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### Form 990-PF

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2016

Department of the freasury Internal Revenue Service

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Fo	r caler	ndar year 2016 or tax year beginning		, and	ending				
Na	me of fou	undation			A Employe	r identification numbe	7		
Fo	undatio	on for Community Vitality							
Nu	mber and	d street (or PO box number if mail is not delivered to street address)		Room/suite		84-1376323	3		
	Box 7				B Telephone	number (see instructio	ns)		
Cit	y or town	, state or province, country, and ZIP or foreign postal code							
Bil	lings	<u>MT</u>	5910	3		406-255-538	6		
Fo	reign cou	intry name Foreign province/state/county	Foreig	n postal code	C if exempt	tion application is pendir	ng, check here		
G	Check	call that apply: Initial return Initial return	of a former pu	blic charity	D 1. Foreig	n organizations, check l	nere 🕨 🗌		
		☐ Final return ☐ Amended ret		•	2. Foreig	n organizations meeting	the 85% test.		
		☐ Address change ☐ Name chang	е		1	here and attach comput			
H	Check	type of organization X Section 501(c)(3) exempt pri		on	E If private foundation status was terminated under				
	Section	on 4947(a)(1) nonexempt charitable trust	able private fo	undation	section 50	07(b)(1)(A), check here	▶ [		
	_	narket value of all assets at J Accounting method		Accrual	1				
•		f year (from Part II, col (c), Other (specify)	[23] OGO11 (		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here				
		5) ► \$ 15,458,801 (Part I, column (d) must be	e on cash has	e )	under sec		, liete		
D	art l	Analysis of Revenue and Expenses (The total of	T CON COON DOOR	1	L		(d) Disbursements		
	aiti	amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue		t investment	(c) Adjusted net	for charitable		
		equal the amounts in column (a) (see instructions)	expenses pe books	"   "	ncome	ıncome	purposes		
	T 4		<del> </del>	652			(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	63	,652					
	2	Check  fithe foundation is <b>not</b> required to attach Sch B	NATURE SERVICE						
	4	Interest on savings and temporary cash investments  Dividends and interest from securities	214	012	314,012				
	5a	Gross rents	314	,012	314,012				
	b					TOP OF THE	C		
a	6a	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10							
Revenue	b	Gross sales price for all assets on line 6a			:FE				
ᅙ	7	Capital gain net income (from Part IV, line 2)			TE		$-\frac{3}{7}$		
ě	8	Net short-term capital gain	<del></del>			OGDEN, U			
_	9	Income modifications							
	10a	Gross sales less returns and allowances	<u></u>						
	b	Less: Cost of goods sold							
	C	Gross profit or (loss) (attach schedule) .							
	11	Other income (attach schedule)					7.00		
	12	Total. Add lines 1 through 11	377	,664	314,012	0	735		
	13	Compensation of officers, directors, trustees, etc.	0,,	,,,,,,	014,012				
enses	14	Other employee salaries and wages							
Ë	15	Pension plans, employee benefits							
ĝ	16a	Legal fees (attach schedule)							
√∭.	b	Accounting fees (attach schedule)	11	,551	5,776		5,776		
3 ≥	c	Other professional fees (attach schedule)		,887	<u> </u>		4,887		
ੂ <b>ਜ਼</b>	17	Interest	'	,			1,007		
St	18	Taxes (attach schedule) (see instructions)	13	,385			336		
Administrative Exp	19	Depreciation (attach schedule) and depletion .		,106					
E	20	Occupancy		,630			20,630		
Ă	21	Travel, conferences, and meetings							
and	22	Printing and publications							
<u>~</u>	23	Other expenses (attach schedule)	7	,219			7,219		
Ē	24	Total operating and administrative expenses.							
äti		Add lines 13 through 23	58	,778	5,776	o	38,848		
Operating	25	Contributions, gifts, grants paid		,890			395,890		
ŏ	26	Total expenses and disbursements. Add lines 24 and 25.		,668	5,776	0	434,738		
	27	Subtract line 26 from line 12							
	_ a	Excess of revenue over expenses and disbursements		,004					
	b	Net investment income (if negative, enter -0-)			308,236				
	C	Adjusted net income (if negative, enter -0-)				0			

For Paperwork Reduction Act Notice, see instructions.

Part II		Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.)	Beginning of year		of year
=		Should be for end-or-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	044 700	440.000	440.00
	2.	Savings and temporary cash investments	241,723	112,882	
	3	Accounts receivable			
	1	Less allowance for doubtful accounts			
	4	Pledges receivable		<u> </u>	
	_ ا	Less allowance for doubtful accounts			<del> </del>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			1.3.3.0
40		Less. allowance for doubtful accounts		<del></del>	<u> </u>
Assets	8	Inventories for sale or use			
158	9	Prepaid expenses and deferred charges			<del></del>
•	10a	Investments—U.S. and state government obligations (attach schedule)	2 004 444	2.002.720	45 040 70
	b	Investments—corporate stock (attach schedule)	2,004,414	2,063,726	15,216,73
	C	Investments—corporate bonds (attach schedule)			(%) V.C.
	11	Investments—land, buildings, and equipment, basis  Less. accumulated depreciation (attach schedule)			N. C.
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	67,774	67,774	67,65
	14	Land, buildings, and equipment basis   78,203			67,65
	'-	Less accumulated depreciation (attach schedule)   16,670	62,639	61,533	
	15		02,039	01,333	01,03
	16	Other assets (describe  Total assets (to be completed by all filers—see the	<del></del>	- <del></del>	
		instructions Also, see page 1, item I)	2,376,550	2,305,915	15,458,80°
	17	Accounts payable and accrued expenses	2,070,000	2,000,010	10,400,00
	18	Grants payable		<del></del>	
Liabilities	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	
≣	20	Loans from officers, directors, trustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·	
<u>a</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ► See Attached Statement )	41,452	47,821	4.7
	23	Total liabilities (add lines 17 through 22)	41,452	47,821	
		Foundations that follow SFAS 117, check here . >			
ě	ļ	and complete lines 24 through 26 and lines 30 and 31.			4.5
alances	24	Unrestricted			Š
ğ	25	Temporarily restricted			
9	26	Permanently restricted			* 43
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ► 🗓			
F	1	and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds	2,335,098	2,258,094	
é	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>SS</b>	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	2,335,098	2,258,094	
ž	31	Total liabilities and net assets/fund balances (see	0.070.550	0.005.045	
		instructions)	2,376,550	2,305,915	
	Total	Analysis of Changes in Net Assets or Fund Balances	line 30 /must cares ::	ath T	
1		net assets or fund balances at beginning of year—Part II, column (a),	, iiile 30 (iiiust agree W		2 225 000
2		of-year figure reported on prior year's return) amount from Part I, line 27a	•	2	2,335,098
2		rincreases not included in line 2 (itemize)		3	
J 		nes 1, 2, and 3		4	2,258,094
5		eases not included in line 2 (itemize)	• •	5	_,
6		net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 30	. 6	2,258,094
$\overline{}$					

		he kind(s) of property sold (e.g., real estate, buse, or common stock, 200 shs MLC Co )			(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr )	(d) Date sold (mo , day, yr)
1a					-			
<u> </u>	<del></del>					ļ		
<u>c</u>						ļ		
<u>d</u>	<del></del>					1		
е			<del></del>		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		) Cost or o dus expen	other basis se of sale			n or (loss) f) minus (g)
<u>a</u>						ļ		
<u>b</u>		<del></del>				├		
<u>c</u> d					·····	-	<del></del>	<del></del>
<u>u</u>						-		
	Complete only for assets sh	nowing gain in column (h) and owned	by the fou	indation	on 12/31/69			
		(j) Adjusted basis		(k) Excess		ĺ		(h) gain minus less than -0-) or
	(i) FM V as of 12/31/69	as of 12/31/69		over col (				rom col (h))
a							<del></del>	<del></del>
b								
С								
<u>d</u>						L		
<u>е</u>								
2	Capital gain net income or	Ther canital loss)	also enter -0- enter		<b>&gt;</b>	2		0
3	Net short-term capital gain	or (loss) as defined in sections 12	22(5) an	id (6)				
		line 8, column (c) (see instructions			· -0- ın			
					<u> </u>	3		0
Part		ler Section 4940(e) for Redu vate foundations subject to the sec						
Was t		e this part blank section 4942 tax on the distributab qualify under section 4940(e). Do n				e perio	od?	Yes X No
1		unt in each column for each year,			·	ng anv	entries	
	(a)	(b)	T		(c)			(d)
Cal	Base penod years endar year (or tax year beginning in)	Adjusted qualifying distributions	Ne	t value of	noncharitable-use as	sets		ribution ratio livided by col_(c))
	2015		617		10,217	7,995		0 045275
	2014	413	572		9,93	1,965		0 041641
	2013		,437		8,393			0 029481
	2012		,161		5,630			0 080310
	2011		700		5,367	7,176	<u> </u>	0 034786
_	Total of line 4 column (d)							
2 3	Total of line 1, column (d)	.     . or the 5-year base period—divide t	lbo total	on line (	. h. E as h. tha	F	2	0 231493
3		ation has been in existence if less			by 5, or by the		3	0.046300
	namber of years the leana	attornia been in existence in less	u an o y	Juio		f	<del>-</del>	0 046299
4	Enter the net value of none	charitable-use assets for 2016 from	n Part X,	line 5	•	.	4	11,026,127
5	Multiply line 4 by line 3					.	5	510,499
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)					6	3,082
7	Add lines 5 and 6					. [	7	513,581
8	Enter qualifying distribution	ns from Part XII. line 4				ſ	8	434,738
•		ter than line 7, check the box in Pa	rt VI, line	tb, and	complete that p	L part us		

Part	Excise lax based on investment income (Section 4940(a), 4940	(b), 4940	<u>e), or 4948—see</u>	<u>inst</u>	truction	ons)		
1a	Exempt operating foundations described in section 4940(d)(2), check here  Date of ruling or determination letter.  (attach copy of letter if ne		"N/A" on line 1.	]				
b	Domestic foundations that meet the section 4940(e) requirements in Part			Ţ	1		6,165	5
	here ▶ ☐ and enter 1% of Part I, line 27b						0,100	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizant I, line 12, col. (b)	nizations	enter 4% of	J				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ns only. Ot	hers enter -0-) .		2			)
3	Add lines 1 and 2							5
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-							5
6	Credits/Payments.	1 - 1						<b>.</b>
a	0,700							
b	Exempt foreign organizations—tax withheld at source	6b	1.000					
c d	Tax paid with application for extension of time to file (Form 8868)	6c	1,600	-				
7	Backup withholding erroneously withheld	6d			7		7.750	
8	Enter any penalty for underpayment of estimated tax. Check here	· · · · · · · · · · · · · · · · · · ·			7		7,750 83	_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ow		220 is allached		<u>8</u> 9	·	0	<del></del>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the ar		erpaid		10		1,502	<del></del>
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	1,502	Refunded	<b>&gt;</b>	11		<u>1,002</u>	
Part '	/II-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, s	state, or lo	ocal legislation or	did 1	t		Yes	No
	participate or intervene in any political campaign?					<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for	or politica	l purposes (see				ĺ	
	Instructions for the definition)?					1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities published or distributed by the foundation in connection with the activities		copies of any ma	teria	ls			
_	Did the foundation file <b>Form 1120-POL</b> for this year?					4.0		
d	Enter the amount (if any) of tax on political expenditures (section 4955) in	Docod di	ring the year	٠		1c		X
u	(1) On the foundation > \$ (2) On foundation ma							7
е	Enter the reimbursement (if any) paid by the foundation during the year fo			mnos	ed			
-	on foundation managers >\$	, pontioui	experience tax i	poc	JCu			
2	Has the foundation engaged in any activities that have not previously bee	n reporte	d to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities	•						
3	Has the foundation made any changes, not previously reported to the IRS, in its g							
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confor-			-		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or mo	_	the year? .			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?					4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction	during th	e year?			_5		X
6	If "Yes," attach the statement required by General Instruction T	4045\4	4					
0	Are the requirements of section 508(e) (relating to sections 4941 through • By language in the governing instrument, or	4945) Sat	istied either					
	By state legislation that effectively amends the governing instrument so	that no m	andatory direction	ne th	at			
	conflict with the state law remain in the governing instrument?	triat no m	andatory direction	10 01	<b>.</b>	6	Х	ALCOHOL:
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Pa	rt II. col. (c). and Parl	tXV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered			<b>•</b>				
	MT	, ,	,					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Fori	m 990-PF	to the Attorney C	ene	ral			
	(or designate) of each state as required by General Instruction G? If "No,"		•			8b	Х	
9	Is the foundation claiming status as a private operating foundation within t		-	• • •	•			
	or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016	(see inst	ructions for Part X	(IV)?	lf	1		
40	"Yes," complete Part XIV					9		_X_
10	Did any persons become substantial contributors during the tax year? If "I names and addresses		cn a schedule listi	ng th	eir	40	,	
	names and addresses	•	• • • •	•		.   10 Form 99(	X	(2040)

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		ľ	]
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		↓×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	Щ,
4.4	Website address Not applicable			
14	The books are in care of ► Scott Family Services, Inc  Located at ► PO Box 7113 Billings MT  Telephone no. ► (406) 25	5-502	4	· <b>-</b>
15	***************************************	<del>-</del> -		·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	•	•	▶ [
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	1.00	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If			
	"Yes," enter the name of the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	3 1 A		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .   Yes X No			-
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			The V
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No	酒		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			**
	foundation agreed to make a grant to or to employ the official for a period after			<b>E</b> *
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?			
b	If "Yes," list the years 20, 20, 20, 20.  Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b	M/Δ	<b>建罗在</b> 。
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	1.44		
	<b>▶</b> 20 , 20 , 20 , 20			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			***
	at any time during the year?	The VR		
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	- 1		1.
4-	foundation had excess business holdings in 2016)	3b	N/A	
_	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a ⊖≥	<del>.</del>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	-	X

Part	VII-B	Statements Regarding Activities	tor vv	nich Form	<u>4720 l</u>	May Be Re	equire	<b>a</b> (contin	ued)		
5a		e year did the foundation pay or incur any on propaganda, or otherwise attempt to i			section	4945(e))?		Yes	X N	0	
		nce the outcome of any specific public ele ly or indirectly, any voter registration drive		see section 49	955); oı	to carry or	),	Yes	X N		
	(3) Provid	de a grant to an individual for travel, study	, or othe	er simılar pur	poses?	•	•	Yes	X No		
		de a grant to an organization other than a on 4945(d)(4)(A)? (see instructions) .	charital	ble, etc , orga	anızatıo	n described	lın	X Yes	□ No		
		de for any purpose other than religious, ch ses, or for the prevention of cruelty to chil				or education	nal	Yes	X No		
b	•	swer is "Yes" to 5a(1)–(5), did <b>any</b> of the tons section 53 4945 or in a current notice		•	•		•		ni t	5b	X
С	If the ans because	tions relying on a current notice regarding wer is "Yes" to question 5a(4), does the four maintained expenditure responsibility for the the offerment required by Regardation	oundation	on claim exen ant?	nption f			. X Yes	► [		
6a	If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  ☐ Yes X No										
b		oundation, during the year, pay premiums, o 6b, file Form 8870	directly	or indirectly,	on a p	ersonal ber	efit cor	ntract?	•	6b	X
7a		e during the tax year, was the foundation a pa							X No		
b		lid the foundation receive any proceeds of									N/A
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors											
1		fficers, directors, trustees, foundation	manage	ers and their	compe	ensation (s	ee inst	ructions).			
		(a) Name and address	hou	e, and average rs per week ed to position	(If i	mpensation not paid, nter -0-)	emple	Contributions byee benefit   erred compe	olans		nse account, allowances
See A	ttached St	atement		00		0	1				
				00		0					
				00		0				· · · · · · · · · · · · · · · · · · ·	
				.00		0					
2	Compension "NONE."	sation of five highest-paid employees (	other th		cluded	on line 1—	see ins	structions	). If no	ne, ent	er
-				(b) Title, and a		4.5.0		(d) Contribu			nse account, illowances
	(a) Name ar	d address of each employee paid more than \$50,000		hours per w devoted to po		(c) Compen	sation	plans and d compens		otner	
NONE		d address of each employee paid more than \$50,000				(c) Compen	sation	plans and d		othera	
NONE		id address of each employee paid more than \$50,000				(c) Compen	sation	plans and d		other a	
NONE		d address of each employee paid more than \$50,000				(c) Compen	sation	plans and d		othera	
NONE		d address of each employee paid more than \$50,000				(c) Compen	sation	plans and d		othera	
NONE		ad address of each employee paid more than \$50,000				(c) Compen	sation	plans and d		other	
		other employees paid over \$50,000				(c) Compen	sation	plans and d		other a	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid El and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	ļ
·	
	<del> </del>
	·
Total number of others receiving over \$50,000 for professional services	<u> </u>
	<del></del>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	<del></del>
<u> </u>	
2	
	is a second
3	}
	1
4	]
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
	ĺ
All other program-related investments. See instructions	ĺ
3	
	İ
Total. Add lines 1 through 3	

Part 2		ın founda	ations,
1	see instructions.)  Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
1	purposes		
а	Average monthly fair market value of securities	1a	11,043,228
b	Average of monthly cash balances	1b	150,810
c	Fair market value of all other assets (see instructions)	1c	130,010
d	Total (add lines 1a, b, and c)	1d	11,194,038
e	Reduction claimed for blockage or other factors reported on lines 1a and		11,104,030
C	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	11,194,038
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see	<del> </del>	11,104,000
7	Instructions)	4	167,911
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	11,026,127
6		6	551,306
Part 2		101	331,306
I alt /	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	11	551,306
2a	Tax on investment income for 2016 from Part VI, line 5		331,300
b	Income tax for 2016. (This does not include the tax from Part VI)	4	
C	Add lines 2a and 2b	2c	6,165
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	545,141
4	Recoveries of amounts treated as qualifying distributions	4	343,141
5	Add lines 3 and 4	5	545,141
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	•   ·	<del></del>
•	line 1	7	545,141
		1	345, 141
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	434,738
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	434,738
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	T	
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	434,738
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	her the for	undation
	qualifies for the section 4940(e) reduction of tax in those years		

1 Distributable amount for 2016 from Part XI, Ine 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only 2015 Total for priority ears. 20 20 20 3 Excess distributions carryover, if any, to 2016 a From 2011 b From 2012 c From 2013 d From 2014 e From 2015 e From 2016 e From 201	Par	t XIII Undistributed Income (see instruction	s)			1370323 Page
Ine 7  Ine 7  Ine 7  Indistributed mome, if any, as of the end of 2016  a Enter amount for 2015 only b Total for prior years. 20 20, 20  3 Excess distributions carryover, if any, to 2016  a From 2012 c From 2013 d From 2014 e From 2014 f From 2014  6 From 2014  6 From 2014  6 From 2014  7 Total of lines 3a through e  Applied to 2015, but not more than line 2a Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election required—see instructions) c Applied to 2016 distributable amount e Remaining amount distributed out of corpus b Excess statibutions carryover applied to 2016, (If an amount appears in column (a), the same amount must be shown in column (a) to the same amount must be shown in column (a).  Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which in the section 4942(a) tax has been previously assessed d Subtract line 8c from line 8b Taxable amount—see instructions e Undistributed income for 2015 Subtract line 4 afrom line 2a. Taxable amount—see instructions e Undistributed income for 2015 Subtract line 4 afrom line 2a. Taxable amount—see instructions e Undistributed income for 2015 Subtract line 4 dand 5 from line 1 This amount must be distributed in 2017  Amounts treated as distributions out of corpus to safety requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a Analysis of line 9. Excess from 2014 Excess from 2014 Excess from 2014 Excess from 2014	1		(a)			, ,
December 1997 and 199	-			10010 pilot to 2010	2015	<del> </del>
a Enter amount for 2015 only b Total for prior years. 20 20 20 3 Excess distributions carryover, if any, to 2016 a From 2011 b From 2012 c From 2013 d From 2014 e From 2015 f Total of lines 3s through e f Todal of lines 4s through e f Todal of lines 5s through e f Todal of lines 6s through e f Todal of li	2	Undistributed income, if any, as of the end of 2016			<del></del>	545,14
b Total for prior years. 20	а	Enter amount for 2015 only		*	404.700	-
S Excess distributions carryover, if any, to 2016  From 2012  From 2013  From 2014  From 2015  A Qualifying distributions for 2016 from Part XII, line 4	b			<del></del>	191,763	· · · · · · · · · · · · · · · · · · ·
a From 2011 b From 2012 c From 2013 d From 2014 e From 2015 f Total of lines 3a through e d Qualifying distributions for 2016 from Part XII, line 4	3					
b From 2013 c From 2014 d From 2014 e From 2015 f Total of lines 3a through e  4 Qualifying distributions for 2016 from Part XIII, line 4 b 3 434,738 a Applied to 2015, but not more than line 2a b Applied to 2015, but not more than line 2a c Applied to 2015, but not more than line 2a c Applied to 2015, but not more than line 2a d Applied to 2016 distributed income of prior years (Election required—see instructions)  d Applied to 2016 distributed and out of corpus (Election required—see instructions)  d Applied to 2016 distributed out of corpus Excess distributions carryover applied to 2016. (if an amount appears in column (a), line same amount must be shown in column (a))  Enter the net total of each column as indicated below: a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed  d Subtract line 6 from line 6b Taxable amount—see instructions  f Undistributed income for 2016 Subtract line 4 from line 2a. Taxable amount—see instructions  g Undistributed income for 2016 Subtract line 4 afrom line 2a. Taxable amount—see instructions  g Undistributed income for 2016 Subtract line 4 distributed in ine 7 This amount must be distributed in line 7 This amount must be distributed in line 5 or line 7 (see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover form 2011 not applied on line 5 or line 7 (see instructions)  Excess from 2015	а			,		
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b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount—see instructions e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2012 b Excess from 2012 c Excess from 2014 d Excess from 2015	9					
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c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed  d Subtract line 6c from line 6b Taxable amount—see instructions  e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount—see instructions  f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012  b Excess from 2014  d Excess from 2015						
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been issued, or on which the section 4942(a) tax has been previously assessed  d Subtract line 6c from line 6b Taxable amount—see instructions e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2014 d Excess from 2015	·					
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e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount—see instructions  f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015	u	amount coo instructions			ļ	
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Instructions  f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015	-					
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015		· ·	1			į
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distributed in 2017	•					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015						
to satisfy requirements imposed by section  170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012  b Excess from 2013  c Excess from 2014  d Excess from 2015	7			-		302,166
170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012  b Excess from 2013  c Excess from 2014  d Excess from 2015	•			]		{
required—see instructions)  8			İ	İ		1
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 . b Excess from 2013 . c Excess from 2014 . d Excess from 2015						1
applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 . b Excess from 2013 . c Excess from 2014 . d Excess from 2015	8	·				<del></del>
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015						1
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012  b Excess from 2013  c Excess from 2014  d Excess from 2015	9					
10 Analysis of line 9:  a Excess from 2012 .  b Excess from 2013 .  c Excess from 2014 .  d Excess from 2015 .	-				j	!
a Excess from 2012	10			<del></del>		<del></del> !
b Excess from 2013				1		1
c Excess from 2014		Fyener from 2040				
d Excess from 2015		The state of the s			j	
		Evene from 2015				1
		· · · <u></u>				<i>l</i>

Form 9	90-PF (2016) Foundation for Commu	unity Vitality			84-137	6323 Page 10
Part	XIV Private Operating Foundat	ions (see instru	ictions and Part \	/II-A, question 9)		N/A
1a	If the foundation has received a ruling of	or determination le	tter that it is a priva	ite operating		
	foundation, and the ruling is effective fo	r 2016, enter the	date of the ruling			
b	Check box to indicate whether the foundation	on is a private opera	ating foundation desc	ribed in section	4942()(3	3) or 4942(J)(5
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Tatal
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c .					(
3	Complete 3a, b, or c for the					
	alternative test relied upon				Ĭ	
а	"Assets" alternative test—enter.	]	1			
	(1) Value of all assets					(
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					C
b	"Endowment" alternative test—enter 2/3		1			
	of minimum investment return shown in Part X, line 6 for each year listed .					C
С	"Support" alternative test—enter:					· · · · · · · · · · · · · · · · · · ·
_	(1) Total support other than gross					
	investment income (interest,				1	
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)			}		C
	(2) Support from general public		<del>                                     </del>			
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)		-			O
	(3) Largest amount of support from					<u>_</u>
	an exempt organization					0
	(4) Gross investment income					0
Part		(Complete th	is part only if th	e foundation had	\$5.000 or more	e in assets at
-	any time during the year—					
1	Information Regarding Foundation M			· · · · · · · · · · · · · · · · · · ·		
а	List any managers of the foundation wh		d more than 2% of t	the total contribution	is received by the f	oundation
	before the close of any tax year (but on					
James	s R Scott					
b	List any managers of the foundation wh	o own 10% or mo	re of the stock of a	corporation (or an e	qually large portion	of the
	ownership of a partnership or other enti				. ,	
None						
2	Information Regarding Contribution,	Grant, Gift, Loan	, Scholarship, etc.	, Programs:		
	Check here ► X if the foundation on	ly makes contribu	tions to preselected	d charitable organiza	ations and does not	accept
	unsolicited requests for funds. If the four		ts, grants, etc. (see	instructions) to indi	viduals or organiza	tions
	under other conditions, complete items	2a, b, c, and d				
а	The name, address, and telephone num	ber or e-mail add	ress of the person t	to whom application	s should be addres	sed
	·		-			
b	The form in which applications should b	e submitted and ii	nformation and mat	erials they should in	clude <sup>.</sup>	
С	Any submission deadlines					
		· · · · · · · · · · · · · · · · · · ·				
d	Any restrictions or limitations on awards	, such as by geog	raphical areas, cha	ırıtable fields, kınds	of institutions, or ot	her
	factors					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During			ture rayment	<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Fountain Valley School		PC	Scholarship Endowment	209,444
6155 Fountain Valley School Dr.				
Colorado Springs, CO 80911		DO	B	47.50
Wyola Elementary Public School		PC	Program Support	17,500
1 Mondelle Ave Wyola, MT 59089				1
•		PC	Program Support	5,000
Glacier National Park Conservancy PO Box 2749			Program Support	5,000
Columbia Falls, MT 59912	}			
Sheridan Senior Center	ļ	PC	Endowment Support	25,000
211 Smith Street				1
Sheridan, WY 82801	ļ			
First Crow Indian Baptist Church	]	PC	Capital Campaign	1,000
PO Box 507		i		
Lodge Grass, MT 59050		50	B	
Leadership Montana		PC	Program Support	3,000
PO Box 1373			1	
Billings, MT 59103		PC	Brogram Support	15 000
Crow Agency School PO Box 219		PC	Program Support	15,000
Crow Agency, MT 59022				l l
Sheridan Community Land Trust	ĺ	PC	Program Support	20,100
PO Box 7185	ļ	1 10	Program Support	20,100
Sheridan, WY 82801				
People's Partners for Community Development		PC	Program Support	10,000
PO Box 955	1	'	l cappoin	10,000
Lame Deer, MT 59043	!	•		[
St Labre Indian School		PC	Program Support	7,500
1000 Tongue River Road			1	
Ashland, MT 59003				İ
Sheridan YMCA		PC	Program Support	1,000
417 North Jefferson St				
Sheridan, WY 82801				
Total See Attached Statement	<del> </del>	· ·	▶ 3a	395,890
<b>b</b> Approved for future payment				į.
			ļ	i
				}
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				[
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				]
				•
	L	L	<u> </u>	<u> </u>
Total			<b>▶ 3b</b>	1 0

Pa	rt XV	-A Analysis of Income-Producing Ac	ctivities				
Ente	er gros	s amounts unless otherwise indicated		isiness income	Excluded by sect	ion 512, 513, or 514	(-)
_	2	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	_	ram service revenue.			<del> </del>	<u> </u>	
	a _						
			<del></del>	<del></del>	<del> </del> -		<del></del>
					<del> </del>	<del></del>	<del></del>
				<del></del>	<del> </del>		
	e _			<del></del>			<del></del>
	' _	Fees and contracts from government agencies			<del> </del>		<del></del>
2	_	bership dues and assessments .		<del></del>			<del> </del>
3		est on savings and temporary cash investments					
4		lends and interest from securities			14	314,012	<del></del>
5		rental income or (loss) from real estate:		*** *** ***	16 11	***	į
Ū		Debt-financed property		<del></del>			<del></del>
		Not debt-financed property			<u> </u>		
6		ental income or (loss) from personal property					
. 7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue`a					
	d _						
	e _						
12	Subt	otal. Add columns (b), (d), and (e)	,	0	,	314,012	0
13	Tota	I. Add line 12, columns (b), (d), and (e) .				13	314,012
		sheet in line 13 instructions to verify calculations					
	rt XV					<del></del>	
	e No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ne is reported in c poses (other than	olumn (e) of Part 2 by providing fund	(VI-A contributed s for such purpos	importantly to the es) (See instruction	ons )
	<del></del> -						
			·				
							-
					····		

Part	XVII		n Regarding Tran ganizations	sfers To and Tra	nsactions and	Relationships With No	ncharitable
1	ın se polit	ection 501(c) of the	e Code (other than s	section 501(c)(3) org	anizations) or in	ny other organization describe section 527, relating to	Yes No
а		nsfers from the rep Cash	oorting foundation to	a noncharitable exe	mpt organizatior	າ of <sup>.</sup> 	1a(1) X
b		Other assets er transactions		•			1a(2) X
			a noncharitable exe	mpt organization ible exempt organiza	ition .		. 1b(1) X 1b(2) X
			equipment, or other	. •			1b(3) X
	(4) F	Reimbursement ai	rrangements				1b(4) X
	(5) l	Loans or loan gua	rantees				. 1b(5) X
	(6) F	Performance of se	ervices or membersh	ıp or fundraisıng soli	citations		1b(6) X
C				ts, other assets, or p			1c X
(a) Lin	value value	e of the goods, othe	er assets, or services of sharing arrangement	given by the reporting	foundation If the I) the value of the	(b) should always show the fair foundation received less than f goods, other assets, or service	air market s received.
(a) Liii	110	(b) Amount involved	(c) Name of non	charitable exempt organiza	10071 (0)	Description of transfers, transactions	s, and sharing arrangements
					<del></del>		
						······································	
			-				
				· · · · · · · · · · · · · · · · · · ·			-
	$\longrightarrow$	<del></del>					
		<del></del>	<u> </u>	<del></del>			
2a b	desc	cribed in section 5		ated with, or related ther than section 50		ax-exempt organizations tion 527?	Yes 🛭 No
		(a) Name of organ	ization	(b) Type of	organization	(c) Description	of relationship
		<del></del>			***		<del></del>
						<del>-  </del>	
	Unde	er penalties of penury 1 deci	lare that I have examined this n	eturn including accompanying	chedules and statements	s, and to the best of my knowledge and belief	it is true
Sign Here	corre		on of preparer (other than taxpa	ayer) is based on all information	of which preparer has an	y knowledge	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
Paid	•	Pint/Type preparer's		Preparer's signature		Date Check 5/11/2017 self-em	PTIN
Prepa		Firm's name	Scott Family Servic	es Inc			ployed P00738917 71-0919978
Use C	nly	Firm's address	PO Box 7113, Billin			Firm's EIN ▶ Phone no	406-255-5368

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Employer Identification number** 

Foundation for Community	Vita <u>lity</u>		84-1376323
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)(	) (enter number) organization	
	4947(a)(1) i	nonexempt charitable trust <b>not</b> treated as a private foun	dation
	527 political	organization	
Form 990-PF	X 501(c)(3) ex	empt private foundation	
	4947(a)(1) r	nonexempt charitable trust treated as a private foundation	วท
	501(c)(3) ta	xable private foundation	
Check if your organization i	s covered by the Gene	ral Rule or a Special Rule.	
• •	•	zation can check boxes for both the General Rule and a	Special Rule See
General Rule			
	or property) from any o	EZ, or 990-PF that received, during the year, contribution one contributor. Complete Parts I and II. See instructions	
Special Rules			
regulations under s 13, 16a, or 16b, an	ections 509(a)(1) and d that received from ar	601(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 of 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or my one contributor, during the year, total contributions of m 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Contributions of m 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	990-EZ), Part II, line the greater of (1)
contributor, during	the year, total contribut	601(c)(7), (8), or (10) filing Form 990 or 990-EZ that receions of more than \$1,000 exclusively for religious, charge prevention of cruelty to children or animals. Complete	table, scientific,
contributor, during contributions totale during the year for General Rule appl	the year, contributions d more than \$1,000. If an <i>exclusively</i> religious	601(c)(7), (8), or (10) filing Form 990 or 990-EZ that received size of religious, charitable, etc., purposes, but if this box is checked, enter here the total contributions the contributions of the particular	no such nat were received arts unless the
<u> </u>		General Rule and/or the Special Rules doesn't file Sch	•

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

84-1376323 Foundation for Community Vitality Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution James R & Christine M. Scott Person .\_\_1\_\_ 2244 Stony Ridge **Payroll** MT 59106 Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person \_\_\_2 Susan Heyneman Bench Ranch **Payroll** Fishtaıl MT 59028 Noncash 6,460 Foreign State or Province. (Complete Part II for Foreign Country noncash contributions) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 3 James & Christine Scott Foundation Person PO Box 7113 **Payroll** Billings MT 59103 Noncash Foreign State or Province. (Complete Part II for Foreign Country noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person . - - - - - -**Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person . - - - - - - -Payroll Noncash Foreign State or Province. (Complete Part II for Foreign Country: noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroli** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions)

Name of organization

Foundation for Community Vitality

Employer identification number 84-1376323

Part II	Noncash Property (See instructions). Use duplicate of	copies of Part II if additional spa	ice is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	;
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part !	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	ganization of for Community Vitality		84-1376323
Part III	Exclusively religious, charitable, etc., co	ntributions to organizations des	
	(10) that total more than \$1,000 for the ye the following line entry. For organizations co-contributions of \$1,000 or less for the year.	ar from any one contributor. Co empleting Part III, enter the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc,
	Use duplicate copies of Part III if additional	· ·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Zi	IP + 4 Relati	onship of transferor to transferee
<del></del>	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 Relati	onship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 Relati	onship of transferor to transferee
(a) No.	For Prov Country		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	·		
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4 Relati	onship of transferor to transferee
	For Prov. Country		

Continuation of Part XV, Lin Recipient(s) paid during the year	e 3a (990-PF) -	Gran	ts and Con	tributions Paid	During th	ne Year
Name						
Colorado College						
Street		-				
PO Box 1117		Ctata	7in Codo	Faraire Cause	len -	
City Colorado Springs		State CO	<b>Zip Code</b> 80901	Foreign Count	ıry	
Relationship	Foundation Status		100001	I	-	,
· · · · · · · · · · · · · · · · · · ·	PC					
Purpose of grant/contribution					Amount	
Program Support				<del></del>	<u> </u>	500
Name						
Boys & Girls Club of Northern Cheyenne Street	! 		<del> </del>		<del></del>	
100 Cheyenne Ave						
City		State	Zip Code	Foreign Count	try	
Lame Deer		MT	59043			
Relationship	Foundation Status					
Purpose of grant/contribution	PC				Amount	
Program Support					Amount	24,000
				<del></del> ·	<u> </u>	24,000
Name Shoridan Callaga Foundation						
Sheridan College Foundation Street						
PO Box 1500						
City		State	Zip Code	Foreign Count	ry	
Sheridan		WY	82801	<u></u>		
Relationship	Foundation Status					
Purpose of grant/contribution	PC				Amount	
Program Support					Amount	400
Name					<u> </u>	
Northern Plains Resource Council						
Street				<del>-,,</del>	·	
220 S 27th Street					<del></del>	
City		State	Zip Code	Foreign Count	ry	
Billings Relationship	Foundation Status	MT	59101			_
Relationship	PC					
Purpose of grant/contribution	<u>.,, , , , , , , , , , , , , , , , , , ,</u>				Amount	
Program Support						2,500
Name						
The Nature Conservancy - California						
Street						
201 Mission Street, 4th Floor		Ctata	7in Code	Familian Cause		
City San Francisco		State CA	<b>Zip Code</b> 94105	Foreign Count	гу	
Relationship	Foundation Status	<u> </u>	194100		<del></del>	<del></del>
	PC			•		
Purpose of grant/contribution				, ,	Amount	
Program Support					<u></u> .	2,500
Name						
Hopa Mountain	<u> </u>					
Street						
234 E. Babcock St	·· <del>·</del>	State	Zip Code	Foreign Count		<del></del>
Bozeman		MT	59715	i oreign count	7	
Relationship	Foundation Status		1-3	<u> </u>	<del></del>	<del></del>
	PC					
Purpose of grant/contribution					Amount	
Program Support					<u> </u>	2,000

Continuation of Part XV, Lin Recipient(s) paid during the year	e 3a (990-PF) -	Gran	ts and Cor	tributions Paid	During th	e Year
Name						
Planned Parenthood of Montana						
Street						
219 E Main Street City		State	Zip Code	Foreign Coun	tor	
Missoula		MT	59801	l oreign count	ау	
Relationship	Foundation Status					
Durana of aventle entribution	PC				Amount	
Purpose of grant/contribution Program Support					Amount	500
Name						
ACE Scholarship						
Street		•				
1201 E Colfax Ave STE 201		01:1	T=			
<b>City</b> Denver		State CO	<b>Zip Code</b> 80218	Foreign Count	try	
Relationship	Foundation Status		1002.10	<del> </del>		
Purpose of grant/contribution	11.0				Amount	<del></del>
Program Support						20,000
Name						
The Nature Conservancy - Montana						
Street						<u> </u>
32 S. Ewing City		State	Zip Code	Foreign Count		
Helena		MT	59601	Foreign Count	шу	
Relationship	Foundation Status				_ ,	
Purpose of grant/contribution Program Support					Amount	18,446
Name						
Montana State University Foundation						
Street						
PO Box 172750 City		State	Zip Code	Foreign Count	ton a	
Bozeman		MT	59717	Foreign Count	u y	
Relationship	Foundation Status		100.11			
D	PC				I A manisma	
Purpose of grant/contribution Program Support					Amount	10,000
					<u> </u>	10,000
Name University of Wyoming Foundation						
Street	<del></del>				······································	
222 South 22nd Street			· · · · ·			
City		State WY	Zip Code	Foreign Count	iry	
Laramie Relationship	Foundation Status	VVT	82070	<del></del>		
· · · · · · · · · · · · · · · · · · ·	PC					
Purpose of grant/contribution					Amount	
Program Support					<u> </u>	500
Name						
Street						
City		State	Zip Code	Foreign Count	ry	
Relationship	Foundation Status	L	<u> </u>			<del></del>
Purpose of grant/contribution					Amount	

Part I, Line 11 (990-PF) - Other Income

	_ 0	0	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1 State of Montana	per Books	0	TVCt IIIcome

Part I, Line 16a (990-PF) - Legal Fees

	0	0	C	0
	Revenue and			Disbursements for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Incom <u>e</u>	Income	(Cash Basis Only)
1 Anderson Heard PLLP	0			0

Part I, Line 16b (990-PF) - Accounting Fees

		11,551	5,776	0	5,776
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Scott Family Services, Inc	11,551	5,776		5,776
2	Misc other	0			0

Part I, Line 16c (990-PF) - Other Professional Fees

	4,887	0	(	4,887
Description	Revenue and Expenses per Books	Net Investment	Adjusted Net	Disbursements for Charitable Purposes (Cash Basis Only)
Description		Income	Income	<del></del>
1 Lynda Moss (St. Labre)	4,887		L	4,887

Part I, Line 18 (990-PF) - Taxes

		13,385	(	) (	336
Г		Revenue			Disbursements
ŀ		and Expenses	Net Investment	Adjusted	for Charitable
ļ	Description	per Books	Income	Net Income	Purposes
1	Real estate tax not included in line 20	336			336
2	Tax on investment income	13,049			
3	Payroll taxes	0			

### Foundation for Community Vitality

### Part I, Line 19 (990-PF) - Depreciation and Depletion

			•			1,106	0	0
					Beginning	Revenue	Net	Adjusted
	Date	Method of		Cost or	Accumulated	and Expenses	Investment	Į da
Description	Acquired	Computation	Asset Life	Other Basis	Depreciation	ner Rooks	lucome	) and
1 Building / Improvements	1/1/2005	Straight line	39	43,135	15,564	1.106		

Part I, Line 23 (990-PF) - Other Expenses

		7,219	0	0	7,219
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Bank Service Charges	150	0		150
2	Postage & Delivery	40	0		40
3	Dues & Subscriptions	2,345	0		2,345
4	Meals / Travel	4,684	0		4,684

## Part II, Line 10b (990-PF) - Investments - Corporate Stock

		2,004,414	2,063,726	10,350,315	15.216.731
	Num. Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg. of Year	End of Year	Red of Year	End of Year
True land to the Contract of t				10 SO	בווס סו וכמו
rinst interstate bancsystem inc.		2.004.414	2.063.726	10.350.315	15 216 731
					3

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## Part II, Line 13 (990-PF) - Investments - Other

		6///4	67,774	67,655
	Basis of	Book Value	Book Value	FMV
Asset Description	Valuation	Beg of Year	End of Year	End of Year
1 Merrill Lynch Investments		177 73	27 774	27077

## Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

	78,203	15,564	16,670	62,639	61.533	61 533
		Accumulated	Accumulated			
	Cost or	Depreciation	Depreciation	Book Value	Book Value	FM<
Asset Description	Other Basis	Beg of Year	End of Year	Beg. of Year	End of Year	End of Year
uilding / House	43,135	15,564	16,670	27,571	26 465	26 465
urniture / Equipment	3,203			3 203	3 203	3 203
and	31,865			31 865	31,865	31 865

Part II, Line 22 (990-PF) - Other Liabilities

		41,452	47,821
	Description	Beginning Balance	Ending Balance
1	Payroll Liabilities		
2	Deferred Gift Annuities	41,452	47,821

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Foundation for Community Vitality

_						
0 0	Expense Account					
)	Benefits					
0	Compensation	0	0	0	0	0
	Avg Hrs Per Week	0.1	100	100	97.	100
	- 量	President	V-Pres	SeoTreas	Director	Director
	Foreign Country					
	Zip Code	MT 59101	59106	82801	59106	59106
	State	MT	¥	¥	MT	MT
	Crty	Billings	Billings	Shendan	Billings	Billings
	Street	1802 Songbird Drive	2244 Stony Ridge Road	122 Upper Road	2244 Stony Ridge Road	2244 Stony Ridge Road
	Check "X" if Business					
	Name	Harvey Stewart	James R Scott	Michelle Sullivan	Chnstne Scott	Courtney Scott
L				•	4	M7)