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Form 990  Department of the Treasury Internal Revenue Service	<h1>Return of Organization Exempt From Income Tax</h1> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	OMB No 1545-0047 <div>2012</div> <p>Open to Public Inspection</p>

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013



B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTANA COMMUNITY FOUNDATION INC		D Employer identification number 81-0450150
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1 N LAST CHANCE GULCH NO 1	Room/suite	E Telephone number (406) 443-8313
	City or town, state or country, and ZIP + 4 HELENA, MT 59601		G Gross receipts \$ 33,852,370
F Name and address of principal officer MARY RUTHERFORD 1 N LAST CHANCE GULCH NO 1 HELENA, MT 59601		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MTCF.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CULTIVATE A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH, SERVING AS A CENTER FOR PHILANTHROPY IN MONTANA AND PRUDENTLY MANAGING ENDOWMENTS WHICH EMPOWER COMMUNITIES AND MAKE MONTANA A GREAT PLACE TO LIVE			
	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)	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	7	
6	Total number of volunteers (estimate if necessary)	8		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,956,696	2,719,454
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	753,569	785,313
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,174,709	4,049,568
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,398	145,533
			5,938,372	7,699,868
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,567,904	2,479,697
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	447,292	441,773
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	45,570	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,659,103	2,073,727
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,674,299	4,995,197
	19	Revenue less expenses Subtract line 18 from line 12	1,264,073	2,704,671
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	59,658,108	65,095,733
21		Total liabilities (Part X, line 26)	9,703,688	10,327,399
22		Net assets or fund balances Subtract line 21 from line 20	49,954,420	54,768,334

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			2014-05-15 Date	
	EMILY KOVARIK CPA CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PAUL D KELLER		Preparer's signature		Date
	Firm's name  MOSS ADAMS LLP			Check <input type="checkbox"/> if self-employed	PTIN P00179519
	Firm's address  975 OAK STREET SUITE 500 EUGENE, OR 97401			Phone no (541) 686-1040	

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

MONTANA COMMUNITY FOUNDATION CULTIVATES A CULTURE OF GIVING SO MONTANA COMMUNITIES CAN FLOURISH

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 3,368,391 including grants of \$ 2,479,697) (Revenue \$ 930,846)

THE FOUNDATION ACCUMULATES PERMANENT WEALTH FROM WHICH GRANTS ARE MADE TO SUPPORT CHARITABLE WORK THE FOCUS OF ACTIVITIES ARE WORKING WITH DONORS WHO WANT TO PROVIDE LONG-TERM SUPPORT FOR CHARITABLE SERVICES, COMMUNITIES TO BUILD UNRESTRICTED FUNDS TO MEET CHANGING NEEDS, AND POLICY MAKERS TO IMPLEMENT SYSTEMATIC CHANGES TO IMPROVE THE QUALITY OF LIFE FOR MONTANANS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)






















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

4e

Total program service expenses ▶ 3,368,391






Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
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? If "Yes," complete Schedule C, Part II 	4 Yes	
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? If "Yes," complete Schedule C, Part III 	5	No
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? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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? If "Yes," complete Schedule D, Part VI 	11a Yes	
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? If "Yes," complete Schedule D, Part VII 	11b Yes	
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? If "Yes," complete Schedule D, Part VIII 	11c	No
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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	56	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	EMILY KOVARIK CPA 1 N LAST CHANCE GULCH SUITE 1 HELENA, MT (406) 443-8313

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STACEY MUELLER DIRECTOR	2 00	X						0	0	0
(2) JEFF BRETHERTON DIRECTOR	2 00	X						0	0	0
(3) MIKE GUSTAFSON DIRECTOR	2 00	X						0	0	0
(4) CINDA HOLT FORMER DIRECTOR	2 00	X						0	0	0
(5) BRIAN PATRICK DIRECTOR	0 00	X						0	0	0
(6) CYNTHIA WOODS DIRECTOR	0 00	X						0	0	0
(7) DALE WOOLHISER TREASURER	2 00	X		X				0	0	0
(8) DAN CLARK BOARD CHAIR	2 00	X		X				0	0	0
(9) MARY CRAIGLE SECRETARY/INTERIM CEO	8 00	X		X				0	0	0
(10) LINDA REED CEO	40 00			X				185,280	0	18,647
(11) EMILY KOVARIK CFO/INTERIM FOUNDATION MANAGER	40 00			X				58,792	0	8,168

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							244,072	0	26,815	

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4	Yes
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>	5	No

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)	(B)	(C)
Name and business address	Description of services	Compensation

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 ►0

Part VIII

Statement of Revenue

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

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

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,479,697	2,479,697		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	205,658	32,772	154,349	18,537
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.	176,765	77,963	78,903	19,899
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,749	4,624	4,895	1,230
9	Other employee benefits.	24,018	9,833	11,931	2,254
10	Payroll taxes.	24,583	7,627	14,570	2,386
11	Fees for services (non-employees):				
a	Management.	732,462		732,462	
b	Legal.	27,172		27,172	
c	Accounting.	35,499		35,499	
d	Lobbying.	10,006		10,006	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	334,141		334,141	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	463,009	421,537	41,472	
12	Advertising and promotion.	10,463	4,772	5,613	78
13	Office expenses.	38,467	20,058	17,827	582
14	Information technology.	28,422	9,706	18,716	
15	Royalties.				
16	Occupancy.	42,241	13,090	29,151	
17	Travel.	19,582	13,878	5,100	604
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	142,968	137,680	5,288	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	21,474		21,474	
23	Insurance.	8,190	2,387	5,803	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	RETURN OF ENDOWMENTS	70,964	70,964		
b	MISCELLANEOUS	63,545	55,422	8,123	
c	PRINTING & PUBLICATIONS	22,273	5,055	17,218	
d	ADVOCACY SUPPORT	2,849	1,326	1,523	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	4,995,197	3,368,391	1,581,236	45,570
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			247,382	1	244,628
	2	Savings and temporary cash investments			2,511,857	2	2,767,353
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			28,301	9	47,843
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	275,635	70,428	10c	60,404
	b	Less accumulated depreciation	10b	215,231			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			55,647,930	12	60,764,222
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,152,210	15	1,211,283
16	Total assets. Add lines 1 through 15 (must equal line 34)			59,658,108	16	65,095,733	
Liabilities	17	Accounts payable and accrued expenses			68,553	17	29,798
	18	Grants payable			698,439	18	803,773
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			8,936,696	25	9,493,828
	26	Total liabilities. Add lines 17 through 25			9,703,688	26	10,327,399
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			196,682	27	769,192
	28	Temporarily restricted net assets			6,312,153	28	8,360,046
	29	Permanently restricted net assets			43,445,585	29	45,639,096
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			49,954,420	33	54,768,334
	34	Total liabilities and net assets/fund balances			59,658,108	34	65,095,733

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,996,245	1,939,870	3,488,810	2,956,696	2,719,454	13,101,075
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	1,996,245	1,939,870	3,488,810	2,956,696	2,719,454	13,101,075
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)						787,515
6 Public support. Subtract line 5 from line 4						12,313,560

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,996,245	1,939,870	3,488,810	2,956,696	2,719,454	13,101,075
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,373,390	1,201,030	1,466,588	1,548,258	1,569,206	7,158,472
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 IV)						
11	Total support (Add lines 7 through 10)						20,259,547
12	Gross receipts from related activities, etc (see instructions)					12	4,650,042
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14 60 780 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15 48 540 %
16a	33 1/3% support test—2012. 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—2011. 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—2012. 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 IV 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—2011. 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 IV 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	10,006													
c	Total lobbying expenditures (add lines 1a and 1b)	10,006													
d	Other exempt purpose expenditures	4,985,191													
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,995,197													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	399,760													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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)	99,940													
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 instructions for lines 2a through 2f on page 4.)

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

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MONTANA COMMUNITY FOUNDATION INC

Employer identification number
81-0450150

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	67	72
2 Aggregate contributions to (during year)	460,513	189,023
3 Aggregate grants from (during year)	621,340	495,610
4 Aggregate value at end of year	11,807,640	7,914,841
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	48,553,661	49,380,097	41,462,566	38,844,182	46,597,648
b Contributions	2,499,909	2,281,302	2,229,413	1,274,485	1,667,956
c Net investment earnings, gains, and losses	6,096,100	-348,566	8,629,743	4,041,407	-6,708,914
d Grants or scholarships	-1,916,495	-1,800,773	-2,016,148	-1,842,391	-1,918,585
e Other expenditures for facilities and programs	0	0	0	-5,871	-18,448
f Administrative expenses	-979,374	-958,399	-925,477	-849,246	-775,475
g End of year balance	54,253,801	48,553,661	49,380,097	41,462,566	38,844,182

- 2

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

Board designated or quasi-endowment

0 %
- b

Permanent endowment

100 000 %
- c

Temporarily restricted endowment

0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐
- 4

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		275,635	215,231	60,404
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				60,404

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	8,735,819
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,829,709		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	9,938		
e	Add lines 2a through 2d			2e	2,839,647
3	Subtract line 2e from line 1			3	5,896,172
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,803,696		
c	Add lines 4a and 4b				
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	7,699,868
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	3,921,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	3,921,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,073,293		
c	Add lines 4a and 4b				
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	4,995,197

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE (IRC), EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE FOUNDATION COMPLIES WITH FASB ASC 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. AS OF JUNE 30, 2013 AND 2012, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 9,938
PART XI, LINE 4B - OTHER ADJUSTMENTS		AGENCY ENDOWMENT FUND ACTIVITY 1,121,905 MANAGEMENT FEE 658,679 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 23,112
PART XII, LINE 4B - OTHER ADJUSTMENTS		MANAGEMENT FEES 658,679 AGENCY ENDOWMENT FUND ACTIVITY 414,614

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MONTANA COMMUNITY FOUNDATION INC

Employer identification number
81-0450150

Part I

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

- 1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		3,359,382
3a Sub-total	0	0			3,359,382
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			3,359,382

Part II

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

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

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

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

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

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MONTANA COMMUNITY FOUNDATION INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
81-0450150

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

123

3

Enter total number of other organizations listed in the line 1 table

0

Part III

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

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MCF'S PROCESS REQUIRES THAT GRANT REQUESTS MUST COMPLY WITH THE PURPOSE OF THE ENDOWMENT FUND PAYING THE GRANT, 501(C)(3) STATUS IS VERIFIED, AND COMPLIANCE WITH CONFLICT OF INTEREST POLICIES IS REVIEWED THE MAJORITY OF GRANTS AWARDED BY MCF SUPPORT THE GENERAL OPERATING AND PROGRAM PURPOSES OF THE 501(C)(3) ORGANIZATIONS AWARDED, AND AS SUCH, WE DO NOT REQUIRE A REPORT OF HOW THE GRANT FUNDS WERE USED GRANT AWARD LETTERS ARE SENT WITH THE GRANT CHECKS, AND THE AWARD LETTERS INSTRUCT THE RECIPIENT ORGANIZATION THAT THE FUNDS CAN BE USED ONLY FOR THE PURPOSE THE GRANT WAS APPLIED FOR AND AWARDED UPON

Software ID:

Software Version:

EIN: 81-0450150

Name: MONTANA COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA STATE UNIVERSITY - BOZEMAN PO BOX 174160 BOZEMAN,MT 59717	81-6010045	GOV'T	107,377				SCHOLARSHIPS
UNIVERSITY OF MONTANA LOMMASON CENTER 218 MISSOULA,MT 59807	81-6001713	GOV'T	97,960				SCHOLARSHIPS

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AMERICAN INDIAN INSTITUTE502 W MENDENHALL STREET BOZEMAN,MT 59715	81-0339551	501(C)(3)	68,137				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND SUPPORT TRAVEL OF DELEGATES TO INTERNATIONAL ELDERS & YOUTH COUNCIL
HOPA MOUNTAIN INCPO BOX 10892 BOZEMAN,MT 59719	84-1635749	501(C)(3)	50,514				STRENGTHENING THE CIRCLE AND ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

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GREAT FALLS SYMPHONY ASSOCIATIONPO BOX 1078 GREAT FALLS, MT 59403	81-6014907	501(C)(3)	45,392				GENERAL OPERATING PURPOSES AND ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
YELLOWSTONE ART MUSEUM401 N 27TH STREET BILLINGS, MT 59101	81-6014902	501(C)(3)	42,835				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, SENIOR ART CONNECTIONS PROJECT, BREAKING BRUSHES EXHIBIT, AND GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONTANA TECH1300 W PARK STREET BUTTE,MT 59703	81-6001713	GOV'T	34,550				SCHOLARSHIPS
HOLTER MUSEUM OF ART 12 E LAWRENCE STREET HELENA,MT 59601	81-0472958	501(C)(3)	31,050				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, CULTURAL CROSSROAD, ARTISTS IN RESIDENCE

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CARROLL COLLEGE1601 N BENTON AVENUE HELENA,MT 59625	81-0231774	501(C)(3)	30,315				SCHOLARSHIPS
ALBERTA BAIR THEATER PO BOX 1556 BILLINGS,MT 59103	81-0406157	501(C)(3)	29,786				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

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HELENA AREA COMMUNITY FOUNDATION PO BOX 92 HELENA,MT 59624	81-0536902	501(C)(3)	28,013				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
HELENA PRESENTS (MYRNA LOY CENTER)15 N EWING HELENA,MT 59601	51-0185430	501(C)(3)	27,306				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

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BOYS & GIRLS CLUB OF THE NORTHERN CHEYENNE NATIONPO BOX 309 LAME DEER,MT 59043	36-3945776	501(C)(3)	25,514				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
ST LABRE INDIAN SCHOOL PO BOX 77 ASHLAND,MT 59068	81-0244542	501(C)(3)	25,000				DEVELOPMENT OF CROW LANGUAGE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MADISON VALLEY RURAL FIRE DEPARTMENTPO BOX 68 ENNIS,MT 59729	81-0426522	501(C)(3)	25,000				NEW FIRE TRUCK
FRIENDS FOREVER MENTORING49518 US HWY 93 POLSON,MT 59860	81-0362546	501(C)(3)	25,000				GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MISSOULA COMMUNITY FOUNDATIONPO BOX 1968 MISSOULA,MT 59806	81-0539830	501(C)(3)	22,086				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS, SUPPORT FOR WALKING TRAIL BETWEEN MISSOULA AND SEELEY LAKE
SEELEY LAKE COMMUNITY FOUNDATIONPO BOX 25 SEELEY LAKE,MT 59868	31-1711576	501(C)(3)	21,668				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

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FIVE VALLEYS LAND TRUST PO BOX 8953 MISSOULA,MT 59807	23-7182055	501(C)(3)	21,640				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND MISSION VALLEY PROJECT
YELLOWSTONE PARK FOUNDATION222 E MAIN BOZEMAN,MT 59715	83-0311166	501(C)(3)	21,197				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND CUT THROAT TROUT PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF MONTANA FOUNDATIONPO BOX 7159 MISSOULA,MT 59807	81-0362989	501(C)(3)	21,068				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, GENERAL OPERATING SUPPORT FOR BUSINESS SCHOOL DEAN'S OPPORTUNITY FUND, BUSINESS ADMIN, ECONOMICS, CHEMISTRY, BIOLOGICAL STATION LAKE MONITORING, AMPLOANS PROJECT
PRICKLY PEAR LAND TRUSTPO BOX 892 HELENA,MT 59624	81-0506868	501(C)(3)	21,050				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND ASPEN TRAILS PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NATURE CONSERVANCY OF MONTANA32 S EWING STE 215 HELENA,MT 59601	53-0242652	501(C)(3)	20,565				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND BIG HOLE PROJECT
VALLEY COUNTY COMMUNITY FOUNDATION 83 BONNIE STREET GLASGOW,MT 59230	81-0526746	501(C)(3)	20,340				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

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SEVENTH GENERATION FUND FOR INDIAN DEVELOPMENT INCPO BOX 4569 ARCATA,CA 95518	68-0027247	501(C)(3)	20,000				MESSENGERS FOR HEALTH "RESPECT YOURSELF AND OTHERS THROUGH CULTURAL VALUES" PROGRAM
BLACKHORSE PRIDE8403 HILLVIEW DRIVE HELENA,MT 59602	26-3637305	501(C)(3)	20,000				GENERAL OPERATING SUPPORT

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BILLINGS COMMUNITY FOUNDATIONPO BOX 1255 BILLINGS,MT 59103	20-4286919	501(C)(3)	19,812				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MONTANA - WESTERN710 S ATLANTIC STREET DILLON,MT 59725	81-0386970	GOV'T	19,500				SCHOLARSHIPS

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GREATER POLSON COMMUNITY FOUNDATION PO BOX 314 POLSON,MT 59860	26-2883184	501(C)(3)	19,401				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS, SUPPORT FOR RENT AND UTILITIES ON ENVISION POLSON OFFICE
RED LODGE AREA COMMUNITY FOUNDATION PO BOX 1871 RED LODGE,MT 59068	20-0192255	501(C)(3)	18,890				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS, SUPPORT FOR COMPREHENSIVE, COMMUNITY-WIDE VOLUNTEER PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONTANA PROFESSIONAL TEACHING FOUNDATION 1232 E 6TH AVENUE HELENA,MT 59601	81-0511792	501(C)(3)	15,971				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
ABSAROKEE COMMUNITY FOUNDATIONPO BOX 72 ABSAROKEE,MT 59001	73-1658638	501(C)(3)	15,906				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

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BLACKFEET RESERVATION DEVELOPMENT FUND INC PO BOX 3029 BROWNING, MT 59417	36-3784925	501(C)(3)	15,657				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
ROCKY MOUNTAIN COLLEGE1511 POLY DRIVE BILLINGS,MT 59102	81-0235407	501(C)(3)	15,520				SCHOLARSHIPS AND ADVANCEMENT OF TECHNOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GALLATIN VALLEY LAND TRUSTPO BOX 7021 BOZEMAN,MT 59715	81-0464513	501(C)(3)	15,500				GENERAL OPERATING PURPOSES AND BIG SKY PROJECT
MUSSELSHELL VALLEY COMMUNITY FOUNDATION PO BOX 713 ROUNDUP,MT 59072	81-0512493	501(C)(3)	15,095				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

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NATIONAL COALITION BUILDING INSTITUTE1280 S 3RD STREET WEST MISSOULA, MT 59801	22-2627168	501(C)(3)	15,000				GENERAL OPERATING PURPOSES
ANACONDA LOCAL DEVELOPMENT CORPORATION118 E 7TH STREET ANACONDA, MT 59711	81-0380448	501(C)(3)	15,000				ADMINISTRATION OF USDA GRANT PROGRAM

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COMMUNITY FOUNDATION FOR A BETTER BIGFORKPO BOX 1439 BIGFORK,MT 59911	23-7067099	501(C)(3)	13,987				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
GREATER GALLATIN UNITED WAY945 TECHNOLOGY BLVD STE 10-F BOZEMAN,MT 59718	81-0384820	501(C)(3)	13,260				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

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BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATIONPO BOX 1230 BIGFORK,MT 59911	81-0424706	501(C)(3)	12,625				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
FIRST UNITED METHODIST CHURCH610 SECOND AVENUE NORTH GREAT FALLS,MT 59401	81-0235852	501(C)(3)	12,000				GENERAL OPERATING PURPOSES

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APOSTLES EVANGELICAL LUTHERAN CHURCH3140 BROADWATER AVENUE BILLINGS,MT 59102	81-6035157	501(C)(3)	11,768				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND BUILDING EXPANSION FUND
BOZEMAN PUBLIC LIBRARY FOUNDATION626 E MAIN STREET BOZEMAN,MT 59715	81-0405940	501(C)(3)	11,666				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

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HELENA YMCA1200 N LAST CHANCE GULCH HELENA,MT 59601	81-0231815	501(C)(3)	11,475				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT OF CAPITAL CAMPAIGN
WEST YELLOWSTONE FOUNDATIONPO BOX 255 WEST YELLOWSTONE,MT 597580255	81-0494366	501(C)(3)	11,417				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

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ROBERTS COMMUNITY FOUNDATIONPO BOX 284 ROBERTS,MT 59070	84-1425182	501(C)(3)	11,234				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS
MANHATTAN HIGH SCHOOL416 NORTH BROADWAY MANHATTAN,MT 59741	81-6000410	GOV'T	11,195				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT - VO-TECH DEPARTMENT

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MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN,MT 597172750	81-6001649	501(C)(3)	11,000				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, ARCHITECTURE DESIGN AWARD, DEAN'S DISCRETIONARY FUND
MUSEUM OF WOMEN'S HISTORY2824 3RD AVENUE N BILLINGS,MT 59101	81-0503254	501(C)(3)	11,000				GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOYS & GIRLS CLUB OF NORTH CENTRAL MONTANAPO BOX 652 GREAT FALLS,MT 59403	81-0475269	501(C)(3)	10,660				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
FLATHEAD LAND TRUSTPO BOX 1913 KALISPELL,MT 59903	36-3479966	501(C)(3)	10,494				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND NORTH SHORE FLATHEAD LAKE PROJECT

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MONTANA NONPROFIT ASSOCIATIONPO BOX 1744 HELENA,MT 59624	73-1654969	501(C)(3)	10,400				SPONSORSHIP OF MNA CONFERENCE AND SUPPORT OF LITIGATION EXPENSES
BENEFITS HEALTHCARE FOUNDATIONPO BOX 7008 GREAT FALLS,MT 594067008	81-0480587	501(C)(3)	10,347				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND ALZHEIMER'S SPA ROOM REMODEL PROJECT

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WILLIAM AND PHYLLIS BOUCHEE MISSOULA FAMILY ENDOWMENT165 TOWNSHIP LINE ROAD SUITE 150 JENKINTOWN,PA 19046	13-2638166	501(C)(3)	10,000				INCENTIVE GRANT
MADISON VALLEY MEDICAL CENTER FOUNDATIONPO BOX 993 ENNIS,MT 59597	81-0453395	501(C)(3)	10,000				CT SCAN MACHINE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BITTER ROOT LAND TRUST PO BOX 1806 HAMILTON,MT 59840	31-1595967	501(C)(3)	10,000				LAZY J - CROSS RANCH PROJECT
GALLATIN HISTORICAL SOCIETY & PIONEER MUSEUM317 W MAIN BOZEMAN,MT 59715	81-0378098	501(C)(3)	10,000				GENERAL OPERATING EXPENSES OF THE PIONEER MUSEUM

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MONTANA WILDERNESS ASSOCIATION30 S EWING STREET HELENA,MT 59601	51-0198932	501(C)(3)	9,493				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS415 N 30TH ST SUITE 312 BILLINGS,MT 59101	81-0452904	501(C)(3)	9,399				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND BACKPACK PROGRAM FOR WEEKEND LUNCHES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MISSOULA SYMPHONY ASSOCIATIONPO BOX 8301 MISSOULA,MT 59807	81-0290730	501(C)(3)	9,254				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
FAMILY SERVICE INCPO BOX 1020 BILLINGS,MT 591031020	81-0232120	501(C)(3)	9,162				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, GENERAL OPERATING SUPPORT, AND PREVENT HOMELESSNESS AND ALLEVIATE POVERTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CONGREGATION BETH AARONPO BOX 187 BILLINGS,MT 59103	80-0699654	501(C)(3)	9,084				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
YELLOWSTONE BOYS & GIRLS RANCH1732 S 72ND STREET W BILLINGS,MT 59106	81-0419905	501(C)(3)	8,866				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST310 N 27TH STREET BILLINGS,MT 59101	81-0231776	501(C)(3)	8,500				GENERAL SUPPORT, OPERATING BUDGET, CONTRIBUTION TOWARD ENERGY AUDIT, AND SUPPORT FOR CAMP MIMANAGISH
BOYS & GIRLS CLUBS OF YELLOWSTONE COUNTY 505 ORCHARD LANE BILLINGS,MT 59101	81-0456702	501(C)(3)	8,390				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE PIONEER MUSEUMPO BOX 975 GLASGOW,MT 59230	81-0479627	501(C)(3)	8,334				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
BILLINGS FOOD BANK INC PO BOX 1158 BILLINGS,MT 59103	36-3519470	501(C)(3)	8,298				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BEACON COMMUNITY FOUNDATIONPO BOX 726 SCOBAY,MT 59263	81-0498333	501(C)(3)	8,227				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
CHESTER SCHOOL DISTRICT 33 EDUCATION FOUNDATION INCPO BOX 550 CHESTER,MT 59522	81-0532817	501(C)(3)	8,000				MISSOULA CHILDREN'S THEATER PRODUCTION, SPEECH DEPARTMENT, FCCA NATIONAL LEADERSHIP CONVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST PETER'S HOSPITAL FOUNDATION2475 BROADWAY HELENA,MT 59601	81-0392270	501(C)(3)	7,983				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND CANCER TREATMENT
MOUNT CARMEL YOUTH RANCH428 ROAD 1AF POWELL,WY 82435	84-1404636	501(C)(3)	7,727				GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 RESCUE MISSIONPO BOX 3232 BILLINGS,MT 59103	81-6013963	501(C)(3)	7,727				GENERAL OPERATING PURPOSES
AMERICAN RED CROSS OF MONTANA MIDLAND EMPIRE DISTRICT1300 28TH STREET S GREAT FALLS,MT 59405	53-0196605	501(C)(3)	7,727				GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST VINCENT DE PAUL SOCIETY2610 MONTANA AVENUE BILLINGS,MT 591012340	91-0879988	501(C)(3)	7,727				GENERAL OPERATING PURPOSES
BILLINGS AREA CATHOLIC EDUCATION TRUSTPO BOX 31158 BILLINGS,MT 59107	81-0342894	501(C)(3)	7,727				GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HAR SHALOMPO BOX 3715 MISSOULA,MT 59806	81-0452486	501(C)(3)	7,700				GENERAL OPERATING PURPOSES
HELENA SYMPHONY2 N LAST CHANCE GULCH HELENA,MT 59601	81-0523705	501(C)(3)	7,688				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN CHILDREN'S HOME500 S LAMBORN HELENA,MT 59601	81-0231775	501(C)(3)	7,586				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND GENERAL OPERATING SUPPORT
YELLOWSTONE BOYS AND GIRLS RANCH FOUNDATION INCPO BOX 80807 BILLINGS,MT 59108	81-0419905	501(C)(3)	7,506				GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLORADO SCHOOL OF MINES1600 MAPLE STREET GOLDEN,CO 80401	84-6000551	GOV'T	7,500				SCHOLARSHIPS
MONTANA AUDUBONPO BOX 595 HELENA,MT 59624	81-0412530	501(C)(3)	7,190				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STEVENSVILLE COMMUNITY FOUNDATION PO BOX 413 STEVENSVILLE,MT 59870	81-0490459	501(C)(3)	7,181				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
UNIVERSITY OF MONTANA - HELENA COLLEGE OF TECHNOLOGY1115 N ROBERTS HELENA,MT 59601	81-0302402	GOV'T	7,059				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA TECH - COLLEGE OF TECHNOLOGY 1300 W PARK STREET BUTTE,MT 59701	81-6001713	GOV'T	7,059				SCHOLARSHIPS
MSU BILLINGS FOUNDATION1500 UNIVERSITY DRIVE BILLINGS,MT 59101	81-0301477	501(C)(3)	7,000				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT AND SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA STATE UNIVERSITY - BILLINGS 1500 N 30TH STREET BILLINGS,MT 59101	81-0301477	GOV'T	7,000				SCHOLARSHIPS
HRDC BOZEMAN32 SOUTH TRACY AVENUE BOZEMAN,MT 59715	81-0350886	501(C)(3)	7,000				PROVIDE CASE MANAGEMENT FOR SAFE LOAN PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ARIZONA STATE UNIVERSITYPO BOX 871612 TEMPE,AZ 85287	86-6051042	GOV'T	7,000				SCHOLARSHIPS
INDIAN LAW RESOURCE CENTER602 EWING HELENA,MT 59601	52-1121079	501(C)(3)	6,946				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLACIER SYMPHONY ORCHESTRA & CHORALEPO BOX 2491 KALISPELL, MT 599032491	81-0413320	501(C)(3)	6,866				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
NYE COMMUNITY FOUNDATIONPO BOX 528 NYE,MT 59061	81-0531083	501(C)(3)	6,668				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BROADWATER PRODUCTIONS INC (GRANDSTREET THEATRE) PO BOX 1258 HELENA,MT 59624	81-0357843	501(C)(3)	6,611				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
SCHOOL COMMUNITY DEVELOPMENT COUNCIL POWDER RIVER CFPO BOX 421 BROADUS,MT 59317	81-0514945	501(C)(3)	6,511				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CHORAL FESTIVALPO BOX 8203 MISSOULA,MT 59807	81-0459276	501(C)(3)	6,424				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
MUSEUM OF THE ROCKIES 600 WEST KAGY BOULEVARD BOZEMAN,MT 59717	81-6016828	501(C)(3)	6,382				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINS JUSTICEPO BOX 1398 BILLINGS,MT 59103	38-3748744	501(C)(3)	6,000				GENERAL OPERATING PURPOSES AND CONSTRUCTION OF BOARD PROJECT
INTERNATIONAL HUNTER EDUCATION ASSOCIATION2727 W 92ND AVENUE SUITE 103 FEDERAL HEIGHTS,CO 80260	37-1145157	501(C)(3)	5,981				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WORLD MUSEUM OF MINING INCPO BOX 33 BUTTE,MT 59703	81-6014901	501(C)(3)	5,959				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
JOLIET COMMUNITY CENTERPO BOX 29 JOLIET,MT 59041	81-0531719	501(C)(3)	5,838				FOR THE BENEFIT OF JOLIET FOOD PANTRY OPERATING EXPENSES, REPLACEMENT OF FLOORING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PEARL & BOB RICHARDSON END OF THE UNITED WAY PO BOX 862 HELENA,MT 59624	81-6017354	501(C)(3)	5,829				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
BUTTE-SILVER BOW COMMUNITY FOUNDATION 3505 QUINCY STREET BUTTE,MT 59703	27-3492133	501(C)(3)	5,746				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, INCENTIVE AND LEADERSHIP GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 EDUCATION FOUNDATIONPO BOX 792 HELENA,MT 59604	81-0544494	501(C)(3)	5,712				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
UNITED WAY OF CASCADE COUNTYPO BOX 1343 GREAT FALLS,MT 59403	81-0304170	501(C)(3)	5,678				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MINERAL COUNTY COMMUNITY FOUNDATION PO BOX 93 SUPERIOR,MT 59872	81-0501990	501(C)(3)	5,532				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
GREAT FALLS COLLEGE MSU2100 16TH AVENUE GREAT FALLS,MT 59405	81-0522790	GOV'T	5,263				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROUNDUP MEMORIAL HOSPITAL ASSOCIATION PO BOX 40 ROUNDUP,MT 59072	81-0245848	501(C)(3)	5,222				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
FLATHEAD VALLEY COMMUNITY COLLEGE777 GRANDVIEW DRIVE KALISPELL,MT 59901	81-0461253	GOV'T	5,162				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF MONTANA COLLEGE OF TECHNOLOGY 909 SOUTH AVENUE W MISSOULA, MT 59801	81-6001713	GOV'T	5,059				SCHOLARSHIPS
DAWSON COMMUNITY COLLEGEPO BOX 421 GLEN DIVE, MT 59330	81-6000240	GOV'T	5,049				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FORT PECK THEATREPO BOX 973 GLASGOW,MT 59230	81-0306649	501(C)(3)	5,038				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
CENTER FOR MENTAL HEALTHPO BOX 1653 GREAT FALLS,MT 59403	81-0347441	501(C)(3)	5,027				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT, STORAGE SHED FOR GREEN TEAM LAWN SERVICE, AND FOR THE BENEFIT OF OUR PLACE DROP-IN CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BLACKFEET NATION HIGHER EDUCATION PROGRAMPO BOX 850 BROWNING,MT 59417	81-0212955	501(C)(3)	5,008				ANNUAL ENDOWMENT PAYOUT FOR GENERAL OPERATING SUPPORT
WESTERN MONTANA MENTAL HEALTH CENTER BLDG T-9 FORT MISSOULA MISSOULA,MT 59804	81-0307814	501(C)(3)	5,000				SUPPORT CONSTRUCTION ON THE ALCOHOL TREATMENT CENTER, SUPPORT FOR RECOVERY CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK UNIVERSITY - MISSOURI8700 NW RIVER PARK DRIVE PARKVILLE,MO 64152	44-0562048	GOV'T	5,000				SCHOLARSHIPS
MONTANA CONSERVATION VOTERS EDUCATION FUNDPO BOX 853 BILLINGS,MT 59103	81-0525336	501(C)(3)	5,000				MATCHING GRANT FOR CINNABAR FOUNDATION, MATCHING FUND CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 FAMILY TREE CENTER 2520 5TH AVENUE S BILLINGS,MT 59101	81-0443762	501(C)(3)	5,000				SUPPORT THE CENTER'S PROGRAMS AND SERVICES
NORTH DAKOTA STATE COLLEGE OF SCIENCE 800 6TH STREET N WAHPETON,ND 580760002	45-0407617	GOV'T	5,000				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PARENTS LET'S UNITE FOR KIDS516 N 32ND STREET BILLINGS,MT 59101	81-0422077	501(C)(3)	5,000				GENERAL OPERATING PURPOSES
UNIVERSITY OF WASHINGTON SCHOLARSHIPS SEATTLE,WA 981241967	91-6001537	GOV'T	5,000				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA STATE UNIVERSITY ALUMNI ASSOCIATION1501 S 11TH AVENUE BOZEMAN,MT 59715	81-0235631	501(C)(3)	5,000				BRIGHT BEGINNINGS PROGRAM
CAMP MAKE-A-DREAMPO BOX 1450 MISSOULA,MT 598061450	91-0472959	501(C)(3)	5,000				GENERAL OPERATING PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE ADMIN BUILDING ROOM 113 BOISE,ID 83725	82-6010706	GOV'T	5,000				SCHOLARSHIPS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MONTANA COMMUNITY FOUNDATION INC

Employer identification number
81-0450150

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div>	<div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LINDA REED	CEO	(i) 130,890 (ii)0	5,019 0	49,371 0	8,155 0	10,492 0	203,927 0	0 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	LINDA REED RECEIVED \$49,371 AS A SEVERANCE PAYMENT

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
MONTANA COMMUNITY FOUNDATION INC

Employer identification number
81-0450150

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19	583,156	DAILY AVG OF PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

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

29

0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

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

Identifier	Return Reference	Explanation
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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 to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.

2012

**Open to Public
Inspection**

Name of the organization
MONTANA COMMUNITY FOUNDATION INC

Employer identification number

81-0450150

Identifier	Return Reference	Explanation
	FORM 990, PART IV, LINE 12A	THE FISCAL YEAR FINANCIAL STATEMENT AUDIT IS IN PROCESS BUT NOT COMPLETED AS OF THE DATE OF FILING
	FORM 990, PART VI, SECTION B, LINE 11	APPROPRIATE INDIVIDUALS IN MANAGEMENT AND THE AUDIT AND FINANCE COMMITTEE MEMBERS OF THE BOARD REVIEW THE RETURN BEFORE FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	AT EVERY BOARD MEETING PRIOR TO APPROVING GRANTS, THE BOARD IS ASKED TO DISCLOSE ANY CONFLICT ANNUALLY, BOARD AND STAFF ARE REQUIRED TO SIGN DISCLOSURE STATEMENTS ANNUALLY, THE BOARD RECEIVES TRAINING ON CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THIS IS THE RESPONSIBILITY OF THE EXECUTIVE COMMITTEE. A MATRIX IS USED TO DETERMINE PERFORMANCE. OUTSIDE INFORMATION REGARDING SALARIES PAID BY SIMILAR ORGANIZATIONS IS EVALUATED AS WELL AS THE GRANTMAKERS SALARY AND BENEFITS REPORT
	FORM 990, PART VI, SECTION C, LINE 19	BOTH THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FROM THE ORGANIZATION'S WEBSITE AND UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AS WELL.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ENDOWMENT AGENCY FUND ACTIVITY -707,292 CHANGE IN VALUE OF BENEFICIAL INTEREST IN POOLED INCOME FUND 9,938 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -23,112