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# 990 Form

Department of the Treasury Internal Revenue Service EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax

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

2014

▶ 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.

Open to Public Inspection

OMB No 1545-0047

	A F	or the	= 2014 calendar year, or tax year beginning $$ JUL $1$ , $$ $$ 2014 $$ and enc	ding J	<u>UN 30, 2015</u>	
	<b>B</b> c	heck if pplicable	C Name of organization		D Employer identifi	cation number
		Addres change	LEADERSHIP MONTANA INC			
		Name change			20-8	571151
		Initial	Number and street (or P.O. box if mail is not delivered to street address) Roc	om/suite	E Telephone numbe	
		Final return/	DO DOY 5155		(406	
		termin- ated			G Gross receipts \$	368,899.
		Ameno			H(a) Is this a group re	
		Application	F Name and address of principal officer: CHANTEL MCCORMICK SC	HIEF	for subordinates	? Yes X No
		pendin	PO BOX 1373, BILLINGS, MT 591031373		H(b) Are all subordinates in	ncluded? Yes No
	1 7	ах-ехе	empt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) or [	527	If "No," attach a	list. (see instructions)
			te: ► LEADERSHIPMONTANA.ORG	,	H(c) Group exemptio	n number 🕨
			organization: X Corporation	L Year	of formation: 2007	A State of legal domicile: MT
	Pa	ırt I	Summary			
	ě		Briefly describe the organization's mission or most significant activities: <b>DEVELO</b>			
	Activities & Governance		COMMITTED LEADERS WHO UNDERSTAND THE CHALL			
	Ę		Check this box	d of more	than 25% of its net as	
	Š	_	Number of voting members of the governing body (Part VI, line 1a)			13
	8		Number of independent voting members of the governing body (Part VI, line 1b)			13
	ies	J	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			3
	₹	l	Total number of volunteers (estimate if necessary)		<u>6</u>	52
60	Act	l	Total unrelated business revenue from Part VIII, column (C), line 12			0.
20%		<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
13		_	0		Prior Year	Current Year
	ne	1	Contributions and grants (Part VIII, line 1h)	• • •	222,892.	198,413.
	Revenue		Program service revenue (Part VIII, line 2g)	⋯	172,009.	170,486.
MAR	æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	<u>0.</u> 394,901.	0.
		1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		394,901.	368,899.
SCANNED		1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Z			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		134,102.	148,000.
3	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		134,102.	0.
Ø	ben		Total fundraising expenses (Part IX, column (D), line 25)	):	<b>.</b>	
	Ш	i	<b>-</b>		226,319.	237,130.
		18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  RECEIVED  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		360,421.	385,130.
			Revenue less expenses. Subtract line 18 from line 12	ည္တ	34,480.	<16,231.
	Ses		ि FEB 0 9 2016	1 Q Ber	ginning of Current Year	End of Year
	Assets or Balances	20	Total assets (Part X, line 16)	18	181,881.	126,841.
	<b>₩</b>	21	Total liabilities (Part X, line 26)		108,367.	63,115.
	碧	22	Net assets or fund balances. Subtract line 21 from line 20	[	73,514.	63,726.
	Pá	art II	Signature Block			
	Und	er pena	alties of perjury, declare that I have examined this return, including accompanying schedules an	nd statem	ents, and to the best of m	y knowledge and belief, it is
	true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
					1-15	-16
	Sig	n	Signature of officer Signature of officer		Date	
	Her	е	CHANTEL MCCORMICK SCHIEFFER, EXECUTIVE	DIRE	CTOR	
			Type or print name and title	a.a. Tr	Date Check	DTIN
			Print/Type preparer's name  Preparer's signature (CP)	7(	# -	PTIN
	Paid		DANIEL S. MILLER, CPA DANIEL S. MILLER,	CP 1	2/07/15 self-employ	
		parer Only	Firm's name ANDERSON ZURMUEHLEN & CO., P.C.		Firm's EIN	81-0385940
	บระ	OHY	Firm's address P.O. BOX 20435 BILLINGS, MT 59104-0435		Dhone 40	6-245 512 <i>6</i>
	<u></u>	u tha !!	RS discuss this return with the preparer shown above? (see instructions)			6-245-5136 X Yes No
		y tne <u>II</u> 101 11-0		·····	··	Yes No Form <b>990</b> (2014)
	+520	וווע,	nere — — r or raperwork neudodon not reduce, see die separate instructions	<u></u>		: Ulli <b>VVV</b> (2014)

Form	990 (2014) LEADERSHIP MONTANA INC	20-8571151	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Bnefly describe the organization's mission:	<del></del>	
٠,	DEVELOP A SUSTAINABLE CORE OF COMMITTED LEADERS WHO UN	DERSTAND THE	
	CHALLENGING ECONOMIC, HEALTH, SECURITY AND RESOURCE MA		R.S
	OF MONTANA. TO FILL THE INCREASING NEED FOR OUR COMMU		
	BUSINESSES AND OUR GOVERNMENT TO BE PARTNERS FOR A STR		
		ONG, GROWING	
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	. LI Yes	LA_I NO
	If "Yes," describe these new services on Schedule O.		<b>₹</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? LYes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	thers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a			<u>486.</u> )
	THE HEART OF LEADERSHIP MONTANA IS A NINE-MONTH PROGRA	M OF PERSONAL	AND
	TRUSTEE LEADERSHIP DEVELOPMENT, AND BUSINESS AND POLIC	Y EDUCATION.	
	FORTY PARTICIPANTS FOR EACH CLASS ARE CAREFULLY SCREEN	ED AND SELECT	ED
	TO ENSURE DIVERSITY AND COMMITMENT. THE PROGRAM IS CO		
	LOCATIONS ACROSS THE STATE BEGINNING IN SEPTEMBER, CON		
	GRADUATION IN MAY. ULTIMATELY, LEADERSHIP MONTANA MEMB		AN
	IMPORTANT BOND, CREATING A POWERFUL NETWORK OF ENERGY,		
	LEADERSHIP FOR OUR STATE.	211111111111111111111111111111111111111	
	DEADERSHIP FOR OUR BIAIL.		
	\(\frac{1}{2}\)		
4b	(Code) (Expenses \$) (Re-	venue \$	··········'
4c	(Code) (Expenses \$	venue \$	)
		•	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 274,396.		
43200	12	Form 9	<b>90</b> (2014)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(x)(s) or 4947(x)(1) (other than a private foundation)?  1 If X   X   X   X   X   X   X   X   X   X		·		Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributions Did the organization engage in direct or informed political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  Section 501((x)) organizations, Did the organization engage in lobbying activities, or have a section 501((x)) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501((x)) organization behalf of or 501((x)) organization and the experiment of the complete Schedule C, Part II.  Did the organization and the experiment of the organization and the provide advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II.  Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historical areas, or historic activities of Yires," complete Schedule D, Part II.  Did the organization amends and amount in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counterling, diabit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  Did the organization, directly or provide credit counterling, diabit management, or end the repair or endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V.  Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X.  Did the organization report an amount for chief assets in Part X, line 107 If "Yes," complete Schedule D, Part X.  Did the organization report an amount for chief assets in Part X, line 15 that is 5% or more of its tot	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 L	•		1_		
public office? If "Yes," complete Schedule C, Part I  Section 50 (K)(3) regarizations. 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  I the organization a section 501(c)(e), 50	2	Is the organization required to complete Schedule B, Schedule of Contributors	_2_	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? if "154, complete Schedule C, Part II is the organization a section 501(ii)(i), 501(c)(5), or 501(o)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "154," complete Schedule C, Part II is Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or relative to the evidence of the such as a section 501(c) (iii) and in the evidence of the ev	3				
dump the tax year? If "Yes," complete Schedule C, Part II  is the organization a section Schi(e)(4), 501(6)), or S01(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for the which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part III  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for esprow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  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 VIII  If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for meestments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for meestments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for meestments - other assistance to for the lax year? If "Yes," complete Schedule D, Part XIII			3		<u> X</u>
5 is the organization a section 50 (c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smile a monutes as defined in Revenue Procedule 98-197 (**Pes*, complete Schedule C, Part II)  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment to reserve open space, the environment, historical relations or the sum assate? If "Yes," complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or or other similar assate? If "Yes," complete Schedule D, Part IV is Did the organization and the fund of amounts of the provided account flability; serve as a custodian for amounts not listed in Part X, inc or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," to explete Schedule D, Part IV if the organization is developed. Part IV if the organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part II inc organization report an amount for intelligent part	4				77
smilar amounts as defined in Revenue Procedure 98.19 // "Yes," complete Schedule C, Part III   Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule O, Part I   The provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule O, Part I   The provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule O, Part II   The provide advice on the distribution or investment or amounts in such funds or accounts? If "Yes," complete Schedule O, Part II   The provide advice on the distribution or investment or accounts of the such accounts? If "Yes," complete Schedule O, Part II   The provide advice on the distribution or investment or constitution or accounts? If "Yes," complete Schedule O, Part II   The organization report an amount or investments or the schedule O, Part II   The organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IV   The Did the organization report an amount for investments or the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IV   The Did the organization report an amount for investments or the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IV   The Did the organization is abelief to more asset in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X   The Did the organization of separate or consolidated financial statements for the tax year reported in Part X   Did the organization of schedule D, Part X   Did the organization of s	_		4		<u> </u>
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7	5		5_		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, hatonic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II   8 Did the organization maintain collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV   9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andowments? If "Yes," complete Schedule D, Part V   11 If the organization and answer to any of the following questions is "Yes," then complete Schedule D, Parts V   12 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI   13 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 167 If "Yes," complete Schedule D, Part VI   14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X   16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X   16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X   16 Did the organization organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 I	6		6		x
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Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II Did the organization is shed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, II of the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII 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 167 If "Yes," complete Schedule D, Part VIII 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 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for ther assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII The Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year? If Yes, complete Schedule D, Part X and XII Signature organization organization organization assertive activities of the lax year include a footnote that addresses the organization assertive activities organization assertive activities of the lax year include a footnote that addresses the organization organization assertive activities organization and the organization assertive activities of the lax year include a footnote that addresses the organization assertive activities organization and the organization report and part		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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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  10 Did the organization, directly or through a related organization, hold assets in temporanty restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  14 Did the organization report an amount for investments - other securities 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  15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  16 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X  17 Did the organization obtain separate, independent audited financial statements for the tax year If "Yes," complete Schedule D, Parts X and XIII  18 Schedule D, Parts X and XIII  19 A X  19 Did the organization maintain an office, employees, or agents outside of the United States?  19 Did the organization maintain an office, employees, or agents outside of the United States?  19 Did the organization organization rep	0			-	
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 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VII, VIII, VIX, or X as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII	3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		X
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.  In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  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 VIII  Did the organization report an amount for investments or 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  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization organization for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization organization for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII  Was the organization induced in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E, Part X and XII is a potional in "Yes," and if the organization aschool described in section 170(b)(1)(A)(i))? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and IV  Did the organization report on Part IX, column (A), line 3, more	10				
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16				
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 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," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b 20b		Control of the Contro	16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			17	ļ	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b	18		}		
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b			18	ļ	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a X  20a b	19	1.01.11.03.11			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
					X.
	b	THES TO TIME 20a, GIO THE OFGANIZATION ATTACH A COPY OF ITS AUGITED TIMANCIAL STATEMENTS TO THIS FETURITY.		990	2014

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Form 990 (2014) LEADERSHIP MONTANA INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
•	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		i	
	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	-	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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	1		
	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		х
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			- T
	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):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\mathbf{x}$
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	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		х
35a		35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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?  If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	1 <b>990</b>	(2014)

Par	Statements negarding Other ins Fillings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•••	 V	<u> </u>
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	<b>-</b>		
C	(gambling) winnings to prize winners?	1c	x	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	"		
2.0	filed for the calendar year ending with or within the year covered by this return	3		l
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	l
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Ī
За	744000 1 11 0	. 3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		Í
	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		Х
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		. 5c		
6a				
	any contributions that were not tax deductible as chantable 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).			
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 pay	/or? <b>7a</b>		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			ĺ
	to file Form 8282?	. 7c	ļ <u>.</u>	X
d	• • • • • • • • • • • • • • • • • • • •			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		_7f		Х
g				-
h		C? 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ĺ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter:			1
a				
11		$\dashv$		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			1
a	Gross income from other sources (Do not net amounts due or paid to other sources against			1
U	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	L
	16 H. W.	13a		
_	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			1
_	organization is licensed to issue qualified health plans			1
С				
14a		. 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		
		Form	990	(2014)

432005 11-07-14 Form 990 (2014) LEADERSHIP MONTANA 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.  $[\mathbf{x}]$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? .... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Яh b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye<u>s</u> No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request \_\_\_ Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTIE LININGER - (406)896-5877

BOX 1373, BILLINGS, MT

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson i	than is bot or/trus	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	compensation from the organization and related organizations
(1) TOM MCGREE	2.00			,,					_	•
CHAIR	2 00	X		X		├		0.	0.	0.
(2) BENJAMIN CORY	2.00	X							_	•
BOARD MEMBER	2.00	^					-	0.	0.	0.
(3) AMY KELLOGG	2.00	X		x				0.	_	^
ALUMNI CHAIR	2.00	^	-	^				U •	0.	0.
(4) LESLIE MESSER	2.00	X				ł		0.	0.	0.
BOARD MEMBER	2.00	^							0.	<u>U•</u>
(5) RICK LEUTHOLD		X						0.	0.	0.
BOARD MEMBER (6) MIKE O'NEIL	2.00	A						0.	0.	<u></u>
PAST CHAIR	2.00	X		х				0.	0.	0.
(7) ROLF GROSETHI	2.00	1		*					0.	0.
BOARD MEMBER	2.00	$ \mathbf{x} $		İ				0.	0.	0.
(8) JEAN BRANSCUM	2.00	1								0.
BOARD MEMBER	2100	$\mathbf{x}$						0.	0.	0.
(9) VAN BLAKELY	2.00					Ì				
BOARD MEMBER		$\mathbf{x}$						0.	0.	0.
(10) CHAD LIPPERT	2.00									
SECRETARY/TREASURER		$\mathbf{x}$		x				0.	0.	0.
(11) BRENDA PETERSON	2.00									
VICE CHAIR		X		X				0.	0.	0.
(12) LAURENCE HUBBARD	2.00									
BOARD MEMBER		X						0.	0.	0.
(13) BARBARA BRAIDED HAIR	2.00									
BOARD MEMBER		X						0.	0.	0.
(14) CHANTEL MCCORMICK SCHIEFFER	40.00	]								
EXEC. DIRECTOR				X				44,017.	0.	0.
(15) JEFFREY LAVERDIERE	40.00									
FORMER EXEC. DIRECTOR				X				31,293.	0.	0.
			_							
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	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	not c	Posi heck ss pe	erson directo	Highest compensated the property and propert	nan tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	s	comports organic	(F) timate tount of other pensa om the anizate t relate inizate	of ation e ion ed
<del></del>			1								_			
					-	-								
			<del> </del> 	-	_	_				<del>-</del> .				-
				-		_								
			<u> </u>	-		-							<u> </u>	
			-											
	Sub-total  Total from continuation sheets to Part	VII, Section A	<del></del>				· ·	<b>&gt;</b>	75,310. 0.		0.			0.
2 T	otal (add lines 1b and 1c) otal number of individuals (including but	not limited to the	nose	 e liste	ed a	bov	e) wi	no r	75,310. eceived more than \$100	0,000 of reportab	0. le			0.
	compensation from the organization  Old the organization list any former office	r, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			Yes	No
4 F	ne 1a? <i>If "Yes," complete Schedule J for</i> For any individual listed on line 1a, is the	such individual sum of reportab	, ole c	omp	ensa	atioi	n and	d ot				3_		х
5 [	and related organizations greater than \$1 Did any person listed on line 1a receive o	r accrue compe	nsa	tion	from	any	y uni			idual for services		4		X
Section	endered to the organization? If "Yes," co									\$100 DOO of oo		5		X
	Complete this table for your five highest on the organization. Report compensation for								n the organization's tax					
_	(A) Name and busines	ss address	N	ON	E				(B) Description of s	services	С	(C Compe		n
								-						<del></del>
						_					· <del>-</del>		<del></del>	_
														<del></del>
													-	
	Total number of independent contractors \$100,000 of compensation from the orga		not I	ımite	d to		se li O	stec	d above) who received n	nore than				
	<del></del> -	-										Form	<b>990</b> (	2014)

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		(2014) LEADERSHIP N	20-857	L151 Page 9			
Par	t VI	II Statement of Revenue				<del></del>	
	•	Check if Schedule O contains a respon	se or note to any lin		<u> </u>	·	
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f  TUITION AND FEES ALUMNI EVENTS/MEETINGS		198, <b>4</b> 13. 135,111. 35,375.			
p.	е		_				<del> </del>
-	f	All other program service revenue		170 406			
$\rightarrow$		Total. Add lines 2a-2f	<b>&gt;</b> _	170,486.			-
Other Revenue	7 a	Less: rental expenses	d proceeds  (ii) Personal  (ii) Other				
	9 a b c c 10 a b	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising event Gross income from gaming activities See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	b				
	b						

# Form 990 (2014) LEADERSHIP MONTANA INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX								

	Check if Schedule O contains a respons of Include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	80,300.	20,075.	20,075.	40,150
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 salanes and wages	44,140.	26,484.	17,656.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	23,560.	10,013.	7,657.	5,890
11	Fees for services (non-employees):				
а	Management				
b	Legal	15.		15.	
C	Accounting	4,025.	1,800.	2,225.	
d	Lobbying				
e	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 O.)	1,200.			1,200
12	Advertising and promotion	13,953.	13,944.	9.	
13	Office expenses	28,402.	27,358.	1,044.	
14	Information technology				
15	Royalties				
16	Occupancy				· · · · · · · · · · · · · · · · · · ·
17	Travel	20,596.	16,270.	4,326.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133,011.	133,011.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	150.		150.	
23	Insurance	1,889.		1,889.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ALUMN EXPENSES	23,337.	23,337.		
b	MISCELLANEOUS	4,868.	1,338.	3,530.	
С	BANK CHARGES	4,465.	396.	4,069.	
d	DUES AND SUBSCRIPTIONS	1,219.	370.	849.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	385,130.	274,396.	63,494.	47,240
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	177,117.	1	122,812.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,784.	4	0 .
5	Loans and other receivables from current and former officers, directors,	<b>.</b>		
	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under	·		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ဖ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8   S	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	<del></del>
10:	and the state of t			
.0.	basis. Complete Part VI of Schedule D 10a 1, 200.			
	b Less accumulated depreciation 10b 370.	380.	10c	830
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
15	Other assets. See Part IV, line 11	2,600.	15	3,199
16	Total assets. Add lines 1 through 15 (must equal line 34)	181,881.	16	126,841
17	Accounts payable and accrued expenses	9,465.	17	6,285
18	Grants payable		18	
19	Deferred revenue		19	•
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
l	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
Liabilities 5	Complete Part II of Schedule L		22	
تا 23 اتا	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	· · · · · ·	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	98,902.	25	56,830
26	Total liabilities. Add lines 17 through 25	108,367.	26	63,115
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
တ္က	complete lines 27 through 29, and lines 33 and 34.			
ဥ္က 27	Unrestricted net assets		27	
<u>e</u> 28	Temporarily restricted net assets		28	
m   29	Permanently restricted net assets	-	29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓			
<u></u>	and complete lines 30 through 34.			
Net Assets or Fund Balances	Capital stock or trust principal, or current funds	0.	30	0 .
98 31 83 31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	73,514.	32	63,726
2 33	Total net assets or fund balances	73,514.	33	63,726.
34	Total liabilities and net assets/fund balances	181,881.	34	126,841.

Form **990** (2014)

Form 990 (2014)

### **SCHEDULE A**

Department of the Treasury

(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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization 20-8571151 LEADERSHIP MONTANA INC 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 6 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 |X| 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN other support (see (described on lines 1-9 organization support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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Schedule A (Form 990 or 990-EZ) 2014

Page 2 Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 7 Amounts from line 4 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 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 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 qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

18	Private foundation.	. If the organization did r	ot check a box on	line 13, 16a,	16b, 1	7a, or 1	7b, check thi	s box and se	e instructions	 ▶└	_
									A (Form 990 or	Z) 2	014

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

### 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.)

Sec	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	77,180.	71,170.	223,342.	222,892.	204,856.	799,440.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	46, 220	05 177	100 200	107 500	170 400	COE 700
_	organization's tax-exempt purpose	46,330.	85,111.	196,296.	107,509.	1/0,480.	605,798.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	123,510.	156,347.	419,638.	330,401.	375,342.	1,405,238.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			2,250.	8,318.	3,555.	14,123.
t	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						0.
	Add lines 7a and 7b			2,250.	8,318.	3,555.	14,123.
	Public support (Subtract line 7c from line 6)						1,391,115,
	ction B. Total Support		······································		<u> </u>	•	
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	123,510.	156,347.		330,401.	375,342.	1,405,238.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17.	7.	-			24.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b	17.	7.				24.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	123,527.	156,354.	419,638.	330,401.	375,342.	1,405,262,
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here				<u></u>	<del> </del>	
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage			<del>,</del>	
15	Public support percentage for 2014 (	line 8, column (f) di	ivided by line 13, o	column (f))		15	98.99 %
	Public support percentage from 2013			<u> </u>		16	<u>99.19 %</u>
	ction D. Computation of Inve					<del></del>	
17	Investment income percentage for 20	<b>)14</b> (line 10c, colun	nn (f) dıvided by liı	ne 13, column (f))		17	.00 %
18	,					18	%
19	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the		=	· · · · · · · · · · · · · · · · · · ·	=		▶\X
	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization		=				

#### 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	A. All	Supporting	<b>Organizations</b>
-----------	--------	------------	----------------------

- 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.
- 2 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?
- 6 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.)

r		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	<u>4a</u>		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		:
		<u> </u>	
;	9c	-	
	10a		<del>                                     </del>
	10b	<u> </u>	<u> </u>

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pan	Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>g Organ</u>	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	<del>,</del> -				
Sectio	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)				
1	Net short-term capital gain	1_						
2	Recovenes of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or	į l						
_	maintenance of property held for production of income (see instructions)	6_						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
_ a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1 <u>c</u>						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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		<u> </u>				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by .035	6						
_7	Recovenes of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Secti	on C - Distributable Amount			Current Year				
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2_	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
	Enter greater of line 2 or line 3	4						
	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	lly-integrate	ed Type III supporting org	ganization (see				
	instructions)							

Schedule A (Form 990 or 990-EZ) 2014

Part	V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	· · · · · · · · · · · · · · · · · · ·
Sectio	n D -	Distributions			Current Year
1 /	4mou	nts paid to supported organizations to accomplish exe	mpt purposes		
2 . 4	4mou				
c	organi	zations, in excess of income from activity			
3 /	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4 /	Amou	nts paid to acquire exempt-use assets		-	
		ied set-aside amounts (prior IRS approval required)			
		distributions (describe in Part VI). See instructions.			
		annual distributions. Add lines 1 through 6.			
_		outions to attentive supported organizations to which the	he organization is responsive		
		de details in Part VI). See instructions.			
		outable amount for 2014 from Section C, line 6			
		amount divided by Line 9 amount			
10 .	_1110 0	amount divided by Line 5 amount	(i)	(ii)	(iii)
Sectio	n E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1 [	Dietnh	outable amount for 2014 from Section C, line 6		110 2017	PHIOGRAPH TO LOT
	-	rdistributions, if any, for years prior to 2014			
		onable cause required-see instructions)			
		is distributions carryover, if any, to 2014:			
	EXCUS	s distributions carryover, it any, to 2014.			
<u>a</u>					
<u>b</u>					
<u> </u>		· · · · · · · · · · · · · · · · · · ·			
d		0010			
	From				
	_	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
		over from 2009 not applied (see instructions)			
		under. Subtract lines 3g, 3h, and 3i from 3f.			
		outions for 2014 from Section D,			
_	line 7				
_ a /	Applie	ed to underdistributions of pnor years			
•		ed to 2014 distributable amount			
		ander. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2014, if			
	-	Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
		ining underdistributions for 2014. Subtract lines 3h			
;	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exce	ss distributions carryover to 2015. Add lines 3j			
i	and 4	c.			
8	Break	down of line 7:			
a					
b					
С					
d	Exces	ss from 2013			
		es from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 LEADERSHIP MONTANA INC	20-8571151 Page 8
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).	
•		
<del></del>		
		<del> </del>
		• • • • • • • • • • • • • • • • • • • •
		<del>.</del>
	A CONTRACTOR OF THE CONTRACTOR	
		<del> </del>

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

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

Inspection

Name of the organization

LEADERSHIP MONTANA INC

**Employer identification number** 20-8571151

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		. Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	. —	tified historic structure
	Preservation of open space	<del></del> -	
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired		ture
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
_	year >	-	
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of po	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$
		· · · · · · · · · · · · · · · · · · ·	<b>.</b> .
2	If the organization received or held works of art, historical tre		al gaın, provide
	the following amounts required to be reported under SFAS		
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2014

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

Sched	dule D (Form 990) 2014 LEADERS	HIP MONTANA	INC				20-85	<u>71151</u>	Page <b>2</b>
Par	t III Organizations Maintaining C	collections of Art	t, Historical	Treasures, c	or Othe	er Simi	lar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of t	ne following tha	t are a s	ignificant	use of its	collection	rtems
	(check all that apply):								
a	Public exhibition	d	Loan or e	xchange progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	r the organizati	on's exe	mpt purp	ose in Parl	XIII.	-
5	During the year, did the organization solicit o	r receive donations o	f art, historical ti	easures, or oth	er simila	r assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's	collection?			<u> </u>	Yes	No_
Par	<del></del>	- ,	te if the organiza	tion answered	"Yes" to	Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	ıan or other intermedi	ary for contribut	ons or other as	sets not	ıncluded	<b>.</b>	_	
	on Form 990, Part X?		•					Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						<del></del>
							ļ	Amount	
C	Beginning balance					. <u>1c</u>	ļ		
d	Additions during the year					<u>1d</u>			
е	Distributions during the year	•				1e			
f	Ending balance					. <u>1f</u>			
	Did the organization include an amount on Fe					lity?	L	」 Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance							-	
b	Contributions .	-		<u> </u>					
С	Net investment earnings, gains, and losses							<del>                                     </del>	
d	Grants or scholarships					_			
е	Other expenditures for facilities								
	and programs			<u> </u>		_			
f	Administrative expenses					_		<del></del>	
g	End of year balance	L	<del></del>			_			
2	Provide the estimated percentage of the cur	-	-	n (a)) held as:					
а	Board designated or quasi-endowment		_%						
ь	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should be a sh								
за	Are there endowment funds not in the posses.	ession of the organiza	ition that are nei	ano aoministe	erea tor t	ne organ	lization	Г	W 1 NI-
	by:							r	Yes No
	(i) unrelated organizations							3a(i)	<del></del>
_	(ii) related organizations	a liakad oo roowrad oo	. Sabadula B2					3a(ii)	<del></del>
_	If "Yes" to 3a(ii), are the related organization:			• • •		• •		3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment lungs.						
	Complete if the organization answere		Part IV line 11s	See Form 990	Part X	line 10			
	Description of property	(a) Cost or ot		ost or other		ccumula	tod	(d) Book	value
	Description of property	basis (investm		sis (other)	• • •	preciatio		(0) 0000	, value
	Land	2230 ( 0011		()					
1a h	Land								
D	Buildings	•	<del>-  </del>						
d	Equipment	•		1,200.			370.		830.
	Other			- / 2000					
	Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X, column (B). lin	e 10c.)					830.
	street miles is an ought for a second (a) these		1-77						<del></del>

Schedule D (Form 990) 2014

Part VIII	Investments - Other Securities.	000 D-+ IV line	11h Can Farm 000 F	and V. line 40	
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value			l-of-year market value
		(b) Book value	(C) Metriod or ve	didation. Cost of end	-Oryear market value
	al derivatives				
•	held equity interests				
(3) Other					
(A)					
(B)	· · · · · · · · · · · · · · · · · · ·		+	<del></del>	
(C)		<del></del>			<del></del>
(D)		<del></del>	<u> </u>	<del></del>	· <del></del> · · · · · · · · · · · · · · · · · ·
(E)			<del></del>	······	_ <del></del>
(F)					<del></del>
(G)	<del></del>		<u> </u>		<del></del>
(H)			<del> </del>	<del></del>	
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>		
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				<del> </del>
	(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1)			<del> </del>		
(2)				<del></del>	
(3)					<del></del>
(4)					
(5)					
(6)					
(7)					
(8)		****	<u> </u>		
(9)					
Part IX	Other Assets.  Complete if the organization answered "Yes"  (a)	to Form 990, Part IV, line Description	11d. See Form 990, F	Part X, line 15	(b) Book value
(1)					
(2)			<del></del>		
(3)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(4)			·		
(5)					
(6)					
_ (7)					
(8)					
(9)	<del>_</del>				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.		<del></del>		
	Complete if the organization answered "Yes"	to Form 990, Part IV, line		990, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
	deral income taxes				
	AYROLL LIABILITY		5,880.		
_ (3) PE	REPAID SCHOLARSHIP		50,950.		
_ (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line	⊋ 25.) ▶	56,830.		
	for uncertain tax positions. In Part XIII, provide			nancial statements	that reports the
	ation's liability for uncertain tax positions under				

432053 10-01-14 Schedule D (Form 990) 2014

#### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

LEADERSHIP MONTANA INC

**Employer identification number** 20-8571151