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See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Check if applicable

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

C Name of organization

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

Inspection

D Employer identification number

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

	Addre	S VALLEY COUNTY COMMUNITY FOUNDATION			
	Name			81-0	526746
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return	DO DOY 304		,	228-8261
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	86,340.
X	Amen return	GLASGOW, MT 59230-0304		H(a) Is this a group re	
	Application	F Name and address of principal officer REM ODIER		for subordinates	? Yes X No
	pendi	86 BONNIE ST, GLASGOW, MT 59230		H(b) Are all subordinates in	cluded? Yes No
		empt status X 501(c)(3)	or 🔲 527	If "No," attach a	list. (see instructions)
<u>J \</u>	Vebsi	te: > WWW.VALLEYCOUNTYCF.NET	·	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	State of legal domicile: MT
P	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities TO F	UND WC	RTHY PROJEC'	TS IN
Activities & Governance		VALLEY COUNTY, MT.	and of more	than 25% of its pot as	note
Ver		Check this box if the organization discontinued its operations or dispositions of voting members of the governing body (Part VI, line 1a)	seu oi more	3	11
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)		4	11
oğ O		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
iţi	6	Total number of volunteers (estimate if necessary)		6	11
ξį	_	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
-		The difference basiness takes who were the second of the s		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		21,199.	86,322.
Revenue	ſ	Program service revenue (Part VIII, line 29)		0.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and 70		8.	18.
Œ	11	Other revenue (Part VIII, column (A), (nes 5, 6d, 88, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through for (must equal Part VIII) column (A), line 12)		21,207.	86,340.
	13	Grants and similar amounts paid (Part IX, column (A) Nines 1-3)		21,249.	58,213.
	14	Benefits paid to or for members (Part IX, column (A); line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	0.	0.
Expenses	16a	Professional fundraising fees (Part 14, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,237.	1,624.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,486.	<u>59,837.</u>
	19	Revenue less expenses Subtract line 18 from line 12		-1,279.	26,503.
ssets or salances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	\vdash	599,853.	670,324.
Net As Fund E	21	Total liabilities (Part X, line 26)	<u> </u>	197,200.	197,656.
		Net assets or fund balances Subtract line 21 from line 20 Signature Block		402,653.	472,668.
	ırt II			anto and to the back of m	u Leanuige and balat .t.
		alties of perjury, I declare that I have examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer visit ased on all information of wi			y knowledge and deller, it is
u ue	Corre	is, and complete Declaration of preparer (other than office proposed on all information of wi	mich preparei	rias any knowledge.	12015
C:	_	Signative of officer		Date)
Sign		KEN OSTER, PRESIDENT		,	,
Her	-	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		RICHARD A. WIENS CPA	[(Self-employe	P00028325
	arer	Firm's name CHMS, PC		Firm's EIN	81-0415266
	Only	Firm's address 741 3RD AVE S	- -		
		GLASGOW, MT 59230		Phone no. 40	6-228-9391
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
4320	01 11-0	D7-14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2014)

SCANNED JUL 2 1 2015

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO EDUCATE THE COMMUNITY ON THE VALUE OF PHILANTHROPY AND TO FUND
	PROJECTS IN FIVE AREAS OF COMMON LIFE IN VALLEY COUNTY: ARTS AND
	CULTURE, BASIC HUMAN NEEDS, ECONOMIC DEVELOPMENT, EDUCATION, AND
	NATURAL RESOURCES AND CONSERVATION.
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 \$ 53,713. including grants of \$ 53,713.) (Revenue \$
	TO FUND WORTHY PROJECTS IN VALLEY COUNTY
<u> </u>	(Code) (Expenses \$4,500 . including grants of \$4,500 .) (Revenue \$
4b	(Code) (Expenses \$4,500. including grants of \$4,500.) (Revenue \$\$ TO PROVIDE SCHOLARSHIPS TO STUDENTS FROM VALLEY COUNTY.
	TO PROVIDE SCHOLLARSHIPS TO STODENTS PROM VALUET COUNTY.
 4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
40	(Code) (Expenses \$) (Nevenue \$) (Nevenue \$)
4d	Other program services (Describe in Schedule O)
ŦŪ	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 58, 213.
<u></u>	Form 990 (201

			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	_X_	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	i	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	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		_X_
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		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 13		^
128	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	1.2.0	 	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ĺ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		}	v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
^	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	 -	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	**
	in 163 to mic 204, the the organization attach a copy of its addited imalicial statements to this return.		990	(2014)

Part IV Checklist of Required Schedules (continued)

VALLEY COUNTY COMMUNITY FOUNDATION

Continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-100	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		.	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			3.7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	Ì	x
~4	contributions? If "Yes," complete Schedule M	30_	<u> </u>	Α_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31]	X
22	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 22
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
.	Part V, line 1	34	1	X
35a	The state of the s	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 555		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	
	If "Yes," complete Schedule R, Part V, line 2	36	1	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u>_</u> _
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
			_	

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8 <u>1</u>	052	67	$\frac{1}{4}$	Pa	ge 5
					_

014) VALLEY COUNTY COMMUNITY FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		_
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			1
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).			1
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		├
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		[
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders Characteristics of the state of the stat			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them) [11b] [20 17 4047(-2/4) 4047(40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(20) qualified appropriate health incurrence received.		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
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 Enter the amount of reserves on hand 13b 13c	1	ł	
с 14а		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		 -
	1 100, Tide to the 2 of the 12 to topolit those payments. If the provide all explanation in concedure of	, , , , ,		

Form	990	(201	4

VALLEY COUNTY COMMUNITY FOUNDATION

81-0526746 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 11			
	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.		ĺ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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		X
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		<u>X</u>
6	Did the organization have members or stockholders?	6_		<u> </u>
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_		<u> </u>
. р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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_		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 Id		
b 40-	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	Ì
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	Х
	Other officers or key employees of the organization	15b		Х
_	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		X
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	}		ĺ
	exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılat	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i fınan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARGARETA WALSTAD - 406-228-2847 83 BONNIE STREET GLASGOW MT 59230		_	
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VALLEY COUNTY COMMUNITY FOUNDATION

81-0526746 Page

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organizati	on nor any related	orga	ınıza	tion	cor	nper	ısat	ed any current officer, o	firector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	ído	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					h an	compensation	compensation	amount of
	week	├──	er an	aaa	recic	Irus	(66)	from	from related	other
	(list any	rect						the	organizations	compensation from the
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	iste	tres		9	шреп		(44-2/1099-141130)		and related
	below	dualt	thona	_	읦	st co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			
(1) DARLA LARSON	1.00									
SECRETARY		X		X				0.	0.	0.
(2) ALLEN BUNK	1.00	Į								
DIRECTOR		X	<u></u>		_	<u> </u>	<u> </u>	0.	0.	0.
(3) JEAN CARLSON	1.00	ļ								
DIRECTOR		X		<u> </u>		ļ		0.	0.	0.
(4) STACEY CANEN	1.00									
DIRECTOR	1 00	X			-	-		0.	0.	0.
(5) SHELLEY HOPFAUF	1.00	1			Į					
DIRECTOR	1 00	X	-	_	1	-		0.	0.	0.
(6) CYNTHIA MARKLE	1.00	3,						0.	0.	
DIRECTOR	1 00	X	├	╁	-	-		<u> </u>	<u> </u>	0.
(7) JON KLIEWER	1.00	x						0.	0.	0.
DIRECTOR	1.00	^					\vdash	 	0.	
(8) GARY WAGEMAN	1.00	X		X	Ì			0.	0.	0.
VICE PRESIDENT (9) MARGARETA WALSTAD	1.00	<u> </u>	-					<u> </u>		
TREASURER	1.00	x		x	}		l	0.	0.	0.
(10) SAM WATERS	1.00	<u> </u>			ļ.—					
DIRECTOR		X						0.	0.	0.
(11) KENNNETH OSTER	1.00									
PRESIDENT		X		X				0.	0.	0.
				1	}	}	l	}		1
		<u>L</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
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Form 990 (2014) VALLEY (81_05	<u> 26'7</u>	46	þ	ige 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							1 1			1.1			
(A) Name and title	Name and title Average hours per week		Ours per (do not check more than one box, unless person is both an officer and a director/trustee)			h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo o	(F) mate ount o ther	of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC		orga	m the nızatı relate	ed
		<u> </u> 											
		_	_										
					_								
				_	_	 							
				_							_	<u></u>	
		<u> </u>					_						
										_			
1b Sub-total c Total from continuation sheets to Part	VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	nose	liste	ed a	bove	e) wł	no re	eceived more than \$100),000 of reportable	0.	·		0.
compensation from the organization											,	Yes	No.
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey eı	mplo	yee	, or	highest compensated e	mployee on		3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le c							the organization		4		x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	r accrue compe	nsat	ion	from	any	/ unr			idual for services		5		x
Section B. Independent Contractors									# 100,000 - f				
Complete this table for your five highest of the organization. Report compensation for	•								•	——			
(A) Name and busines	s address	N	ON:	E			_	(B) Description of	services	Co	(C) empen		n
	· · · · · · ·		_								·		
								·		_			
	· · · · · ·						_	 					
	(male desired				. عاد			d ab and the			<u> </u>		
2 Total number of independent contractors \$100,000 of compensation from the orga	•	10t li	ımıte	ed to		se li 0	stec	above) who received r	nore tnan			<u> </u>	
										F	orm S	990 (2014

-orm	990	(2014)	
CHILI	330	(2017)	

4) VALLEY COUNTY COMMUNITY FOUNDATION Statement of Revenue

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		Check if Schedule O contains	a response	or note to any line		, 		<u>, L.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a			` .		
E 3	b		1b					
هَ قِ		Fundraising events	1c					
₹ ¥	G		1d			1		
Ç.≝	d		-					
Sis	e	All other contributions, gifts, grants, ar						
돌	f	similar amounts not included above	11	86,322.				
語る			·					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f Total, Add lines 1a-1f	*		86,322.			
- "		Total, Add lines 1a-11		Business Code	00,322.			
a.	2 a			Dusiness Code				
ķ	₂ b							
Ser								
E S	c			-				
Pega	d							
Program Service Revenue	e 4	All other program service revenue						
	, ~	Total. Add lines 2a-2f						
\dashv	<u>_</u> 3	Investment income (including dividence)	dends intere					
ł	3	other similar amounts)	acrido, irrici	> (18.	18.		
	4	Income from investment of tax-ex-	amnt hand r	´ F		101		
	5	Royalties	ampt bond p	roceeds				
	3	rioyanies	(ı) Real	(II) Personal				
	6 a	Gross rents	(1) 11041	(ii) i ciconai				
	b					ŀ		
		Dantal manage (1999)						
	c			—				
	d	` ' [Securities	(II) Other				
	, a	assets other than inventory	Occurred	(1) (1)				
	h	Less: cost or other basis						1
		and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)						
_		Gross income from fundraising ev	ents (not					
nue	0 0	including \$		1		}		}
Ş		contributions reported on line 1c).						
Other Reve		Part IV, line 18	а	j]		
<u>a</u>	b	Less direct expenses	b					
0		Net income or (loss) from fundrais		•				
		Gross income from gaming activit	-					
		Part IV, line 19	а					
	ь	Less direct expenses	b]		
		Net income or (loss) from gaming		•				
		Gross sales of inventory, less retu						
		and allowances	а	1		ì		
	ь	Less cost of goods sold	b					
	С	Net income or (loss) from sales of	inventory					
		Miscellaneous Revenue		Business Code				
	11 a						<u></u>	ļ
	b							
	С							<u> </u>
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				ļ
	12	Total revenue See instructions.			<u>86,340.</u>	18.	0	. 0.

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Form 990 (2014) VALLEY COUNTY COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	53,713.	53,713.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	4,500.	4,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include	j			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	330.		330.	
đ	Lobbying				-
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,039.		1,039.	
13	Office expenses Information technology	75.		75.	
14				7.3.	
15	Royalties Occupancy				
16 17	Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials			}	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
a b	amount, list line 24e expenses on Schedule 0.) DUES , FEES	180.		180.	
C					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	59,837.	_58,213.	1,624.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(%)), persons described in section 4958(%)(3)(B), and contributing employees and sponsioning organizations of section 501(c)(B) voluntary employees and sponsioning organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10s Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 15 Other assets See Part IV, line 11 16 Tottal assets. Add lines 1 though 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Tax exempt bond liabilities 20 Tax exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 20 Complete Part I of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 21 Complete Part IV of Schedule D 22 Loans and other payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities and included on lines 17:24). Complete Part X of Schedule D 36 Total liabilities and included on lines 17:240. Complete Part X of Schedule D 37 Total liabilities and tollow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, an	Part X	Balance Sheet		<u></u>	1 1
1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(g)(3(6)), and contributing employers and sponsoring organizations of section 501(e)(9) voluntary employees' beneficiary organizations of section 501(e)(9) voluntary employees ibeneficiary organizations of section 501(e)(9) voluntary employees ibeneficiary organizations of section 501(e)(9) voluntary employees ibeneficiary employees in 50 L 7 Notes and toans receivable, nat 10 Less' accumulated depreciation 10 L 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - programirated See Part IV, line 11 14 Intrageble assets 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets See Part IV, line 11 17 Total assets See Part IV, line 11 18 Total assets See Part IV, line 11 19 Total assets See Part IV, line 11 19 Total assets See Part IV, line 11 10 Total assets See Part IV, line 11 1		Check if Schedule O contains a response or note to any line in this Part X		1.70	
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3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 employees and sponsoming organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and baans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments - program-related See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 D 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 D 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 D 23 Conditional for exercised income tax, payables to related third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Cherri liabilities (including federal income tax, payables to related third parties 26 T	1	Cash - non-interest-bearing		1	
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5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11)), persons described in section 4958(g)(3)(B), and contributing employers and sponsoring organizations of section 5015(g)(9) voluntary employers and sponsoring organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments: publicly traded securities 12 Investments: program-related See Part IV, line 11 13 Investments: program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other labilities (including federal momen tax, payables to related third parties, and other liabilities including federal momen tax, payables to related third parties 3 Total liabilities. Add lines 17 through 25 3 Organizations that follow SFAS 117 (ASC 958), check here 7 Total liabilities.	3	Pledges and grants receivable, net		3	
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6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less' accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 24 Complete Part II of Schedule L 25 Cother liabilities (including federal income tax, payables to related third parties 26 Total 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 26 Total liabilities. Add lines 17 through 25 197, 200. 25 197 27, 200. 26 197 28 Total liabilities. Add lines 17 through 25 199, 200. 26 1997 197, 200. 26 1997		trustees, key employees, and highest compensated employees. Complete			
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26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and		·	197,200.	25	197,656.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	26				197,656.
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	တ္သ				
Temporarily restricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	ğ 2	· · · · · · · · · · · · · · · · · · ·	3,282.	27	<u>4,8</u> 73.
Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	를 21	Temporarily restricted net assets	22,311.	28	26,815.
Organizations that do not follow SFAS 117 (ASC 958), check here	B 29	Permanently restricted net assets	377,060.	29	440,980.
	돌	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
อ and complete lines 30 through 34.	<u> </u>	and complete lines 30 through 34.			
30 Capital stock or trust principal, or current funds	ध । 30	Capital stock or trust principal, or current funds		30	
31 Paid-in or capital surplus, or land, building, or equipment fund	18 3.	Paid-in or capital surplus, or land, building, or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds	₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets of fund balances 402,000. 33 472	z 30	Total net assets or fund balances			472,668.
		Total liabilities and net assets/fund balances	<u>599,853,</u>	34	670,324.

Form **990** (2014)

Form	990 (2014) VALLEY COUNTY COMMUNITY FOUNDATION	81-052	6746	Pac	
	t XI Reconciliation of Net Assets		1. 1		
	Check if Schedule O contains a response or note to any line in this Part XI			2	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	6,3	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5:	9,8	37.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	6,5	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40	2,6	<u>53.</u>
5	Net unrealized gains (losses) on investments	5	4	<u>8,5</u>	69.
6	Donated services and use of facilities	6		_	
7	Investment expenses	7		<u>5,0</u>	<u>58.</u>
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	J			
	column (B))	10	47	<u>2,6</u>	<u>67.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				بيا
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	20		х
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.	1000	2a		
	separate basis, consolidated basis, or both.	JOHA	}]		
	Separate basis, Consolidated basis, Or Both Separate basis, Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		х
J	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
_	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		1 1		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2014)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

2014

Open to Public Inspection

Name of the organization

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

Employer identification number

VALLEY COUNTY COMMUNITY FOUNDATION 81-0526746 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An organization that normally receives, (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Schedule A (Form 990 or 990 EZ) 2014 VALLEY COUNTY COMMUNITY FOUNDATION 81-0526746 Page 2

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	37,524.	23,274.	22,312.	21,199.	86,322.	190,631.
2	Tax revenues levied for the organ-						-
	ızatıon'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	37,524.	23,274.	22,312.	21,199.	86,322.	190,631.
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)						
6	Public support. Subtract line 5 from line 4						190,631.
	ction B. Total Support			<u>.</u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	37,524.	23,274.	22,312.	21,199.	86,322.	190,631.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	,					
	and income from similar sources	6,861.	44.	21.	8.	18.	6,952.
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	1					
	assets (Explain in Part VI)						
11							197,583.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	96.48 %
15							89.94 <u>%</u>
16a	6a 33 1/3% support test - 2014. 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						
Ł	b 33 1/3% support test - 2013. 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 qual	lifies as a publicly s	supported organiza	ation .			▶
172	10% -facts-and-circumstances tes	t - 2014. If the org	anızatıon dıd not d	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		▶□
Ł	10% -facts-and-circumstances tes	-	-			17a, and line 15 is	10% or
	more, and if the organization meets tl	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-circ						▶□
_18	Private foundation. If the organization						ns 🕨 🔲
						odulo A (Form 90)	

Schedule .	Δ.	(Form	aan	٥r	ggn.r	=7\	2014
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Part III | Support Schedule for Organizations Described in Section 509(a)(2)



(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Section A. Public Support	<u> </u>	,5:010 · 0.(1 //)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-			ĺ	ļ		
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose			ļ			
3 Gross receipts from activities that					-	
are not an unrelated trade or bus-						
iness under section 513						Ì
 -			 	 	 	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			[-		
or expended on its behalf				 	 	
5 The value of services or facilities]			j
furnished by a governmental unit to						
the organization without charge		ļ		ļ	 	
6 Total. Add lines 1 through 5		<u> </u>		<u> </u>	 	
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				l		
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			}			
IOa Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				<u> </u>	 	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
		 		 	 	
c Add lines 10a and 10b			 	 		
activities not included in line 10b,			1]
whether or not the business is						
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital			}			
assets (Explain in Part VI)		 	<u> </u>	ļ	ļ	<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>		<u></u>	
14 First five years. If the Form 990 is for t	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						
ection C. Computation of Public	Support Pe	ercentage			-, -	
15 Public support percentage for 2014 (lir	ne 8, column (f) c	divided by line 13,	column (f))		15	
6 Public support percentage from 2013	Schedule A, Par	t III, line 15		 	16	
section D. Computation of Inves	tment Incom	ne Percentage			_ _	
7 Investment income percentage for 201	4 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	
8 Investment income percentage from 2	013 Schedule A,	, Part III, line 17			18	
9a 33 1/3% support tests - 2014. If the o	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	-					►□
b 33 1/3% support tests - 2013. If the o	=					and
line 18 is not more than 33 1/3%, chec	_					. —
20 Private foundation. If the organization		•	•		•	
THE PARTY OF THE P			<u>.,,</u>	227 2110 000 11		

Schedule A (Form 990 or 990-EZ) 2014 VALLEY COUNTY COMMUNITY FOUNDATION

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
1	2		
+	3 <u>a</u>		
-	3b		
Į	3с		
	4 -		
ł	4a		
ļ	4b		
ĺ	4c		
	5a		
	5b		
	5c		
	6		
	_		
	8	ļ	
	9a	_	
	9b		
	9c	<u> </u>	
	10a	 -	
	10b		

Sche	dule A (Form 990 or 990-EZ) 2014 VALLEY COUNTY COMMUNITY FOUNDATION /81-05	2674	6 Pa	age 5
Pa	rt IV Supporting Organizations (continued)	1 2	/	1
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ļ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			İ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			ł
	supervised, or controlled the supporting organization.	2_		
Sec	tion C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		!	
	or management of the supporting organization was vested in the same persons that controlled or managed		İ	
	the supported organization(s).		<u> </u>	<u> </u>
Sec	tion D. Type III Supporting Organizations		T	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			[
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		ł	ļ
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		1
	significant voice in the organization's investment policies and in directing the use of the organization's	i		ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	ļ]
Sac	supported organizations played in this regard. stion E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
1_	The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	raictions	e)	
2	Activities Test Answer (a) and (b) below.	, a c a c a c	Yes	No
a	The state of the s		163	''\
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			İ
	how the organization was responsive to those supported organizations, and how the organization determined	!		
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 	_
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		Ì
3	Parent of Supported Organizations. Answer (a) and (b) below.		t	†
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		\vdash	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_	L	

Schedule A (Form 990 or 990-EZ) 2014 VALLEY COUNTY COMMUNITY	FOUN	YOTTAD	31-0526746 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
D. M. Company		(A) D===>/===	(B) Current Year
ection B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a_		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d_		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		<u> </u>
Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functional	lv-integrate	ed Type III supporting or	ganization (see

instructions)

Da	The Manual County			1-0326.746 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions	<u></u> ,		
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	<u> </u>		
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2014			
a			<u> </u>	•
b				
_ с				
d			· · · · · · · · · · · · · · · · · · ·	
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)		·	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,		!	
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
_ b	Applied to 2014 distributable amount			
_ c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b				
c				
<u>d</u>	Excess from 2013			
6	Excess from 2014	İ	1	

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Supplemental Information. 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).
	
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

; d Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

Name of the organization

VALLEY COUNTY COMMUNITY FOUNDATION

Employer identification number

81-0526746 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		COUNTY COM							Page 2
Par									 _
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that are a	signific	ant use of its	collection	ritems
	(check all that apply)								
а	Public exhibition	(a 🗀 L	oan or exc	hange programs				
b	Scholarly research	•	. 🔲 c	ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how the	y further t	he organization's ex	kempt p	urpose in Pai	t XIII.	
5	During the year, did the organization solicit o				_				
	to be sold to raise funds rather than to be ma						- I	Yes	□ No
Par	t IV					to Form	990. Part IV.		
	reported an amount on Form 990, Pa			Ū			,	, -	
	Is the organization an agent, trustee, custod		diary for c	ontribution	s or other assets n	ot inclu	ded		
	on Form 990, Part X?		۵،۵، ۲			01 1110.01		Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	allowing ts	ple.			L	_ 103	
b	Tros, explain the arrangement in rate Air	and complete the re	Jilowing to	ibio.				Amount	
_	Beginning balance					<u> </u>		Amount	
							1c		
	Additions during the year						1d		
e	Distributions during the year						1e		
1	Ending balance Did the organization include an amount on Fi	arm 000 David V lima	. 01 for o		حدا فعريجج مرامياه مغمر	_	1f	Yes	□ No
	9	•				•	<u>. </u>	_ res	
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete i								
	2 Tale Williams 1 and 3 complete	(a) Current year	1	or year	(c) Two years back		ree years back	(a) Four	years back
4	Decimping of year halance	(a) Current year	(0) 1 1	o year	(C) TWO years back	(0)	ilee years back	(e) i oui	years back
1a	Beginning of year balance		 		 	 -		 	
b	Contributions		 			 		 	
С.	Net investment earnings, gains, and losses		 		-	 		 	
d	Grants or scholarships							 	
е	Other expenditures for facilities								
_	and programs		-			 		 	
f	Administrative expenses		 		-	+		 	
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balan		, column (a	a)) neid as.				
а	Board designated or quasi-endowment		%						
ь	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	are held a	and administered fo	r the or	ganization	г	
	by							r—-	Yes No
	(i) unrelated organizations							3a(i)	<u>X</u>
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•						3b	
4	Describe in Part XIII the intended uses of the		owment fu	unds					
Pai	t VI Land, Buildings, and Equipn						_		
	Complete if the organization answere								
	Description of property	(a) Cost or o	1		1 , ,	Accum		(d) Bool	< value
		basis (invest	ment)	basis	(other) c	deprecia	ation		
1a	Land								
þ	Buildings	<u> </u>							
С	Leasehold improvements		_						
d	Equipment .	<u> </u>							
е	Other								
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colum	n (B), line	10c)		🕨 📗		<u> </u>

Schedule	\Box	/Form	990)	2014	

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	D (Form 990) 2014	VALLEY	COUNTY	COMMUNITY	FOUNDATION	81-	-0526746 Page 3
Part V	II Investments -	Other Securit	ies.				yes yes but
					11b See Form 990, Pa	art X, line 12.	
(a) Desc	ription of security or cate	GOTY (including name of	security)	(b) Book value	(c) Method of val	luation. Cost or end	of-year market value
(1) Finan	cial derivatives						
(2) Close	ly-held equity interests	5					
(3) Other	,				<u></u>		
(A)							
(B)							
(C)							
(D)					 		
(E)							
(F)							
(G)							
<u>(H)</u>			1015	<u></u>	 		
	(b) must equal Form 99				<u> </u>		
Part	III Investments -	•		000 D-+N/1	11 - 0 - F 000 B	17/1- 40	
	(a) Description of		od "Yes" to Fo	(b) Book value	11c See Form 990, Pa		of-year market value
(4)	ONTANA COMM			(b) Book value	(C) WELFIOD OF VAI	Uation Cost or end	- Oryear market value
	OUNDATION	IONILI		607,910.	END-OF-VE	AR MARKET	VAT IIP
(2) E	OUNDATION			001,310.	END-OF-IE	MARKET	VALUE
(4)					 		
(5)_				·			
(6)							
(7)		<u> </u>	 -	· · · · · · · · · · · · · · · · · · ·			
(8)					 		
(9)							
	l. (b) must equal Form 99	0. Part X. col. (B) line	13.)	607,910			
Part I							
	Complete if the org	ganization answere	d "Yes" to Fo	orm 990, Part I <u>V, l</u> ine	11d See Form 990, P	art X, line 15	
			(a) Desc	ription			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)				<u> </u>			
Part X	olumn (b) must equal F Other Liabiliti		ol (B) line 15.)		▶	
	Complete if the or	ganization answere	ed "Yes" to F	orm 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25.	
1.	(a) C	escription of liabili	ty		(b) Book value		
(1) F	ederal income taxes						
(2) 1	ICF FUNDS	 			197,656.		
(3)							
(4)							
(5)							
(6)							
(7)							
(8)				l			

197,656. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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O L LUDET CONTROL VILLE TO CONTROL CONTROL	// E0IDID E-017	
Schedule D (Form 990) 2014 VALLEY COUNTY COMMUNITY Part XI Reconciliation of Revenue per Audited Financial St	Y FOUNDATION	81-0526./(4)6\-Page 4
Complete if the organization answered "Yes" to Form 990, Part IV, III		ide per neturii.
Total revenue, gains, and other support per audited financial statements	116 124.	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
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	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Part XII Reconciliation of Expenses per Audited Financial S	•	nses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 12a.	
Total expenses and losses per audited financial statements		_1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1.1	
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
3 Subtract line 2e from line 1		3
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	
c Add lines 4a and 4b	1 70 1	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2, Part XI,
PART V, LINE 4:		
VALLEY COUNTY COMMUNITY FOUNDATION IS TH	E BENEFICIARY	OF AN AGENCY
ENDOWMENT AT MONTANA COMMUNITY FOUNDATION	N AND RECEIVES	, ANNUALLY, AN
ENDOWMENT DISTRIBUTION TO SUPPORT OUR OF	ERATIONS.	
	· · · · · · · · · · · · · · · · · · ·	
432054		
452054 10-01-14		Schedule D (Form 990) 2014

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

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

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OMB No 1	20	pen to
0		0

Employer identification number

Inspection

Š 81-0526746 SNDOWMENT TO SUPPORT OUR (h) Purpose of grant or assistance CONTRIBUTIONS OF AN X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OPERATIONS. 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 41,060 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table VALLEY COUNTY COMMUNITY FOUNDATION (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table 81-0450150 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 1 N LAST CHANCE GULCH, SUITE 1 MONTANA COMMUNITY FOUNDATION or government Name of the organization HELENA, MT 59601 Part II Part

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

Schedule I (Form 990) (2014)

81-0526746

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) GRANT RECIPIENTS ARE REQUIRED TO COMPLETE A FORM TO SHOW THAT GRANT FUNDS Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance Ö VALLEY COUNTY COMMUNITY FOUNDATION 4 500 (c) Amount of cash grant (b) Number of recipients STATED IN THEIR APPLICATION SCHOLARSHIPS TO STUDENTS ATTENDING EITHER A TWO OR FOUR YEAR SECONDARY SCHOOL. ASSISTANCE IS PAID DIRECTLY TO THE SCHOOL THAT THE STUDENT IS (a) Type of grant or assistance Schedule I (Form 990) (2014) WERE USED AS LINE PART I ATTENDING Part IV Part III

MEND Schedule I (Form 990) (2014) 432 102 10-15-14

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Employer identification number

Inspection

Department of the Treasury Internal Revenue Service

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

VALLEY COUNTY COMMUNITY FOUNDATION 81-0526746 FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AT A REGULAR BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER HAS TO DISCLOSE IF THEY HAVE ANY CONFLICT OF INTEREST DURING GRANT AWARD MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNINGS DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS ARE AVAILABLE UPON REQUEST.