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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

-	٩F	or the	e 2016 calendar year, or tax year beginning and endir	ng		
Ī	3 C ap	heck if	C Name of organization		D Employer identific	cation number
	_	Addre	MONTANA STOCKGROWERS FOUNDATION			
	X	Name		391390		
		Initial return	,	n/suite	E Telephone number	
		Final return			406-4	442-3420
		termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	506,947.
	<u> </u>	return	HELENA, MI 39001		H(a) Is this a group re	
		Applic tion pendi	F Name and address of principal officer JOHN GRANDE SAME AS C ABOVE		for subordinates	
-			empt status	527	H(b) Are all subordinates in	list. (see instructions)
-			te: NWW.MTBEEF.ORG/OUTREACH/MSGA-FOUNDATION/	321	H(c) Group exemption	
-				Year o		State of legal domicile: MT
		rt I	Summary		,	
٠		1	Briefly describe the organization's mission or most significant activities. PROVIDE	ED	UCATION & RE	ESEARCH TO
	& Governance		PROMOTE AWARENESS OF THE COMPLEXITIES OF THE	E BE	EF INDUSTRY	
	rna	2	Check this box If the organization discontinued its operations or disposed of	more	than 25% of its net ass	
_	Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
71105	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
	es	5	Total number of individuals employed in calendar year 2016 (Part Value 23 IVED		5	0
Ø	Activities	6	Total number of volunteers (estimate if necessary)	그었	6	9
18	Act		Total unrelated business revenue from Part VIII, column (C) tine 12 Net unrelated business taxable income from Form 990-T line 34 NOV © 8 2017	3-080	<u>7a</u>	0.
<u>></u>		b	Net unrelated business taxable income from Form 990-T, line 34 NUV W & EUV	- <u>R</u>	7b	
SCANATION		_	Contributions and grants (Part VIII, line 1h)	-	Prior Year 19,548.	Current Year 68,422.
	ē	8	Continuations and grants (Fair VIII, IIIC III)		-26,741.	18,200.
	Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,741.	20,820.
3	Re	11	Other revenue (Part VIII, column (A), lines 5, 4, and 7d)	\vdash	21,684.	-25,858.
${\bf \vec{Q}}$		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,469.	81,584.
(၇) ·		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,822.	3,000.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	3e		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)			
	ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,288.	48,423.
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		24,110.	51,423.
			Revenue less expenses. Subtract line 18 from line 12		11,359.	30,161.
	Assets or Balances			Be	ginning of Current Year	End of Year
	Sset	20	Total assets (Part X, line 16)	-	469,194.	502,462.
			Total liabilities (Part X, line 26)	\vdash	1,799.	217.
ı	칊	22 rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		467,395.	502,245.
Į			alties of perjury, I declare that I have examined this return, including accompanying schedules and s	ntatama	nto and to the heat of my	knowledge and helief it is
		•	ct, and c <u>omplete.</u> Declaration of preparer (other than)officer) is based on all information of which pr			knowledge and belief, it is
-	iue,	COLLE	Li, and compared become of prepared (other than others) is based on all information of which pr	ораго	1/2/	117
,	Sigr		Signature of officer		Date /	
	Her		ERROL RICE, AUTHORIZED AGENT			
			Type or print name and title			· ·
•			Print/Type preparer's name Preparer's signature		Date Check	PTIN
ı	Paid		MEGHAN BRONEC, CPA MEGHAN BRONEC, CPA	1	1/02/17 self-employ	
ı	rep	агег	Firm's name WIPFLI LLP		Firm's EIN	39-0758449
ı	Jse	Only	Firm's address ▶ PO BOX 1699			
			HELENA, MT 59624		Phone no. 4 0	6.442.5520
<u>!</u>	May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
(3200	1 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2016)

	1990 (2016) MONTANA STOCKGROWERS FOUNDATION 81-0391390 Page	2
Pai	rt III Statement of Program Service Accomplishments	7 7
_		<u>K</u>
1	Briefly describe the organization's mission THE PURPOSE OF THE MONTANA STOCKGROWERS FOUNDATION IS TO PROVIDE	
	RESOURCES FOR EDUCATION AND RESEARCH THAT SUPPORTS THE MONTANA	
	STOCKGROWERS ASSOCIATION IN ENHANCING THE MONTANA RANCHING COMMUNITY,	—
	AS EXCELLENT ENVIRONMENTAL STEWARDS, IN THEIR PRODUCTION OF HEALTHY	—
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	lo
	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?	lo
_	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 \$ 38,929 · including grants of \$ 3,000 ·) (Revenue \$ -4,393 ·)
	MONTANA STOCKGROWERS FOUNDATION WAS ESTABLISHED TO ENSURE THE FUTURE OF	
	MONTANA'S CATTLE INDUSTRY THROUGH PRODUCER AND PUBLIC EDUCATION, AND	
	PROMOTION OF MONTANA STOCKGROWERS ASSOCIATION, INC. PROGRAMS.	
	PROGRAMS SUPPORTED BY THE FOUNDATION INCLUDE: THE MONTANA ENVIRONMENTAL	
	STEWARDSHIP PROGRAM AWARD, MONTANA RANGE DAYS, MSGA EDUCATIONAL	
	HERITAGE SCHOLARSHIP, MSGA MID-YEAR EDUCATION AND RANCH TOUR, THE	
	"TELLING THE STORY OF MONTANA FAMILY RANCHING" AND BOOK SERIES, THE	
	YOUNG AG LEADERSHIP CONFERENCE, THE YOUNG AG COUPLES CONFERENCE AND THE	
	YOUNG STOCKGROWERS' LEGISLATIVE CONFERENCE.	
	OTHER SUPPORT INCLUDES INTERNSHIP OPPORTUNITIES IN WASHINGTON D.C. AND	<u> </u>
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	_)
		—
		—
		_
		_
4c	(Code) (Expenses \$	_)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 38,929.	

			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	Х	
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		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_ X _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	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	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	<u> </u>	
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
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7,7
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		X	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
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	L
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	Х	
		Form	990	(2016)

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Form 990 (2016) MONTANA STOCKGROWERS FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? 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	l	_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		ľ	
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ľ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		,	l
	Schedule K If "No", go to line 25a	24a		<u> </u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		- 1	
	any tax-exempt bonds?	24c		
	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u> _
D	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	OEL		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L. Part II	26	į	Х
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		1	
	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):		İ	
а	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		' i	
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_ !	ľ	7.7
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ł	v
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
25-	Part V, line 1	34		<u>x</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	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?	550		
~~	If "Yes," complete Schedule R, Part V, line 2	36	Ì	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	(Х
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	х	
		Form	990 (2016)

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c 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, 0 filed for the calendar year ending with or within the year covered by this return 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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? 5а b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 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? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7е e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a 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 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Entera Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Form 990 (2016) MONTANA STOCKGROWERS FOUNDATION 81-0391390 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 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 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 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 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 a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 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 X 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 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 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? X The organization's CEO, Executive Director, or top management official 15a X 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 16a taxable entity during the year? 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) Own website __ Another's website X Upon request 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:

MT

59601

LORRIE VENNES - 406-442-3420

420 N. CALIFORNIA STREET, HELENA,

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MONTANA STOCKGROWERS FOUNDATION

81-0391390

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

Check if Schedule O	contains a re	sponse or note	to any	y line in thi	s 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 organization		orga	nıza			iper	sate	l I				
(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and Title	Average	(do not check more than one box, unless person is both an					one	Reportable	Reportable	Estimated		
	hours per	box,	untes per an	ss per	rson : recto	s both or/trus	an tee)	compensation	compensation	amount of		
	week	_	$\overline{}$		T	1,		from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	or di	8		ļ	ated		organization	(W-2/1099-MISC)	from the		
	related	ıstee	trust		يوا	beu	Ì	(W-2/1099-MISC)		organization and related		
	organizations below	ual tr	ona		e e	ទីខ្ល				organizations		
	line)	Individual trustee or director	nstitutional trustee	Officer	key em	Highest compensated employee	Former			Organizations		
(1) DIRK ADAMS	0.10											
TRUSTEE		X	İİ		İ		L	0.	0.	0.		
(2) PAT CAPSER	0.10								,			
TRUSTEE		X						0.	0.	0.		
(3) JOE DOOLING	0.10											
TRUSTEE		X						0.	0.	0.		
(4) DELLA EHLKE	0.10											
TRUSTEE		X						0.	0.	0.		
(5) MAX ERICKSON	0.10											
TRUSTEE		X						0.	0.	0.		
(6) TOM LOWRY	0.10											
TRUSTEE		X						0.	0.	0.		
(7) JOHN GRANDE	0.10							_	_			
CHAIRMAN		X		X				0.	0.	0.		
(8) GARY ADAMS	0.10				ĺ					_		
VICE CHAIRMAN		X		X	ļ		<u> </u>	0.	0.	0.		
					<u> </u>	\vdash	<u> </u>					
			Н			-						
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	<u> </u>				}							
						<u> </u>				-		
	<u> </u>											
								<u> </u>				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	(do box offi	Position (do not check more than oni box, unless person is both a officer and a director/trustee			1 than o	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) stimate mount other opensa	of
		hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)			e ion ed
							-				-		
								-		 	-	<u>-</u> _	
							_				-		
				-			-				-		
						_							
			_	-			-	_					
С	Sub-total Total from continuation sheets to Part VI	I, Section A	L_	<u> </u>		<u> </u>	J	>	0.	0	•		0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	·l	Tw-	0.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y er	nplc	yee,	or l	highest compensated er	mployee on	3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	e J f	for such individual	_	4		Х
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nolete Schedul	e <i>J f</i>	or si	ıch	oers	on				5	<u> </u>	Х
1	Complete this table for your five highest co the organization Report compensation for	-	-								sation f	rom	
	(A) Name and business	address	N	INC	<u> </u>				(B) Description of s	services		C) ensatio	n ——
								-					
								_					
2	Total number of independent contractors (ii \$100,000 of compensation from the organization _	ot lir	nıtec	d to		se lis	ted	above) who received m	ore than		990 /		

	990 (GROWERS F	OUNDATION		81-039	1390 Page 9
Pai	t VII	Statement of Revenu	ıe					
		Check if Schedule O conta	ins a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
Eg	b	Membership dues	1b					
Ω, Ħ	С	Fundraising events	1c	32,800.				
ig a	d	Related organizations	1d					İ
양		Government grants (contribution	ons) 1e					
Š		All other contributions, gifts, grants				ĺ		
Ĕά		similar amounts not included above		35,622.				
真白	а	Noncash contributions included in lines 1a						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	· -	<u> </u>	68,422.			
				Business Code				
ا بو	2 a	PROGRAM REVENUE		110000	18,200.	18,200.		
Program Service Revenue	b							
Sal	c							
E a	d							
ğª	е							
P.	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			18,200.			
	3	Investment income (including o	dividends, intere	est, and				
		other sımılar amounts)		▶	3,221.			3,221.
	4	Income from investment of tax-	exempt bond p	oroceeds >				
	5	Royalties						
			(ı) Real	(II) Personal				
1	6 a	Gross rents						
	b	Less [,] rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	36 4 ,905.					
	b	Less cost or other basis						
		'	3 47 ,306.					
		Gain or (loss)	17,599.	<u> </u>	45 500			17 500
		Net gain or (loss)			17,599.			17,599.
<u>a</u>	8 a	Gross income from fundraising						
en e		including \$ 32,8						
e S		contributions reported on line	1c). See	10005				
Other Revenue		Part IV, line 18	а	19,895.				
Ę.		Less direct expenses	. b	38,417.	-18,522.			-18,522.
		Net income or (loss) from fundi		P	-10,522.	, .		-10,522.
	9 a	Gross income from gaming act		31 020				1
		Part IV, line 19	a	1				
		Less direct expenses	b	17,104.	15,257.	_		15,257.
		Net income or (loss) from gami	_		13,43/.			13,231.
	10 a	Gross sales of inventory, less r		1 265		1		
		and allowances	a	00.00				
		Less cost of goods sold	b of myantan	23,030.	-22,593.	-22,593.		+
	С	Net income or (loss) from sales		Business Os its	44,333.	26,333.		
	44	Miscellaneous Revenue	 	Business Code		 		
	11 a b					 		-

81,584.

-4,393.

0.

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	•			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	·			
2	Grants and other assistance to domestic	2 222	2 222	Ì	
	individuals See Part IV, line 22	3,000.	3,000.		
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				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	5,683.		5,683.	
b	Legal				
С	Accounting	3,500.		3,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)	200	200		
12	Advertising and promotion	388.	388.	072	
13	Office expenses	873.		873.	
14	Information technology	-			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,803.	4,350.	453.	
20	Interest	=,0001	-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
 23	Insurance	810.		810.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)			<u></u>	
а	LEADERSHIP SERIES	20,000.	20,000.		·
b	ENVIRONMENTAL STEWARDSH	8,599.	8,599.		
С	MULTI-MEDIA PROJECT	1,256.	1,256.		
d	BAD DEBT	1,175.	4 226	1,175.	
	All other expenses	1,336.	1,336.	10 404	
25	Total functional expenses Add lines 1 through 24e	51,423.	38,929.	12,494.	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 fifollowing SOP 98-2 (ASC 958-720)				
	it 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 (B) (A) Beginning of year End of year 62,381. 39,036. 1 Cash - non-interest-bearing 1 46,466. 16,563. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 8,450. 9,250. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 7 Notes and loans receivable, net 7 43,847. 19,998. 8 inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 4,621. basis Complete Part VI of Schedule D 10a 4,621. 0. 0. b Less accumulated depreciation 10b 10c 417,615. 308,050. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 469,194 502,462 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 1,799. $\overline{217}$ 17 17 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 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 1,799. 217. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 455,084. 421,479. 27 Unrestricted net assets 27 13,286. 12,041. 28 28 Temporarily restricted net assets 33,875. 33,875. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Set 502,245. 467,395. 33 Total net assets or fund balances 33 469,194. 502,462. 34 Total liabilities and net assets/fund balances

	990 (2016) MONTANA STOCKGROWERS FOUNDATION	<u>81-039</u>	<u> 1390</u>	Pag	_{le} 12	
Pa	t XI Reconciliation of Net Assets	_				
	Check if Schedule O contains a response or note to any line in this Part XI					
		ll				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>.,58</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	51	51,423		
3	Revenue less expenses Subtract line 2 from line 1	3	30	1,16	<u>51.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,39		
5	Net unrealized gains (losses) on investments	5	4	1,68	<u> </u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	_9			0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1				
	column (B))	10	502	2,24	<u> 15.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1	l		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	}	1	
	separate basis, consolidated basis, or both		1 1			
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	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		1 1	ľ	\ \ \ \ \	
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	1 1	Į		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt		į		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	9 90 (2016)	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 **Employer identification number**

OMB No 1545-0047

Open to Public Inspection

	MONT	ANA STOCKG	ROWERS FOUND.	ATION		l	8	<u>1-0391390 </u>		
Part I	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part.) Se	ee instructions.				
The orga	nization is not a private found									
1	A church, convention of ch		-	_		1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organiz					-	(iii) Enter	the hospital's name		
• _	city, and state.	ation operated in cor	ijunotion with a nospital	uescribed	iii Secuc)	ini). Linter	trie nospital s name,		
- [An organization operated for	or the benefit of a col	llege or university owner	d or operat	ed by a gr		ut describe			
5	•		nege of university owner	J OI Operati	eu by a gc	overninental un	it describe	3Q III		
<u>, [</u>	section 170(b)(1)(A)(iv). (0			4-	70 // 1/41/41					
6		government or governmental unit described in section 170(b)(1)(A)(v).								
7 <u>X</u>										
	section 170(b)(1)(A)(vi). (C	•								
8 📙	A community trust describe									
9	An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a l	and-grant	college		
	or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of t	he college	or		
	university.		_ <u></u>							
10	An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membersh	ıp fees, an	d gross receipts from		
	activities related to its exer	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its	support f	from gross investment		
	income and unrelated busil	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	ıfter June 30, 1975.		
	See section 509(a)(2). (Complete Part III.)									
11 🗀	An organization organized :	and operated exclusi	vely to test for public sa	fety See	section 50	09(a)(4).				
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1)	or section	509(a)(2)	See section 5	09(a)(3). (Check the box in		
	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
a [Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anızatıon(s), ty	pically by	giving		
	the supported organization	on(s) the power to rec	gularly appoint or elect a	a majority o	of the direc	ctors or trustee	s of the su	upporting		
	organization You must o							•		
ь [Type II. A supporting org	•		tion with its	s supporte	ed organization	(s), by hav	/ina		
	control or management of	<u>-</u>				-		-		
	organization(s). You mus									
с	Type III functionally inte	-		in connect	tion with.	and functionall	v integrate	ed with.		
• _	its supported organizatio	-					,	– ,		
d [Type III non-functionally		•	-	-	•	ed organiz	zation(s)		
u _	that is not functionally int					• •	•	• •		
	requirement (see instruct	-		•		•	an attentiv	7611633		
ے د	Check this box if the orga	•	•	•			Type III			
e ∟	-					rype i, rype ii	, Type III			
4 Fa	functionally integrated, or		iany integrated supporti	ng organiz	ation					
	ter the number of supported o	·	d organization(s)							
g Pi	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization	(, =	(described on lines 1-10	Yes	No No	support (see ins	-	support (see instructions)		
			above (see instructions))	163	- 140					
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Schedule A (Form 990 or 990-EZ) 2016 MONTANA STOCKGROWERS FOUNDATION 81-0391

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	92,792.	41,649.	25,436.	19,548.	68,422.	247,847.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			İ			
	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	92,792.	41,649.	25,436.	19,548.	68,422.	247,847.
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			j			
	amount shown on line 11,						
	column (f)						21,606.
	Public support. Subtract line 5 from line 4						226,241.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	92,792.	41,649.	25,436.	19,548.	68,422.	247,847.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	9,589.	12,118.	5,469.	12,726.	3,221.	43,123.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					:	· !
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						290,970.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	215,641.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stor	here					_
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	77.75 %
15	Public support percentage from 2015	Schedule A, Part I	I, line 14			15	85.77 <u>%</u>
16a	33 1/3% support test - 2016. If the o	-		line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				$\triangleright X$
b	33 1/3% support test - 2015. If the o				line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual		•				▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t VI how the organ	nization
	meets the "facts-and-circumstances"	•			-		▶∟
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th				•		
	organization meets the "facts-and-circ		•	-			▶⊨
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ai	nd see instructions	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sac	qualify under the tests listed be tion A. Public Support	low, please comp	olete Part II)				
		(-) 0010	(h) 0010	(-) 0014	(-1) 001E	(-) 0010	(f) Tetal
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants ")		Ť	!	1		
_	_	·			 	 	
2	Gross receipts from admissions, merchandise sold or services per-			Į			
	formed, or facilities furnished in		ĺ	ĺ	1	1	
	any activity that is related to the organization's tax-exempt purpose						
_	, , ,		 - 		 -		
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-		 		 		
4	zation's benefit and either paid to					ļ	
	or expended on its behalf						
_	The value of services or facilities			 	 		
ə	furnished by a governmental unit to						
	the organization without charge						
_	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				 		
<i>i</i> a	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				ļ	1	
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)				L	L	
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ► 📙	(a) 2 <u>0</u> 12	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,				Ĭ		
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,			.			
	whether or not the business is				ĺ		
	regularly carried on			<u> </u>	<u></u>		
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)				<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12)		L <u> </u>		L	L	
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organiza	ition,
<u> </u>	check this box and stop here			<u> </u>			
	tion C. Computation of Public		-				
	Public support percentage for 2016 (III		-	olumn (f))		15	%
	Public support percentage from 2015					16	%
	tion D. Computation of Inves			. 10 1 "		T .= T	
	Investment income percentage for 20		-	e 13, column (f))		17	%
	Investment income percentage from 2				مريد	18	%
19a	33 1/3% support tests - 2016. If the	-					' is not
	more than 33 1/3%, check this box and		=				▶∟
b	33 1/3% support tests - 2015. If the	=					nd
	line 18 is not more than 33 1/3%, chec		-				
20_	Private foundation. If the organization	i did not check a	<u>box on line 14, 19a</u>	a, or 19b, check th	is box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2016 MONTANA STOCKGROWERS FOUNDATION

Part IV | Supporting Organizations

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

Section A. All Supporting Organizatior	Section A	. All Su	pporting	Organizations	s
--	-----------	----------	----------	---------------	---

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
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9c		<u> </u>
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10a	-	<u> </u>
		$ldsymbol{ldsymbol{\sqcup}}$
10b	L	Щ

	dule A (Form 990 or 990-EZ) 2016 MONTANA STOCKGROWERS FOUNDATION 81-03	9139	0 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a	-	_
	A family member of a person described in (a) above?	11b		-
Sec	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. tion B. Type I Supporting Organizations	11c	L	L
	tion of the compositing of garmentonio		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	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,			
	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		
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			ł
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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	<u> </u>		ļ
800	the supported organization(s).	1 1		L
Sec	tion D. All Type III Supporting Organizations			Г
	Did the organization provide to each of its supported organizations, but he lest doubt the fifth mouth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		1	
	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			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions).		
2	Activities Test. Answer (a) and (b) below		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	_2b_		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
đ	trustees of each of the supported organizations? <i>Provide details in Part VI</i>	20		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	organization in this regard.	<u>_ 3D _ </u>		

	elle A (Form 990 or 990-EZ) 2016 MONTANA STOCKGROWERS FO			81-0391390 Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov 20, 1970 (explain in	n Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections A through E	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<u>1_N</u>	let short-term capital gain	1		
_2_F	Recoveries of prior-year distributions	2		
3_0	Other gross income (see instructions)	3		
4 4	add lines 1 through 3	4		
<u>5</u> [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 4	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	ggregate fair market value of all non-exempt-use assets (see			
II	nstructions for short tax year or assets held for part of year).			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d 1	otal (add lines 1a, 1b, and 1c)	1d		
e E	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI)			
2 /	cquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
s	ee instructions)	4		
5_1	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_1	fultiply line 5 by .035	6		
7 _F	lecoveries of prior-year distributions	7		
8_1	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 /	djusted net income for prior year (from Section A, line 8, Column A)	1		
	inter 85% of line 1	2		
	finimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	
	nter greater of line 2 or line 3	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supportina or	ganization (see
	instructions)	,	,, -,,, -,,, -,,,, -,,,,,,,,,,,,,,,,,,	•

Schedule A (Form 990 or 990-EZ) 2016

	dule A (Form 990 or 990-EZ) 2016 MONTANA STOCKO			1-0391390 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations_ <i>(continued)</i>	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </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			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6	• ***		
10	Line 8 amount divided by Line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016		-	
а				
b				
С	From 2013			
	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			}
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			1
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
u	L10000 110111 2010			<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ	2016 MONTA	NA STOC	KGROWERS	FOUNDAT	ION	81-039	1390 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. lines 1, 2, 3b, 3c, ion D, lines 2 and	Provide the exp 4b, 4c, 5a, 6, 9 3. Part IV. Sec	planations require la, 9b, 9c, 11a, 1 tion E. lines 1c, 2	ed by Part II, lin 1b, and 11c; Pa 2a, 2b, 3a, and 3	ie 10; Part II, line art IV, Section B, 3b, Part V, line 1	17a or 17b; Part III, Innes 1 and 2; Part IV , Part V, Section B, II additional information	ine 12; /, Section C, ne 1e, Part V,
							<u> </u>	
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SCHEDULE D

. (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service_ Name of the organization

Nam	e of the organization MONTANA STOCKGROWEI	RS FOUNDATION	Eı	mployer identification number 81-0391390
Pai		d Funds or Other Similar Funds	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin			
		(a) Donor advised funds	(b) F	unds 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 v	writing that the assets held in donor advis	sed funds	
•	are the organization's property, subject to the organization's	-	oa ianas	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 o	_ -	-	
	impermissible private benefit?	donor advisor, or for any other purpose	comening	Yes No
Pai		nanization answered "Yes" on Form 990	Part IV line	
1	Purpose(s) of conservation easements held by the organization			··
•	Preservation of land for public use (e.g., recreation or e		torically imp	ortant land area
	Protection of natural habitat	Preservation of a cer	• •	
	Preservation of open space		inioa riistori	o sindotaro
2	Complete lines 2a through 2d if the organization held a qualif	ied consequetion contribution in the form	of a consor	vation agramant on the last
_	day of the tax year	ied conservation contribution in the form	or a cor <u>iser</u>	Held at the End of the Tax Year
_	Total number of conservation easements		 	
a			2a	
Þ	Total acreage restricted by conservation easements	oturo in ali idad in (n)	2b	
	Number of conservation easements on a certified historic stru	` '		·
a	Number of conservation easements included in (c) acquired a	inter 8/17/06, and not on a historic struction		.
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizatio	on during the tax
	year >			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the pen	- ·		
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation ea	sements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easeme	ents during the year
_	> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(ı)	
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organiza	ation's accounting for
Do.	conservation easements	Art Historical Transporter or Of	lb air Cirrail	- Accete
Fai	t III Organizations Maintaining Collections of	•		ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	The state of the s		
	historical treasures, or other similar assets held for public exh		nce of publi	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pul	blic service,	provide the following amounts
	relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$ \$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	l gaın, provi	de
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items.		
а	Revenue included on Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	\$

		STOCKGROWE				<u>81-03</u>		
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a	significant ι	use of its c	ollection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other				<u> </u>	
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or				ar assets	,	_	
	to be sold to raise funds rather than to be ma						Yes	No
Par	TIV Escrow and Custodial Arrang		te if the organization	n answered "Yes" o	n Form 990	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	t included	_	٦	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table.					
							Amount	
C	Beginning balance				1c_	 		
	Additions during the year			•	1d_	 		
e	Distributions during the year				1e_			
0-	Ending balance Did the organization include an amount on Fo	arm 000 Bort V line	01 for operation or our	atadial aggregation	1f_	<u> </u>	Yes	No
2a	If "Yes," explain the arrangement in Part XIII					L	_ 162	
Par								
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years back
1a	Beginning of year balance	32,747.	334,493.	324,453		324,453.		348,785.
b	Contributions	,		····	<u> </u>			`
c	Net investment earnings, gains, and losses	2,373.	-454.	15,450		-		-13,179.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		301,292.	5,410				11,153.
f	Administrative expenses							
g	End of year balance	35,120.	32,747.	334,493	, ;	324,453.		324,453.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 96.46	%						
С	Temporarily restricted endowment ▶	3.54 <u>%</u>						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%						
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the organiz	ation	-	
	by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	•					3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par								
	Complete if the organization answered							
	Description of property	(a) Cost or of	1 ' '		Accumulate		(d) Book	value
	,	basis (investm	ient) basis (otner) d	epreciation			
	Land	<u> </u>						
	Buildings							
	Leasehold improvements			/ 621 	4,6	21		0.
	Equipment			4,621.	4,0	41.		<u></u>
_	Other Add lines 1a through 1e (Column (d) must en		() () ()	<u></u>				0.

1	(a) Description of liability	(b) Book value	<u> </u>
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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.

Schedule D (Form 990) 2016 MONTANA STOCKGROWER:		81-0391390 Page 4
Part XI Reconciliation of Revenue per Audited Financia	al Statements With Revenue pe	er Return.
Complete if the organization answered "Yes" on Form 990, Pa		
1 Total revenue, gains, and other support per audited financial statement	nts	_1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11	
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c 2d	
d Other (Describe in Part XIII.) e Add lines 2a through 2d	_20 }	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.)	46	
c Add lines 4a and 4b	<u> </u>	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 Finance	ial Statements With Expenses	per Return.
Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	. 2a	
b Prior year adjustments		
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
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	
b Other (Describe in Part XIII)	_4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Part XIII Supplemental Information.	I. line 18.)	5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	la and 4. Part IV. lines 1b and 2b; Part V	line 4. Part Y. line 2: Part YI
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pre		, IIII 4, Fait 7, IIII 2, Fait 71,
into 24 and 15, and 1 are An, into 25 and 45 7 105 complete this part to pro-	ovide any additional information	
PART V, LINE 4:		
THE ENDOWMENT CONSISTS OF NUMEROUS INI	OIVIDUAL FUNDS ESTABL	ISHED FOR A
VARIETY OF PURPOSES THAT FURTHER THE	PURPOSES OF MONTANA S	TOCKGROWERS
EQUAD METOM		
FOUNDATION.		
PART X, LINE 2:		
	· · · · · · · · · · · · · · · · · · ·	
AS A MATTER OF LAW, THE FOUNDATION IS	SUBJECT TO EXAMINATI	ON BY FEDERAL
AND STATE TAXING AUTHORITIES FOR THE 2	014 THROUGH 2016 TAX	YEARS.
ALTHOUGH MANAGEMENT BELIEVES THAT THE	AMOUNTS REFLECTED IN	THE
FOUNDATION'S TAX RETURNS SUBSTANTIALLY	COMPLIES WITH THE A	PPLICABLE
FEDERAL AND STATE TAX REGULATIONS, BOT	H THE IRS AND THE VA	RIOUS STATE
MAUTING AUMINOPHINES CAN MAVE POSTMEOUS	COMMUNICATION TO THE TOTAL	DAMION! C
TAXING AUTHORITIES CAN TAKE POSITIONS	CONTRARY TO THE FOUN	
632054 08-29-16		Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Part XIII Supplemental	MONTANA	STOCKGROWE	RS FOUN	DATION	81	<u>-0391390</u>	Page 5
Part Alli Supplemental	Information (continu	ued)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	·	
POSITION BASED O	ON THEIR INTE	RPRETATION	OF THE	LAW.	A TAX POSIT	TAHT NOI	IS
CHALLENGED BY A	TAXING AUTHO	RITY COULD	RESULT	IN AN	ADJUSTMENT	TO THE	
FOUNDATION'S INC	COME TAXES.						
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

16

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Employer ide	ntification number
MONTANA	STOCKGROWERS FOUNI	CTAC	ON			81-0391	390
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" on	Form 990, Part IV, I	ine 17	7 Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern using e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing	n is registered or licensed to solicit o	ontrib	utions	or has been notified	ıt ıs	exempt from re	gistration
	-				_		
					_		
							·
						-	
							<u>-</u>
							

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

	edu irt	le G (Form 990 or 990 EZ) 2016 MONTANA Fundraising Events. Complete if the	STOCKGROWER	S FOUNDATION	81-	0391390 Page 2
<u></u>		of fundraising event contributions and gre				
			(a) Event #1	(b) Event #2	(c) Other events	T
			T-BONE	MID YEAR	NONE	(d) Total events
			CLASSIC	GALA		(add col (a) through col (c))
Φ			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	35,375.	14,320.		49,695.
	2	Less Contributions	15,650.	14,150.		29,800.
_	3	Gross income (line 1 minus line 2)	19,725.	170.		19,895.
	4	Cash prizes	1,900.			1,900.
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	315.	538.		853.
Irect Ex	7	Food and beverages	18,291.	1,625.		19,916.
	8	Entertainment		1,340.		1,340.
	9	Other direct expenses	13,276.	1,132.		14,408.
	10	Direct expense summary Add lines 4 through	9 in column (d)		>	38,417.
_	11	Net income summary Subtract line 10 from li				-18,522.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a	T	T		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- B	1	Gross revenue			31,039.	31,039.
ses	2	Cash prizes			15,782.	15,782.
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % X No	
	7	Direct expense summary Add lines 2 through	5 in column (d)		>	15,782.
	8	Net gaming income summary Subtract line 7	from line 1 column (d)			15,257.
		Not garning meonie summary oubtract line /	nomine i, column (d)			13,231.
9	Ent	er the state(s) in which the organization condu	cts gaming activities. M	${f T}$		
		he organization licensed to conduct gaming ac	-			X Yes No
		No," explain:				
	_					
		re any of the organization's gaming licenses re			rear?	Yes X No
	_					

S <u>ch</u>	nedule G (Form 990 or 990 EZ) 2016 MONTANA STOCKGROWERS FOUNDATION	81-039139	0 Page 3
	Does the organization conduct gaming activities with nonmembers?	X Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	.00 %
b	o An outside facility	13b 10	<u>0.00 %</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	s:	
	Name LORRIE VENNES		
	Address ► 420 N. CALIFORNIA STREET - HELENA, MT 59601		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
	of f "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	unt	
	Name ▶		
	Address ▶		
16	Gaming manager information.		
	Name LORRIE VENNES		
	Gaming manager compensation ▶ \$0.		
	Description of services provided RECORDKEEPING	_	
	☐ Director/officer		
47	Mandatan, diatributiona:		
	Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to		
d	retain the state gaming license?	□ Vec	X No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		140
-	organization's own exempt activities during the tax year > \$ 0.	, tile	
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III lines Q Qh 1	0h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	211 III, III 100 0, 00, 1	00, 100,
	100, 10, and 170, as applicable 7100 provide any additional information. Occ mathematical	<u> </u>	
_			

Schedule G (Form 990 or 990-EZ) MONTANA STOCKGROWERS FOUNDATION	81-0391390 Page 4
Schedule G (Form 990 or 990-EZ) MONTANA STOCKGROWERS FOUNDATION Part IV Supplemental Information (continued)	
	
	
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SCHEDULE O

, (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2016 Open to Public

OMB No 1545-0047

Name of the organization

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

Employer identification number 81-0391390

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDES OTHER CHARITABLE EDUCATIONAL & SCIENTIFIC ACTIVITIES FOR THE
BENEFIT OF THE INDUSTRY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEEF FOR THE WORLD.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
THE ORGANIZATION DISCONTINUED THE MONTANA FAMILY RANCHING SERIES WHICH
WAS A STORY-TELLING PROJECT OF MONTANA STOCKGROWERS FOUNDATION. FIVE
BOOKS WERE PRODUCED TO HELP PEOPLE LEARN ABOUT THE GREAT PEOPLE THAT
TAKE CARE OF THE LAND, LIVESTOCK AND THEIR FAMILIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TRAVEL EXPENSE REIMBURSEMENT FOR COLLEGE STUDENTS TO VISIT OTHER
SECTORS OF THE BEEF INDUSTRY.
FORM 990, PART VI, SECTION A, LINE 4:
DURING 2016 THE ORGANIZATION AMENDED THEIR BYLAWS TO REFLECT A NAME CHANGE
THAT OCCURRED DURING THE YEAR. THE ORGANIZATION CHANGED ITS NAME FROM
MONTANA STOCKGROWERS EDUCATIONAL AND RESEARCH ENDOWMENT FUND, INC. TO
MONTANA STOCKGROWERS FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS OF MONTANA STOCKGROWERS FOUNDATION CONSIST OF THE BOARD OF
DIDECTORS OF MONTANA STOCKEROWERS ASSOCIATION INC

SCHEDULE R

OMB No 1545-0047

2016 Open to Public Inspection Employer identification number 81-0391390 Direct controlling entity ε End-of-year assets **e** Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.us.aav/form990 Total income Ð Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) ▶ Attach to Form 990. MONTANA STOCKGROWERS FOUNDATION Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part

(g) Section 512(b)(13) ž × controlled entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity $\mathbf{\varepsilon}$ N/A Public charity status (if section 501(c)(3)) e Exempt Code section 501(C)(5) ਉ Legal domicile (state or foreign country) PROMOTE LIVESTOCK INDUSTRY MONTANA Primary activity MONTANA STOCKGROWERS ASSOCIATION, INC. 81-0233155, 420 N. CALIFORNIA STREET, Name, address, and EIN of related organization 59601 Ψ HELENA Part

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Page 2

Schedule R (Form 990) 2016 MONTANA STOCKGROWERS FOUNDATION

81-0391390

81-0391390

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

	-											
(a)	(q)	(c)		в)	(e)	(J)	(6)		(£)	()	0	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year	janizations Taxable as poration or trust during	s a Corpor g the tax ye		omplete if the	e organization	answered "Ye	s" on Form	990, Part IV, I	line 34 be	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ne or more	e related
(a) Name, address, and EIN of related organization	Zc	(b)) activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Per end-of-year ow assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
		,										
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Schedule R (Form 990) 2016 MONTANA STOCKGROWERS FOUNDATION

Part V

Page 4

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

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

of Shade of Dispropor Code V-UBI General or Per assets res No (Form 1065) res No (Form 10	Name, address, and EIN	Drimon, activity				6	-	=	>	
country) sections 512-514) ves No moome assets		רוווומוץ מכנועונץ	Legal domicile (state or foreign	Predominant income partner (related, unrelated,		Share of	Dispropor- tionate	Code V-UBI amount in box 20	General or managing	Percentage
			country)	excluded from tax under of sections 512-514)		assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	5
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Change of Party of Pa				_					_	
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Schedule F	3 (Form 990) 2016	MONTANA	STOCKGROWERS	FOUNDATION _	81-0391390	Page 5
Part VII	R (Form 990) 2016 Supplemental Info					
	Provide additional inform	nation for respons	es to questions on Schedi	ule R. See instructions.		
						
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Schedule R (Form 990) 2016