
PEACE LUTHERAN CHURCH 203 JACKRABBIT LN BELGRADE, MT 59714	81-0447163	501(C)3	5,356.	0.			GENERAL OPERATING SUPPORT; OPERATING SUPPORT & FOR THOSE IN NEED
PHILIPSBURG AREA EDUCATIONAL FOUNDATION - PO BOX 900 - PHILIPSBURG, MT 59858	81-0529195	501(C)3	5,279.	0.			2019 ANNUAL DISTRIBUTION
PLYMOUTH CONGREGATIONAL CHURCH 400 SOUTH OAKES HELENA, MT 59601	81-0298891	501(C)3	9,000.	0.			2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POVERELLO CENTER INC. PO BOX 7644 MISSOULA, MT 59807	23-7439391	501(C)3	11,257.	0.			GENERAL OPERATING SUPPORT
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624	81-0506868	501(C)3	5,581.	0.			2019 ANNUAL DISTRIBUTION; ANNUAL SUPPORT
PUNK WARD COMMITTEE FBO MONTANA CLUB - PO BOX 726 - HELENA, MT 59624	81-0169370	501(C)3	5,606.	0.			REFURBISHING DINING/OVAL ROOM, BANQUET HALL
RANGE RIDERS INC 435 L P ANDERSON RD MILES CITY, MT 59301	81-0255838	501(C)3	5,000.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
RED ANTS PANTS FOUNDATION PO BOX 637 WHITE SULPHUR SPRINGS, MT 59645	45-1237337	501(C)3	15,832.	0.			LEADERSHIP PROGRAMMING FOR RURAL GIRLS.; GIRLS LEADERSHIP PROGRAM
RED LODGE AREA COMMUNITY FOUNDATION - P.O. BOX 1871 - RED LODGE, MT 59068	20-0192255	501(C)3	6,678.	0.			2019 ANNUAL DISTRIBUTION
RIVERSTONE HEALTH FOUNDATION 123 S 27TH ST BILLINGS, MT 59101	35-2332179	501(C)3	9,202.	0.			2019 ANNUAL DISTRIBUTION
ROBERTS COMMUNITY FOUNDATION PO BOX 284 ROBERTS, MT 59070	84-1425182	501(C)3	12,500.	0.			2019 ANNUAL DISTRIBUTION
ROCKY MOUNTAIN BIBLE MISSION 1515 FAIRVIEW AVE STE 200 MISSOULA, MT 59801	81-0303852	501(C)3	6,081.	0.			CAMP UTMOST POOL, CABIN DOORS, ETC; OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN COLLEGE 1511 POLY DRIVE BILLINGS, MT 59102	81-0235407	501(C)3	5,569.	0.			2019 ANNUAL DISTRIBUTION
RONALD MCDONALD HOUSE CHARITIES OF EASTERN MONTANA INC - 1144 N. 30TH STREET - BILLINGS, MT 59101-0124	81-0400667	501(C)3	5,500.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
ROSEBUD COUNTY PO BOX 47 FORSYTH, MT 59327	81-6001424	501(C)3	10,370.	0.			ROSEBUD COMMUNITY CENTER; ROSEBUD COUNTY COUNCIL ON AGING
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION - PO BOX 40 - ROUNDUP, MT 59072	81-0245848	501(C)3	15,546.	0.			2019 ANNUAL DISTRIBUTION
SAE INTERNATIONAL FOUNDATION 400 COMMONWEALTH DR WARRENDALE, PA 15096	25-1494402	501(C)3	50,000.	0.			AWIM ROCKY MOUNTAIN INITIATIVE
SALVATION ARMY (MILES CITY OFFICE) C/O PO BOX 1202 MILES CITY, MT 59301	94-1156347	501(C)3	6,500.	0.			COATS FOR KIDS-MILES CITY-COAT PROGRAM & TOY
SCHOOL ADMINISTRATORS OF MONTANA 900 N MONTANA STE A-4 HELENA, MT 59601	81-0371541	501(C)3	5,549.	0.			2019 ANNUAL DISTRIBUTION
SCHOOL COMMUNITY DEVELOPMENT COUNCIL - PO BOX 629 - BROADUS, MT 59317	81-0514945	501(C)3	47,345.	0.			2019 ANNUAL DISTRIBUTION
SEELEY LAKE COMMUNITY FOUNDATION PO BOX 25 SEELEY LAKE, MT 59868	31-1711576	501(C)3	26,283.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT; FOR DIASTER TOOLKIT GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY MONTANA PO BOX 938 BUTTE, MT 59703	80-0165195	501(C)3	5,670.	0.			FOR SPAY/NEUTER /WELLNESS CLINIC ON CROW RESERVATION
SPECIAL OLYMPICS MONTANA INC. 710 FIRST AVENUE NORTH GREAT FALLS, MT 59401	81-0367064	501(C)3	11,000.	0.			WHERE NEEDED MOST; MOST NEEDED PER CEO'S RECOMMENDATION; GENERAL OPERATING SUPPORT
ST. PETERS HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601	81-0392270	501(C)3	11,641.	0.			2019 ANNUAL DISTRIBUTION
STEVENSVILLE COMMUNITY FOUNDATION INC - PO BOX 413 - STEVENSVILLE, MT 59870	81-0490459	501(C)3	9,103.	0.			2019 ANNUAL DISTRIBUTION
SWAN VIEW COALITION INC. 3165 FOOTHILL ROAD KALISPELL, MT 59901	81-0423034	501(C)3	10,000.	0.			TO SUPPORT THE SWAN VALLEY RANGE
THE ANGEL FUND PO BOX 7436 HELENA, MT 59604	81-0535130	501(C)3	5,977.	0.			2019 ANNUAL DISTRIBUTION; GENERAL OPERATING SUPPORT
THE BIG SKY COMMUNITY ORGANIZATION PO BOX 161404 BIG SKY, MT 59716-1404	81-0520589	501(C)3	9,000.	0.			GENERAL OPERATING SUPPORT
THE FRIENDS OF IRISH STUDIES IN THE WEST - PO BOX 4693 - MISSOULA, MT 59806	26-1391012	501(C)3	8,597.	0.			2019 ANNUAL DISTRIBUTION
THE MYRNA LOY 15 N EWING ST HELENA, MT 59601	51-0185430	501(C)3	42,052.	0.			2019 ANNUAL DISTRIBUTION; WHERE MOST NEEDED; EVENT SPONSORSHIP; GENERAL OPERATING SUPPORT; MUSIC

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES INC - PO BOX 4569 - ARCATA, CA 95518	68-0027247	501(C)3	10,000.	0.			NATION TO NATION GATHERING OF FRIENDSHIP
TOWN OF WEST YELLOWSTONE PO BOX 1570 WEST YELLOWSTONE, MT 59758	81-0299400	501(C)3	10,000.	0.			COMMUNITY HELP FUND (FOOD BANK)
TOWNSEND K-12 SCHOOL DISTRICT #1 201 NORTH SPRUCE TOWNSEND, MT 59644	81-6000057	501(C)3	8,500.	0.			REPLACE PLAYGROUND DRAINAGE SYSTEM, EQUIPMENT, & SURF; BULLDOGS TO BRITAIN
TRIGG-C.M. RUSSELL MUSEUM, INC 400 13TH STREET NORTH GREAT FALLS, MT 59401	81-6003526	501(C)3	11,391.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
TRINITY LUTHERAN CHURCH 537 GRAND AVE BILLINGS, MT 59101	81-0300195	501(C)3	5,246.	0.			2019 ANNUAL DISTRIBUTION
TUMBLEWEED RUNAWAY PROGRAM INC 505 NORTH 24TH ST BILLINGS, MT 59101	36-3343886	501(C)3	14,302.	0.			2019 ANNUAL DISTRIBUTION; WHERE NEEDED MOST; OPERATING SUPPORT; UNRESTRICTED SUPPORT
ULM FIRE FEE SERVICE AREA PO BOX 224 ULM, MT 59485	83-0489245	501(C)3	10,549.	0.			ULM VOLUNTEER FIRE DEPARTMENT'S NEW FIRE STATION
ULM PUBLIC SCHOOLS PO BOX 189 ULM, MT 59485	81-6000160	501(C)3	11,648.	0.			LUNCH TABLES, FENCE, OR WHERE PRINCIPAL DEEMS NEEDED
UNITED WAY OF CASCADE COUNTY PO BOX 1343 GREAT FALLS, MT 59403-1343	81-0304170	501(C)3	14,913.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MISSOULA COUNTY PO BOX 7395 MISSOULA, MT 59807	81-0287854	501(C)3	8,899.	0.			2019 ANNUAL DISTRIBUTION; ANNUAL SUPPORT; COVID19 EMERGENCY FUND
UNITED WAY OF THE LEWIS AND CLARK AREA INC - P.O. BOX 862 - HELENA, MT 59624	81-6017354	501(C)3	16,241.	0.			2019 ANNUAL DISTRIBUTION
UNITED WAY OF YELLOWSTONE COUNTY INC. - 2173 OVERLAND AVE - BILLINGS, MT 59102	81-0287507	501(C)3	24,000.	0.			BEST BEGINNINGS EARLY CHILDHOOD WORK
UNIVERSITY CONGREGATIONAL CHURCH 405 UNIVERSITY AVE MISSOULA, MT 59801-4437	81-0251572	501(C)3	5,744.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)3	38,502.	0.			2019 ANNUAL DISTRIBUTION; QUARTERBACK CLUB-\$1,000, ROUNDBALL CLUB-\$500, HOOPS CLU; FOR
UNIVERSITY OF PROVIDENCE 1301 20TH STREET SOUTH GREAT FALLS, MT 59405	81-0231777	501(C)3	5,981.	0.			2019 ANNUAL DISTRIBUTION
UNIVERSITY OF WYOMING FOUNDATION 222 S 22ND ST LARAMIE, WY 82070	83-0201971	501(C)3	5,800.	0.			GRADUATE STIPEND FOR RESEARCH
VALLEY COUNTY COMMUNITY FOUNDATION PO BOX 304 GLASGOW, MT 59230	81-0526746	501(C)3	42,936.	0.			2019 ANNUAL DISTRIBUTION
WATSON CHILDRENS SHELTER INC 4978 BUCKHOUSE LN MISSOULA, MT 59804	81-0369020	501(C)3	5,160.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST YELLOWSTONE FOUNDATION PO BOX 255 WEST YELLOWSTONE, MT 59758-0255	81-0494366	501(C)3	126,172.	0.			2019 ANNUAL DISTRIBUTION; UNRESTRICTED FUND; ARTISAN GALLERY; THE SIEGEL SCHOLARSHIP AWARDS
WHITEFISH COMMUNITY FOUNDATION PO BOX 1060 WHITEFISH, MT 59937	81-0533002	501(C)3	12,676.	0.			2019 ANNUAL DISTRIBUTION; GREATFISHCHALLENGE-BIGBROB IGSISTERS-FLATHEAD COUNTY
WIBAUX COUNTY NURSING HOME 712 S WIBAUX ST WIBAUX, MT 59353	81-0392225	501(C)3	6,811.	0.			2019 ANNUAL DISTRIBUTION; UPDATING CURRENT PHONE SYSTEM
WOMEN IN ACTION PO BOX 161143 BIG SKY, MT 59716	20-4166176	501(C)3	6,000.	0.			GENERAL OPERATING SUPPORT
WORLD MUSEUM OF MINING INC. PO BOX 33 BUTTE, MT 59703	81-6014901	501(C)3	7,622.	0.			2019 ANNUAL DISTRIBUTION
YELLOWSTONE ART MUSEUM 401 N 27TH ST BILLINGS, MT 59101-1241	81-6014902	501(C)3	48,487.	0.			2019 ANNUAL DISTRIBUTION
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INC - PO BOX 80807 - BILLINGS, MT 59108	81-0419905	501(C)3	56,233.	0.			2019 ANNUAL DISTRIBUTION; UIHLEIN CENTER POOL LINER, OTHER NEEDS
YELLOWSTONE HISTORIC CENTER, INC. PO BOX 1299 WEST YELLOWSTONE, MT 59758	81-0521215	501(C)3	10,000.	0.			ARCHIVE PROGRAM
YELLOWSTONE RIVER PARKS ASSOCIATION INC. - PO BOX 1201 - BILLINGS, MT 59103-1201	36-4096295	501(C)3	6,633.	0.			2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YELLOWSTONE SENIOR SOCIAL CENTER INC. - PO BOX 1592 - WEST YELLOWSTONE, MT 59758	41-2129790	501(C)3	5,000.	0.			OPERATING SUPPORT
YELLOWSTONE WESTERN HERITAGE CENTER FOUNDATION - 2822 MONTANA AVE - BILLINGS, MT 59101	23-7155997	501(C)3	7,300.	0.			2019 ANNUAL DISTRIBUTION; GREATEST NEED
YELLOWSTONE WILDLIFE SANCTUARY PO BOX 675 RED LODGE, MT 59068	81-0422009	501(C)3	7,151.	0.			2019 ANNUAL DISTRIBUTION
YOUNG MENS CHRISTIAN ASSOCIATION OF HELENA INC - 1200 N LAST CHANCE GULCH - HELENA, MT 59601	81-0231815	501(C)3	13,142.	0.			2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT
YWCA OF BILLINGS ENDOWMENT FOUNDATION, INC - 909 WYOMING AVE - BILLINGS, MT 59101	81-0534954	501(C)3	16,469.	0.			2019 ANNUAL DISTRIBUTION; GENERAL OPERATING; SCHOLARSHIP PROGRAM
ZOOMONTANA, INC. 2100 SOUTH SHILOH ROAD BILLINGS, MT 59106	81-0411290	501(C)3	10,000.	0.			CARE OF ANIMALS
ZOOTOWN ARTS COMMUNITY CENTER 216 W MAIN ST MISSOULA, MT 59802	80-0253229	501(C)3	250,000.	0.			ZOOTOWN ARTS CAPITAL CAMPAIGN

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR POST-SECONDARY EDUCATION	191	483,785.	0.		

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

PART I, LINE 2:

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

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

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

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

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

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

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

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

Part IV Supplemental Information

AND AWARDED UPON.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING VOLUNTEER-POWERED PROGRAM

DELIVERY-ALZHEIMER'; SUPPORT MONTANA CHAPTER; SPECIAL: GRANT AFTER 2019

ANNUAL DISTRIBUTION; OPERATING SUPPORT; GREAT FALLS WALK TO END

ALZHEIMERS

NAME OF ORGANIZATION OR GOVERNMENT: BILLINGS COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNUAL DISTRIBUTION; BILLINGS

COMMUNITY FOUNDATION OPERATING SUPPORT; REMAINING BALANCE

NAME OF ORGANIZATION OR GOVERNMENT: GREATER GALLATIN UNITED WAY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNUAL DISTRIBUTION; WHERE MOST

NEEDED; GENERAL OPERATING SUPPORT; LITTLE RANGERS LEARNING CENTER IN WEST

YELLOWSTONE

NAME OF ORGANIZATION OR GOVERNMENT: HELENA AREA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNUAL DISTRIBUTION; OPERATING

SUPPORT-OFFICE RENT; GENERAL OPERATING SUPPORT; HELENA AREA EMERGENCY

FUND; GREATER HELENA GIVES 2020; PREP DISASTER TOOLKIT GRANT FOR NEW

COMPUTER

NAME OF ORGANIZATION OR GOVERNMENT:

INTERMOUNTAIN PLANNED PARENTHOOD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNUAL DISTRIBUTION; OPERATING

Part IV Supplemental Information

SUPPORT; PLANNED PARENTHOOD OF MISSOULA-OPERATING SUPPORT; SUPPORT CLINIC

IN BILLINGS

NAME OF ORGANIZATION OR GOVERNMENT: MONTANA RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN'S SHELTER FIRE ESCAPE PROJECT;

SPECIAL: GRANT AFTER 2019 ANNUAL DISTRIBUTION; OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MONTANA STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNUAL DISTRIBUTION;

SHAKESPEARE IN THE PARKS-HAVRE-SUMMER 2020; UNRESTRICTED; QUARTERBACK

CLUB; GREAT FALLS COLLEGE MSU DENTAL HYGIENE PROJ EXPAN

NAME OF ORGANIZATION OR GOVERNMENT:

PARK HILL CONGREGATIONAL UNITED CHURCH OF CHRIST

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

BUDGET; PURCHASE OF NEW CHURCH DOOR; REMOTE CHURCH ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE MYRNA LOY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNUAL DISTRIBUTION; WHERE MOST

NEEDED; EVENT SPONSORSHIP; GENERAL OPERATING SUPPORT; MUSIC OF THE

MEDICINE LINE

NAME OF ORGANIZATION OR GOVERNMENT: TOWNSEND K-12 SCHOOL DISTRICT #1

(H) PURPOSE OF GRANT OR ASSISTANCE: REPLACE PLAYGROUND DRAINAGE SYSTEM,

EQUIPMENT, & SURF; BULLDOGS TO BRITAIN EDUCATIONAL TRIP; SEND STUDENTS TO

WASH DC-CLOSE UP PGRM 2021

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MONTANA FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2019 ANNUAL DISTRIBUTION;

QUARTERBACK CLUB-\$1,000, ROUNDBALL CLUB-\$500, HOOPS CLU; FOR

ENDOWMENT-BONNIE HAMILTON MSW SCHOLARSHIP; RUDY & LELA AUTIO FUND IN

CERAMICS (ACCT 55M); UNIVERSITY OF MONTANA PRESS; PUBLICATION OF MONTANA

ARTIST MONTE DOLACK'S; STUDENT EMERGENCY FUND RETROSPECT; PROGRAM SUPPORT

FOR MTPR/KUFM-LOCAL NEWS

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

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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)	167,082.	0.	0.	9,671.	6,680.	183,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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 for instructions and the latest information.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	76	1,619,679.	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.		

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

MONTANA COMMUNITY FOUNDATION, INC.

Employer identification number

81-0450150

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

A COMPLETE COPY OF FORM 990 IS SENT TO THE FULL BOARD AND PRESENTED AT THE

AUDIT COMMITTEE PRIOR TO FILING WITH THE IRS.

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

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

INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST. THE GRANTS COMMITTEE IS

REMINDING TO DISCLOSE POTENTIAL CONFLICTS PRIOR TO DISCUSSING AND APPROVING

DISCRETIONARY GRANTS.

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

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

EXECUTIVE COMMITTEE OF THE INDEPENDENT BOARD OF DIRECTORS. THE ANNUAL

PERFORMANCE APPRAISAL CONSIDERS THE CEO'S PERFORMANCE COMPARED TO THE

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

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

THE EXECUTIVE COMMITTEE. COMPENSATION DECISIONS FOR KEY OFFICERS ARE THE

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

SIMILAR ORGANIZATIONS IS CONSIDERED AS PART OF THE COMPENSATION DECISION.

FORM 990, PART VI, 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

WELL.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

ENDOWMENT AGENCY FUND ACTIVITY	-176,085.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME	
FUND	83,571.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-274,700.
PASSTHROUGH LOSS FROM K-1S	103,009.
TOTAL TO FORM 990, PART XI, LINE 9	-264,205.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MCF REAL PROPERTY LLC - 47-3656226 33 S LAST CHANCE GULCH, SUITE 2A HELENA, MT 59601	ACCEPT AND LIQUIDATE GIFTED PROPERTY ON BEHALF OF MCF, INC.	MONTANA	0.	0.	MONTANA COMMUNITY FOUNDATION, INC.
33 S SOUTH LAST CHANCE GULCH, LLC - 35-2572088, 33 S LAST CHANCE GULCH, SUITE 2A, HELENA, MT 59601	LLC TO OWN PROPERTY	MONTANA	294,417.	2,288,869.	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) 2019

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

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

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

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

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

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MONTANA COMMUNITY FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 33 S LAST CHANCE GULCH, NO. 2A</p> <p>City or town, state or province, country, and ZIP or foreign postal code HELENA, MT 59601</p>	<p>D Employer identification number (Employees' trust, see instructions.) 81-0450150</p> <p>E Unrelated business activity code (See instructions.) 523000</p>
--	-----------------------------	--	---

C Book value of all assets at end of year: 124,041,175.

F Group exemption number (See instructions.) ▶

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

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **PASSIVE INCOME ACTIVITIES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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 3,105.		3,105.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 36.		36.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5 -106,149.	STMT 1	-106,149.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7 174,993.	150,030.	24,963.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 71,985.	150,030.	-78,045.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (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) (see instructions)	18		
19 Taxes and licenses	19		51.
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27	SEE STATEMENT 2	10,300.
28 Total deductions. Add lines 14 through 27	28		10,351.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		-88,396.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	SEE STATEMENT 3	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		-88,396.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-88,396.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 5 STMT 6	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-88,396.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-88,396.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-88,396.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

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

57	At any time during the 2019 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	Yes	No
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Sign Here
 Signature of officer: _____ Date: _____ PRESIDENT / CEO
 Title: _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	EMINA O. CRESSWELL, CPA	EMINA O. CRESSWELL, CPA	03/09/21		P01217304
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318		601 W. RIVERSIDE AVENUE STE 1800	
	Firm's address SPOKANE, WA 99201	Phone no. 509-747-2600			

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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(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) **0.**

(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) STATEMENT 9	(b) Other deductions (attach schedule) STATEMENT 10	
(1) BUILDING	236,158.	79,876.	122,593.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	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) 1,586,810.	2,141,310.	74.10 %	174,993.	150,030.
(2)		%		
(3)		%		
(4)		%		
STATEMENT 7		STATEMENT 8		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		174,993.		150,030.
Total dividends-received deductions 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).
Totals			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).
Totals		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 25.
Totals	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)						
Totals (carry to Part II, line (5))	0.	0.				0.

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

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

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

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

Form 990-T (2019)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
CORE INDUSTRIAL PARTNERS FUND I, LP - ORDINARY BUSINESS INCOME (LOSS)		-18,052.
GREENSPRING GLOBAL PARTNERS IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)		-1.
KLINE HILL PARTNERS FUND LP - ORDINARY BUSINESS INCOME (LOSS)		3,130.
TRUEBRIDGE CAPITAL PARTNERS FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)		-82.
ENR PARTNERS II - ORDINARY BUSINESS INCOME (LOSS)		-85,389.
C-BRIDGE HEALTHCARE FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)		-273.
KHP STRATEGIC 9 LP - ORDINARY BUSINESS INCOME (LOSS)		8.
DOVER STREET X LP - ORDINARY BUSINESS INCOME (LOSS)		-2,284.
OAKVIEW VALUE FUND, LP - ORDINARY BUSINESS INCOME (LOSS)		-3,206.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-106,149.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		10,300.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		10,300.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	28,537.	0.	28,537.	28,537.
NOL CARRYOVER AVAILABLE THIS YEAR			28,537.	28,537.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	73,256.	52,941.	20,315.	20,315.
06/30/18	17,353.	0.	17,353.	17,353.
NOL CARRYOVER AVAILABLE THIS YEAR			37,668.	37,668.

FORM 990-T CONTRIBUTIONS STATEMENT 5

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2019 DONATIONS	N/A	4,408,942.
CORE INDUSTRIAL PARTNERS FUND	N/A	2.
ENR PARTNERS II	N/A	1.
KLINE HILL PARTNERS FUND	N/A	2.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		4,408,947.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 6

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016 3,272,036
 FOR TAX YEAR 2017 3,979,897
 FOR TAX YEAR 2018 3,405,278

TOTAL CARRYOVER 10,657,211
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 4,408,947

TOTAL CONTRIBUTIONS AVAILABLE 15,066,158
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 15,066,158
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 15,066,158

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 7
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
BUILDING	1	
BEGINNING FIRST MONTH		1,606,990.
BEGINNING SECOND MONTH		1,603,844.
BEGINNING THIRD MONTH		1,598,446.
BEGINNING FOURTH MONTH		1,594,895.
BEGINNING FIFTH MONTH		1,592,817.
BEGINNING SIXTH MONTH		1,588,876.
BEGINNING SEVENTH MONTH		1,585,290.
BEGINNING EIGHTH MONTH		1,581,692.
BEGINNING NINTH MONTH		1,577,713.
BEGINNING TENTH MONTH		1,574,088.
BEGINNING ELEVENTH MONTH		1,570,449.
BEGINNING TWELFTH MONTH		1,566,615.
TOTAL OF ALL MONTHS		19,041,715.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		1,586,810.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 8
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
BUILDING	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		2,181,247.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		2,101,372.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		2,141,310.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 9

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

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 10

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DUES AND OTHER FEES		20.	
OTHER		14,415.	
OFFICE EXPENSES		285.	
OCCUPANCY		34,587.	
INTEREST		68,709.	
INSURANCE		4,527.	
MISCELLANEOUS		50.	
- SUBTOTAL -	1		122,593.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			122,593.

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

2019

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

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

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				347.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	347.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				2,758.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	2,758.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	347.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	2,758.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	3,105.

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

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

OMB No. 1545-0184

2019
 Attachment
 Sequence No. **27**

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

MONTANA COMMUNITY FOUNDATION, INC.

Identifying number
 81-0450150

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 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)
	CORE INDUSTRIAL PARTNERS FUND						
	I, LP						-15.
	KLINE HILL PARTNERS FUND LP						51.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 36.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>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.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 11						8 105.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 0.

Part II Ordinary Gains and Losses (see instructions)

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

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

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			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

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

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

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

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

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 11

<u>TAX YEAR</u>	<u>SECTION 1231 LOSSES</u>	<u>SECTION 1231 LOSSES RECAPTURED</u>	<u>NONRECAPTURED SECTION 1231 LOSSES</u>
2014	0.	0.	0.
2015	0.	0.	0.
2016	4.	0.	4.
2017	101.	0.	101.
2018	0.	0.	0.
TOTAL TO FORM 4797, LINE 8	105.	0.	105.

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2019, and ending **DEC 31**, 2019

Attachment Sequence No. **118**

Name of person filing this return MONTANA COMMUNITY FOUNDATION, INC.	Filer's identification number 81-0450150
--	--

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> B Filer's tax year beginning JUL 1 , 2019, and ending JUN 30 , 2020
---	---

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
C-BRIDGE HEALTHCARE FUND IV, L.P.

2(a) EIN (if any)
98-1433633

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

C/O MAPLES CORPORATE SERVICES LTD
GRAND CAYMAN, CAYMAN ISLANDS KY1-1104

4 Date of organization 06/21/2018	5 Principal place of business CAYMAN ISLANDS	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency US DOLLAR	8b Exchange rate (see instructions) 1.000000
---	--	--	---	--	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: E-FILE
--	--

3 Name and address of foreign partnership's agent in country of organization, if any C-BRIDGE HEALTHCARE FUND IV, L.P. UGLAND HOUSE, PO BOX 309 GRAND CAYMAN, CAYMAN ISLANDS KY1-110	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
---	---

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No
 If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 0

9 How is this partnership classified under the law of the country in which it's organized? LP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet **both** of the following requirements?
 1. The partnership's total receipts for the tax year were less than \$250,000.
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
 If "Yes," don't complete Schedules L, M-1, and M-2. Yes No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Print/Type preparer's name EMINA O. CRESSWELL, CPA	Preparer's signature EMINA O. CRESSWELL, CPA	Date 03/09/21	Check <input type="checkbox"/> if self-employed	PTIN P01217304
	Firm's name ▶ MOSS ADAMS LLP			Firm's EIN ▶ 91-0189318	
	Firm's address ▶ 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201			Phone no. 509-747-2600	

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

OMB No. 1545-1668

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Name of transferor **MONTANA COMMUNITY FOUNDATION, INC.** Filer's identifying number **81-0450150**

Name of foreign partnership **C-BRIDGE HEALTHCARE FUND IV, L.P.** EIN (if any) **98-1433633** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/19		136,380.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			136,380.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0630 %** (b) After the transfer **.0580 %**

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

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

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) CLA III TE (OFFSHORE) LLC	5a Identifying number, if any
6 Address (including country) MITCHELL HOUSE, PO BOX 174 THE VALLEY, BWI ANGUILLA	5b Reference ID number 004
7 Country code of country of incorporation or organization AV	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		560,315.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .106 % (b) After .106 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) GLOBAL MACRO OPPORTUNITY FUND LTD. CLASS WI	5a Identifying number, if any
6 Address (including country) P.O. BOX 309 GEORGE TOWN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	5b Reference ID number 001
7 Country code of country of incorporation or organization CJ	
8 Foreign law characterization (see instructions) CORPORATION	

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/29/2020		85,000.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 2.000 % (b) After 2.000 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) ASPEX MANAGEMENT (HK) LIMITED	5a Identifying number, if any
6 Address (including country) 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN KY1-9008 CAYMAN ISLANDS	5b Reference ID number 005
7 Country code of country of incorporation or organization CJ	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	05/27/2020		1,000,000.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After 1.000 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) ATALAN CAPITAL PARTNERS, LP	5a Identifying number, if any
6 Address (including country) 94 SOLARIS AVENUE CAMANA BAY, GRAND CAYMAN KY1-1108 CAYMAN ISLANDS	5b Reference ID number 006
7 Country code of country of incorporation or organization CJ	
8 Foreign law characterization (see instructions) CORPORATION	

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2020		1,000,000.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After 1.000 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) PILLAR CAPITAL MANAGEMENT LIMITED	5a Identifying number, if any
6 Address (including country) 11 CHURCH STREET HAMILTON, HM11 BERMUDA	5b Reference ID number 007
7 Country code of country of incorporation or organization BD	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/26/2019		850,000.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After 1.000 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) RWC ASSET MANAGEMENT LLP	5a Identifying number, if any
6 Address (including country) PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	5b Reference ID number 008
7 Country code of country of incorporation or organization CJ	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/06/2019		500,000.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After 1.000 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) GRESHAM INVESTMENT MANAGEMENT LLC	5a Identifying number, if any
6 Address (including country) PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	5b Reference ID number 009
7 Country code of country of incorporation or organization CJ	
8 Foreign law characterization (see instructions) CORPORATION	

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/26/2020		2,650,000.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After 1.000 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

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

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

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) AVIVA INVESTORS	5a Identifying number, if any
6 Address (including country) 75 FORT STREET, PO BOX 1350 CLIFTON HOUSE, GRAND CAYMAN KY1-1108 CAYMAN ISLANDS	5b Reference ID number 0010
7 Country code of country of incorporation or organization CJ	
8 Foreign law characterization (see instructions) CORPORATION	

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

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/05/2019		400,000.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

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

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After 1.000 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

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

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 81-0450150
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 33 S LAST CHANCE GULCH, NO. 2A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59601	

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

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

KACIE TOLLEFSON

- The books are in the care of ▶ 33 S LAST CHANCE GULCH, SUITE 2A - HELENA, MT 59601
Telephone No. ▶ 406-443-8313 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 .

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTANA COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 81-0450150
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 33 S LAST CHANCE GULCH, NO. 2A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

KACIE TOLLEFSON

- The books are in the care of ▶ 33 S LAST CHANCE GULCH, SUITE 2A - HELENA, MT 59601
Telephone No. ▶ 406-443-8313 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

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

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