Form **990** 

# **Return of Organization Exempt From Income Tax**

			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce			7.	^ <del></del>	
Den	artment of	the Treasury	▶ Do not enter social security numbers on this form as it may be			1111	Open to I	
Inter	nal Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest	informat	tion.	LILQ	Inspec	tion
<u>A</u>	For the	2017 cale	ndar year, or tax year beginning , 2017, and endin	g			, 20	
В	Check if	applicable	C Name of organization Missoula Community Foundation		D Employe	er identification n	umber	
	Address	change	Doing business as				81-0539830	
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/su	ite		E Telephor	ne number	
	Initial ret	urn	PO Box 8806				406-926-2846	
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code					
<b>7</b>	Amende	d return	Missoula, MT 59807			<b>G</b> Gross re		437,233
	Applicati	ion pending	F Name and address of principal officer	H(a) is	this a gr	oup return for s	subordinates? 🔲 Yes	☑ No
				<b>1</b> H(b) A			s included? 🔲 Yes	
<u></u>	Tax-exe	mpt status		2	If "No	o," attach a	i list (see instruction	ins)
J	Website		w.missoulacommunityfoundation.org	/ H(c) (	Group	exemption	number >	
K	Form of o	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of format	tion 2	2001	M State	of legal domicile	MT
Р	art I	Summ						
	1	Briefly de	escribe the organization's mission or most significant activities: To pro	vide lea	dersh	ip and in	spire long-term	, local
õ		philanthro	opy to ensure the diversity and vitality of the Greater Missoula Community.					
Activities & Governance	1							
Ver	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of	of more	than	25% of	its net assets.	
Ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)			3		7
<b>∞</b> ŏ	4	Number (	of independent voting members of the governing body (Part VI, line 1b)			4		7
ties	5	Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a) .			5		4
.≅	6	Total nur	nber of volunteers (estimate if necessary)			6		7
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a		0
	b	Net unrel	ated business taxable income from Form 990-T, line 34			7b		0
					or Ye	ar	Current Ye	ear
Ð	8	Contribut	tions and grants (Part VIII, line 1h) RECEIVE[	)		631,187		424,128
Revenue	9	Program	service revenue (Part VIII, line 2g)			6,558		13,137
ě	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and (福) . ALLG. 1 6 2018	S		38		(32)
Œ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c,   🞉 and Tie) 📜 🤨 💯	Ś		0		0
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>		637,783		437,233
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-30GDEN. U	T		310,896		176,611
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		j	0		0
S.	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)			144,175		158.713
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0		0
pe	ь	Total fund	draising expenses (Part IX, column (D), line 25) ▶ 24,849					
ũ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			104,167	·	101,895
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			559,238		437,219
	19	Revenue	less expenses. Subtract line 18 from line 12			78,545		14
Net Assets or Fund Balances				Beginning	of Cur	rent Year	End of Ye	ar
sets	20	Total ass	ets (Part X, Ime 16)	•		192,641		220,682
t Ass	21	Total liab	ılıtıes (Part X, lıne 26)			2,546		101,491
\$5	22	Net asset	ts or fund balances. Subtract line 21 from line 20			190,095		119,191
Pa	art II	Signat	ure Block					
			ry, I declare that I have examined this return, including accompanying schedules and stater ete Declaration of preparer (other than officer) is based on all information of which preparer				ny knowledge and	belief, it is
	Ź		/ 10 R7			8.6	. 2019	
Sig He		Y	ature of lafficer  1000 Allen Executive Director  or print name and title	<u> </u>	Date	e		
D-	id 🔀	Print/Typ	pe preparer's name Preparer's signature A Da	te, ,		Cheek E	ZI # PTIN	
Pa		Susan A	Anderson from Artin 8	16/1	9	Check self-emp		2036
	epare	•	1 7	, - 10		s EIN ▶	93-11807	
US	e Onl	y	ddress ► 534 Fairview Ave, Missoula, MT		Phor		406-543-53	
Ma			s this return with the preparer shown above? (see instructions)	<del></del>				□ No

For Paperwork Reduction Act Notice, see the separate instructions.



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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO PROVIDE LEADERSHIP AND INSPIRE LONG-TERM, LOCAL PHILANTHROPY TO ENSURE THE DIVERSITY AND VITALITY OF THE
	OF THE GREATER MISSOULA COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ 206,759 including grants of \$ 121,241) (Revenue \$ 11.546)
	GRANTMAKING: DISTRIBUTED FUNDS TO LOCAL ORGANIZATIONS TO PROVIDE NEEDED ASSISTANCE WITH SPECIFIC PROJECT
	GRANTMAKING PRIORITIES ARE MISSOULA'S "COMMUNITY GEMS" THAT CONTRIBUTE TO QUALITY OF LIFE.
4b	(Code: ) (Expenses \$ 134,721 including grants of \$ 40,470 ) (Revenue \$ 1.591 )
	COMMUNITY LEADERSHIP: THE MISSOULA COMMUNITY FOUNDATION INCUBATES IDEAS AND PROJECTS THROUGH FISCAL
	SPONSORSHIP, RECEIVE AND ADMINISTER CHARITABLE CONTRIBUTIONS DESIGNATED FOR OTHER ORGANIZATIONS
	THAT ARE APPLYING FOR NONPROFIT STATUS.
40	(Code: ) (Expenses \$ 28,605 including grants of \$ 10,000) (Revenue \$ )
	(Code: ) (Expenses \$ 28,605 including grants of \$ 10,000 ) (Revenue \$ )  CAPACITY BUILDING: Assessment and grantmaking project to help local nonprofits be more efficient and effective in meeting their
	mission.
	<u> </u>
	•
	1
4d	Other program services (Describe in Schedule O.)
	(Expenses \$5,088 including grants of \$ 4,900) (Revenue \$
40	Total program service expenses

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	F	Yes	No
	complete Schedule A	1	<b>√</b>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	<u> </u>	<b>√</b>
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		<b>▼</b>
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,			
6	Part III	5		<b>√</b>
7	"Yes," complete Schedule D, Part I	6		<b>✓</b>
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
	complete Schedule D, Part III	8		✓
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		✓
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			11.04
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		<b>√</b>
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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	<b>√</b> ·	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	· · ·
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		<b>✓</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		<b>✓</b>
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		<u>·</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
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		<u>·</u>
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		<u>·</u>
			990	

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Part	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	765	<b>√</b>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
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	1	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		, ,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):	1		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a b	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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	1
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,	30		<b>*</b>
38	Part VI	37	<b>✓</b>	1
			n <b>99</b> 0	(2017)

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Part					_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<del></del>	<del></del>	<u>. L</u>
		ایا	E 40-59°	Yes	No lacina ac
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	1/3		7,7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	4	3	
С	Did the organization comply with backup withholding rules for reportable payments	to vendors and	i Cal		37.
_	reportable gaming (gambling) winnings to prize winners?		1c	<b>√</b>	aWe 15
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_		2 200	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1 200		
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	<b>✓</b>	1961 CD 7.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		100	200	226
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3a	ļ	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Se		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				
	over, a financial account in a foreign country (such as a bank account, securities account,	or other financial			١.
	account)?		4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country ▶	, 			Æ.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts	1,000		<b>400</b>
	(FBAR).			3.5	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year <sup>?</sup>	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	ŝ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions		6a	6,	1
b	If "Yes," did the organization include with every solicitation an express statement that such				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		2/4/2	<b>大线等</b>	Sec.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods		200	
	and services provided to the payor?		7a	***************************************	<i></i>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<b> </b>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property to		1-		1
_	required to file Form 8282?		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	13.13	333	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to		7e	233957	<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f	·	1
	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		<b>  •</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m		,	14 12 A	MAC)
Ü	sponsoring organization have excess business holdings at any time during the year?		8	1931425	25/20
9	Sponsoring organization mave excess business flordings at any time during the year				\$\$ \sightarrow\tag{2}
	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a		270-27
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal states of the sponsoring organization make a distribution to a donor, donor advisor, or related personal states of the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization make a distribution to a donor, donor advisor, or related personal states or the sponsoring organization or the sponsoring or the sponsoring organization or the sponsoring organization or t		9b		-
b	· · · · · · · · · · · · · · · · · · ·	SOIT?	664MBS	10000	1200EQ
10	Section 501(c)(7) organizations. Enter:	اً مدا			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4.73		73 Y
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter:	المما		1. (3)	
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				87.1
	against amounts due or received from them.)	11b	14.30	KERK.	2.2
,12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	.r 1r	4.487
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		NW.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		**************************************	FIX	影響
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	43 4 max.	305
_	Note. See the instructions for additional information the organization must report on Schedul	e O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b		16	
С	Enter the amount of reserves on hand	13c		344	1864 K

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

14a

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	
Secti	on A. Governing Body and Management	<del></del>	<u> </u>	<u>.                                    </u>
			Yes	No
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.			
ь 2	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 officer, director, trustee, or key employee?	2		<b>✓</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	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? .	5		✓
6	Did the organization have members or stockholders?	6		<b>✓</b>
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		i
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	:		,
8	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<b>✓</b>
а	The governing body?	8a	<b>2</b> ≥2021	11,800
,	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		1
Secti	on B. Policies (This Section B. requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	<b>√</b>	
12	•	12c	<b>√</b>	
13 14	Did the organization have a written whistleblower policy?	13 14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	عكمتات تسد	<b>√</b>
b	Other officers or key employees of the organization	15b	,	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	.5536.5624	<b>✓</b>
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integrinancial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red Marcy Allen, PO Box 8806, Missoula MT 59807 406-926-2846	ords:	<b>&gt;</b>	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employe	es, and
	Independent Contractors	
	Check if Schodule O contains a response or note to any line in this Part VII	

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ted any currer	t officer, director	r, or trustee.	
					C)						
(A)	(B)	///	ot of		ition		<b></b> -	(D)	(E)	(F)	
Name and Title	Average	box,	(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated	
	hours per week (list any	<del></del>		•		or/trus	÷	compensation from	compensation from related	amount of other	
	hours for	악	Inst	Officer	ě	emg High	Former	the	organizations	compensation	
	related organizations	Individual trustee or director	Institutional trustee	ਖ਼	Key employee	loye	ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	or all	nal		융	, g		(,		and related	
	line)	uste	รับร		&	pen				organizations	
		•	tee			Highest compensated employee					
(1) Meredith Printz	40			,							
Executive Director	0		<u> </u>	<b>✓</b>			<u> </u>	41,080	0		0
(2) Leland Buck	2	,		١,			l	_		2389-	
President	0	<b>-</b>		✓			<b> </b>	0	0		0
(3) Solon, Linton	2			١,							
Interim President at beginning of year	0	<b>/</b>	<u> </u>	<b>✓</b>	_			0	0		0
(4) Kate Mrgudic	2	,		١,				_	•		
Vice President	0	<u> </u>		✓			-	0	0		_0
(5) Bethanie Walder	2	,		,		ĺ		_	_		_
Treasurer (6)	. 0	<b>/</b>	$\vdash$	✓	_	<u> </u>	$\vdash$	0	O		_0
(6) Lily Tate	2	1									
Director Co. Doubles Doubles	0		-	-	_			0	0		0
(7) Barbara Reider	2	1									_
Director	0	•				<del> </del>	-	0	0		0
(8) Cindy Waltz	0	1					ŀ		o		0
Director	<del></del>	<u> </u>	<b>—</b>			ļ	<del> </del>	0	- 0		
(9) Carol Williams Out-going Director	0	1						0	0		0
(10) Robyn Gaddy	2	_	-								
Outgoing Director	0	/						l o	٥		0
(11) Sarah Shepard	2	•		-				0			
Outgoing Director	0	1						0	٥		0
(12) Day Varia	2							0			
Outgoing Treasurer	0	1		1				o	o		0
(13)	-			Ť					- 4		
37	<del> </del>										
(14)										·	_
2f	t										

	(A) Name and title	(B) Average hours per week (list any	box, office	not ch unles er and	Pos leck s pe	rson	e than o	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											-
(19)											<u>-</u>
(20)											
(21)											
(22)			<u> </u>				*******				
(23)				$\vdash$							
(24)											
(25)											
1b	Sub-total								41,080		
C	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>			
2 	Total (add lines 1b and 1c)	not limited						e) w	ho received me		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compensat	ed Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individi	
	on B. Independent Contractors	<del></del>									
1	Complete this table for your five highest compensation from the organization. Rep year.										
<del>"</del> ;	Name and business addr	ress							(B) Description of so	ervices	(C) Compensation
					_						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who	

Part VIII											
		Check if Schedule C	contains a res	ponse or note t	o any line in this	Part VIII		<u></u>			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections - 512-514			
nts	1a	Federated campaigns	s <b>1a</b>								
Grants	b	Membership dues .	1b								
S, G	С	I undraising events:	1c								
ar I	d	Related organizations	3 1d	٠. ،	region in a superintal distriction	ere — Mile					
از ق	е	Government grants (cor	ntributions) 1e	17,610		100		20,000			
rion r. S	f	All other contributions, g									
ig ig		and similar amounts not inc	luded above 1f	406,518							
Contributions, Grits, Grants and Other Similar Amounts	g	Noncash contributions include	ded in lines 1a-1f \$	33,697							
	h	Total. Add lines 1a-1	<u>f</u>	<u> ▶</u>	424,128	2,240,22,25,25	A MARKET	Andrew States			
Ę	'.			Business Code				a de la companion de la compan			
še	2a	Program Service Fees		900099	13,137	13,137		,			
æ	b							_			
Ğ	C					·					
Se	d										
Program Service Revenue	e	A.M									
rog	, t	All other program ser		L		a same a compositivo	  Parting   State   S	Dysionagogogopiowani sampa			
	3	Total. Add lines 2a-2 Investment income						**************************************			
	.	and other similar amo	•	_	50	50		- ~7			
	4	Income from investmen	•		30						
	5	<b>-</b> "	· · · · ·	> Id proceeds							
	ľ	rioyanios	(i) Real	(ii) Personal	2-1200000000000000000000000000000000000	Z (		PARTS OF THE TOTAL			
•	6a	Gross rents				powerse a dialognimion wantu					
	b	Less: rental expenses		<del></del>		tavisi suvumuu on maan ka	a de la companion de la compan				
	c	Rental income or (loss)						100			
	ď	Net rental income or	(loss)	▶							
	7a	Gross amount from sales of	(i) Securities	(II) Other	324 30 30 30 3			SAMPLES CASE			
		assets other than inventory	25,587		10.77			STATE OF THE STATE			
	b	Less: cost or other basis									
	İ	and sales expenses	25,669			STREET, STATE					
	С	Gain or (loss)	(82)								
	d	Net gain or (loss) .		<u> ▶</u>	(82)	(82)	, , , , , , , , , , , , , , , , , , , ,				
venue	8a	Gross income from fu			1965 1967 1968	The second second					
Other Re		,	$\cdot$ $\cdot$ $\cdot$ · · · a		lystes I This in the requirement	orogani miduwalin kinega na 1	englemannamuning (* 1994)	onimumining American (17 Af American			
ō		Less direct expenses									
	с 9а	Net income or (loss) for Gross income from ga		events . ►		A The State of the					
	•		· · · · a		y jaka ilawani indid						
	b	Less direct expenses									
,	C	Net income or (loss) f		vities ▶	. 15 27 44 10	samettechere "het tie Mathia Pic	milionalistado a abadest NA Section	(ANTHORNE AND			
	10a	Gross sales of in		٠.,							
i		returns and allowance	_								
	l	Less: cost of goods s									
	C	Net income or (loss) f		Business Code	San San Albandar		SAMPANIAN OF THE	25573 CGF34 Lacory 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
	11-	iviiacellarieous H	ic veriue	Juaniesa Code	is tractify and the						
	11a b			,		3					
	C	••••					· e				
	d	All other revenue .									
	e	Total. Add lines 11a-	11d	` <b>&gt;</b> .				\$20\$\$\$4050000000000000000000000000000000			
	12	Total revenue. See in			A27 222	A27 222	A THE PARTY EVENT CONTRACTOR AND A THE PARTY.	1044 - Annual Color of the second security (1973)			

section	on 501(c)(3) and 501(c)(4) organizations must co				
20.00	Check if Schedule O contains a respon	nse or note to any l			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1,	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	171,711			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,900	4,900		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		7,500		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	41,080	27,934	6,573	6,5
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 8	Other salaries and wages	88,560	74,362	9,021	5,17
_	section 401(k) and 403(b) employer contributions)	3,859	· · · · · · · · · · · · · · · · · · ·		
9	Other employee benefits	16,066			
10 11	Payroll taxes	9,148	7,137	1,167	. 8
a b	Management				
d	Accounting	6,270		6,270	•
e f	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	48,586	1	6,962	4,1
12	Advertising and promotion	15,152	· · · · · · · · · · · · · · · · · · ·		
13 14	Office expenses	6,898			
14 15	Information technology	2,149	1,451	530	<u>, 1</u>
16	Occupancy	9,465	7,394	1,310	7
17	Travel	3,703	7,554	1,310	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	972	905	47	
20	Interest				
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22 23	Depreciation, depletion, and amortization . Insurance	4 000	4.550		
23 24	Other expenses, Itemize expenses not covered	1,929	1,553	229	1
2 <b>4</b>	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				45000000000000000000000000000000000000
	(A) amount, list line 24e expenses on Schedule O.)				
а	Online transaction fees	2,449	1,255		1,1
þ	Food, Beverages and Hospitality	2,565			
C	Dues and Subscriptions	1,387			. 1
d e	Telephone & Telecommunications All other expenses Miscellaneous	3,247		523	2
25	Total functional expenses. Add lines 1 through 24e	826 437,219			<u>5</u>
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 following SOP 98-2 (ASC 958-720)	437,219	3/3,1/3	3/,19/	24,8

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . 179,232 183,647 2 2 Savings and temporary cash investments . . . . . 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . Assets 7 8 Inventories for sale or use . . . . . 1,654 Prepaid expenses and deferred charges 400 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation. . . . . 10c b 11 11 Investments -- publicly traded securities . . . . . 1,476 12 12 Investments-other securities. See Part IV, line 11 . 13 13 Investments-program-related. See Part IV, line 11. 14 14 Other assets. See Part IV, line 11 . . . . . . . 15 13,409 15 33,505 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . . 192,641 16 220,682 17 Accounts payable and accrued expenses . . . . . . . . . 17 2,546 6,904 18 18 19 19 4,400 Tax-exempt bond liabilities . . . . . . . . . . . . . . . 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 90,187 Total liabilities. Add lines 17 through 25 2,546 26 101,491 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets \. . . . . . . . . . . . . . . 27 41,320 27 16,849 28 Temporarily restricted net assets . . . 135,366 28 68,739 29 Permanently restricted net assets . . . . . . . . . . . . 13,409 29 33,603 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ō **Net Assets** 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 190,095 119,191 34 Total liabilities and net assets/fund balances . . . 34 192,641 220,682 Form 990 (2017)

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Page	-1	~

		Page <b>12</b>
Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		🗸
otal revenue (must equal Part VIII, column (A), line 12)	1	437,233
otal expenses (must equal Part IX, column (A), line 25)	2	437,219
evenue less expenses. Subtract line 2 from line 1	3	14
et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	190,095
et unrealized gains (losses) on investments	5	(10)
onated services and use of facilities	6	
vestment expenses	7	
or period adjustments	8-	(76,096)
ther changes in net assets or fund balances (explain in Schedule O)	9	5,188
et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
Financial Statements and Reporting	10	119,191
counting method used to prepare the Form 990.  Cash Accrual Other		
the organization changed its method of accounting from a prior year or checked 'Other," exchedule O.	•	
chedule O.  ere the organization's financial statements compiled or reviewed by an independent accountant?  "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both:		2a 🗸
chedule O.  ere the organization's financial statements compiled or reviewed by an independent accountant?  "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	
ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were complewed on a separate basis, consolidated basis, or both:  Separate basis	piled or	2a 🗸
chedule O.  ere the organization's financial statements compiled or reviewed by an independent accountant?  "Yes," check a box below to indicate whether the financial statements for the year were completed on a separate basis, consolidated basis, or both:  Separate basis	polled or	2a 🗸
ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were complewed on a separate basis, consolidated basis, or both:  Separate basis	polled or  contact	2a 🗸

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support** -

OMB No 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer (dentification number Name of the organization 81-0539830 Missoula Community Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Νo (A) (B) (C) (D) (E)

		•			,		
Part II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i) <sub>,</sub> .	
(Complete only if you checked the						alify under	
Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)		
Section A. Public Support		<u> </u>		,			
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1 Gifts, grants, contributions, and membership fees received. (Dos not	,			:			
include any "unusual grants.")	112,598	374,883	· √453,803	631,187	424,128	1,996,599	
2 Tax revenues levied for the				001,101	,		
organization's benefit and either paid			•			\	
to or expended on its behalf							
3 The value of services or facilities				., .	. 7,434.7		
furnished by a governmental unit to the					<b>.</b> .	,	
_ organization without charge . ·	1	,			٠ ٦٠ .		
4 Total. Add lines 1 through 3	112,598	374,883	453,803	631,187	424,128	1,996,599	
5 The portion of total contributions by	1.		100			. :	
each person (other than a				4.5		* <b>`</b> ,	
governmental unit or publicly		and the state of	10 g	A second		•	
supported organization) included on	2.0	<b>多</b>	and the second			• 6	
, line 1 that exceeds 2% of the amount		1000				4	
shown on line 11, column (f)	7 to 1 to		Hardwin Hard Room			104,717	
6 Public support. Subtract line 5 from line 4 Section B. Total Support	Tr/31/2004		Tempasion.	<u> </u>		1,891,882	
Calendar year (or fiscal year beginning in)	(a) 2013	. <b>(b)</b> 2014	(c) 2015 '	(d) 2016,	(e) 2017 °.	(f) Total	
.7 Amounts from line 4	- 112,598		453,803	631,187		1,996,599	
8 Gross income from interest, dividends,	- 4112,556	. 3/4,003	453,603		1 424,120	- 1,330,333	
payments received on securities loans;						£. ,	
rents, royalties, and income from		· ·				+ 1/4	
, similar sources . `	1,769	- 75	. `28	. '38	50	1,960	
9 Net income from unrelated business			,	f , s	Y 7 1 42 : 37		
activities, whether or not the business			* ,5 ,			\$	
is regularly carried on	·	•	+1	, , ,	region of the second		
10 Other income. Do not include gain or		K FA	1	• 10-	and the second	* 1 15 pt	
loss from the sale of capital assets		-	`		•		
(Explain in Part VI.)		*	ŧ ,	4	-	*	
11 Total support. Add lines 7 through 10		100		Material - 1		1,998.559	
12 Gross receipts from related activities, etc. (see instructions)							
organization, check this box and stop he				· · · · ·			
Section C. Computation of Public Suppor			tlumm (6)		44		
<ul><li>Public support percentage for 2017 (line 0</li><li>Public support percentage from 2016 Sci</li></ul>					14 15	. 94.7 % 94.3 %	
16a 33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organi							
box and <b>stop here.</b> The organization qua							
b 331/3% support test-2016. If the organi							
this box and stop here. The organization						•	
17a 10%-facts-and-circumstances test-26	017. If the orga	anization did n	ot check a box	x on line 13, 1	6a, or 16b, and	d line 14 is	
10% or more, and if the organization me							
Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	as a publicly	supported	
organization				, .		. ▶ 🗆	
b 10%-facts-and-circumstances test-20							
15 is 10% or more, and if the organiza							
Explain in Part VI how the organization r				The organizati	on qualifies as	a publicly	
						▶ □	
18 Private foundation. If the organization di	a not check a	box on line 13,	16a, 16b, 17a	ı, or 17b, chec	k this box and	see	
manuununa .							

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name o	f the or	ganization		Employer identification number
Missou	ula Cor	mmunity Foundation		81-0539830
Par		Organizations Maintaining Donor Adv		
		Complete if the organization answered		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggr	egate value of contributions to (during year)		
3	Aggre	egate value of grants from (during year) .		
4	Aggr	egate value at end of year		
5		he organization inform all donors and donor are the organization's property, subject to the		
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?	fit of the donor or donor advisor, or f	or any other purpose
Part		Conservation Easements.		
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purp	ose(s) of conservation easements held by the	organization (check all that apply).	
	□ P	reservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation of	f a historically important land area
	□ P	rotection of natural habitat	☐ Preservation of	f a certified historic structure
		reservation of open space		
2		olete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easer	ment on the last day of the tax year.	r	Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easement	ts	2b
C	Num	per of conservation easements on a certified I	nistoric structure included in (a)	2c
d	Numl	per of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	histor	ric structure listed in the National Register .		· ·   2d
3	Numl tax ye	per of conservation easements modified, trans ear ►	sferred, released, extinguished, or terr	minated by the organization during the
4	Numl	per of states where property subject to conse	rvation easement is located ▶	
5	Does	the organization have a written policy re- ions, and enforcement of the conservation ea	garding the periodic monitoring, ins	
6		and volunteer hours devoted to monitoring, inspec		— — —
7	Amou ▶\$	int of expenses incurred in monitoring, inspectir	g, handling of violations, and enforcing	conservation easements during the year
8	Does	each conservation easement reported on line ection 170(h)(4)(B)(ii)?		f section 170(h)(4)(B)(i)
9		rt XIII, describe how the organization reports on ce sheet, and include, if applicable, the text of		
	organ	ization's accounting for conservation easeme	ents.	
Part	Ш	<b>Organizations Maintaining Collection</b>	s of Art, Historical Treasures, or	Other Similar Assets.
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works	s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the f	assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
		s of art, historical treasures, or other similar		
		service, provide the following amounts relati		
		evenue included on Form 990, Part VIII, line 1		▶ \$
		sets included in Form 990, Part X		
2		organization received or held works of art,		
		ring amounts required to be reported under S		_ · · · · · · · · · · · · · · · · · · ·
		nue included on Form 990, Part VIII, line 1 .	•	
<u>.</u>		a unalluded un Form 000. Part V		• 5

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures, o	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of the	follov	wing that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	prog	rams	
b	☐ Scholarly research		е	☐ Other	r			
С	☐ Preservation for future generation							
4	Provide a description of the organiza XIII.	ition's collections a	and expl	aın how t	hey further th	e org	ganization's exer	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe							<u> </u>
Part								
	Complete if the organization 990, Part X, line 21.				•	-	<u> </u>	
1a	included on Form 990, Part X?							ot 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able:		<del></del>	
					•	_	A	mount -
C	Beginning balance					10		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P  Endowment Funds.	art XIII. Check her	e if the e	xplanatio	n has been pi	ovide	ed on Part XIII .	📙
Par		anawarad "Vas	" an Car	000 [	David IV ( Ivan -			
	Complete if the organization	(a) Current year		or year	(c) Two years t		(d) Three years back	k (e) Four years back
1.	Degraping of year belones	(a) Current year	(0) FI	or year	(c) Two years t	Jack	(u) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							<del>                                     </del>
·	losses							
d	Grants or scholarships							<u> </u>
e	01 11 1 1							
υ,	programs					ľ		
f	Administrative expenses		<del></del>					
g	End of year balance							<u> </u>
2	Provide the estimated percentage of the	the current year en	d balanc	e (line 1a	column (a))			
a	Board designated or quasi-endowme		%	c (mic ig	, coluitiii (a)) i	iciu e	23.	
b	Permanent endowment ►	%	′ °					
C	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and		20%					
3a	Are there endowment funds not in the			zation tha	at are held an	d adı	ministered for th	e
	organization by:	·	J					Yes No
	(i) unrelated organizations							3a(i) ✓
	(ii) related organizations							3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on Sc	hedule R? .			3b
4	Describe in Part XIII the intended uses							<u></u>
Part								
	Complete if the organization	answered "Yes"	on For	m 990, F	art IV, line 1	1a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	r other basis ther)	(c) A	Accumulated preciation	(d) Book value
1a	Land		-					
b	Buildings			···				
С	Leasehold improvements				<u> </u>		-	
	Equipment							
	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0 Part	Column	(B) line 10c			

Part VII	Investments — Other Securities Complete if the organization and		rm 990. Part IV. I	ine 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or catego (including name of security)		(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financia	I derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)	·				
(H)			,		
	(b) must equal Form 990, Part X, col (B) line 12)	·	<u> </u>		
Part VIII	Investments—Program Relate		rm 000 Port IV I	ina 11a Saa Earm	000 Port V line 12
	Complete if the organization ans	swered res on ro		<del></del>	thod of valuation
	(a) Description of investment	-	(b) Book value		I-of-year market value
(1)					
(2)					
_(3)					*
(4)		<del></del>		-	
(5)					· · · · · · · · · · · · · · · · · · ·
(6)				<del>                                     </del>	<del></del>
(7)					, ,
(8)					
Total (Column I	(b) must equal Form 990, Part X, col (B) line 13)			77.7.200.7.20	
Part IX	Other Assets.		L	Literatura de la constitución de	BEFORE STREET ASSESSMENT OF COMMENT PRO
TUITIA	Complete if the organization ans	swered "Yes" on Fo	rm 990. Part IV. I	ne 11d. See Form	1 990. Part X. line 15.
		(a) Description			(b) Book value
(1) Benefici	al Interest in an Agency Endowment he	d by the Montana Com	munity Foundation		· 33,50
(2)		······································	· · · · · · · · · · · · · · · · · · ·		
(3)					1
(4)					
(5)					
(6)					
(7)					
(8)	·	·	·		
(9)					
	mn (b) must equal Form 990, Part X, o	col (B) line 15.)	<u> </u>	<u></u> ▶	33,50
Part X	Other Liabilities. Complete if the organization and line 25.	swered "Yes" on Fo	rm 990, Part IV, I	ine 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of Hability	(b) Dock value	իսցիսրություն Հայոնսորդությու Էրևություն Ա. Հայոնսորդություն		
(1) Federal ır	· · · · · · · · · · · · · · · · · · ·		ction (1 to a principle)	die voer officiale voer philipines.	popular i see contributioni di
	wed to Fiscally Sponsored Entities		90,187		
(3)	wed to 1 iscally Sponsored Endices			alesta danned server areas a transministra	
(4)					
(5)		=			
(6)					and the property of the second se
(7)					
(8)		-			
(9)		1			
Total. (Column (l	b) must equal Form 990, Part X, col (B) line 25)	9	90,187		
2. Liability for	uncertain tax positions. In Part XIII, prov			on's financial stateme	ents that reports the
	s liability for uncertain tax positions unde				

Page	. 4

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1	-   -
a	Net unrealized gains (losses) on investments		- <b>  [                                   </b>
b	Recoveries of prior year grants		-
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
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.		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	4.0
С	Other losses		
d	Other (Describe in Part XIII.)		
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с 5	Add lines <b>4a</b> and <b>4b</b>		4c
	XIII Supplemental Information.	ie 16.)	5
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1h and 2	h: Part V line 4: Part Y line
2, Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional ii	nformation.
	Line 4 - Endowments held by the Montana Community Foundation for the Mi	•	
	End of Endowners had by the monard community foundation for the Mil.	330dia Community i Cumulatte	mare to support operations,
grant n	naking and scholarships.		
	<del></del>		
	·		
	***************************************		
	•		
		***************************************	
- <b></b>			
••	•		

# SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

	200	1545-004	047
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**%** □

✓ Yes

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

the selection criteria used to award the grants or assistance?

Missoula Community Foundation
Part | General Informat

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number 81-0539830 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. General Information on Grants and Assistance

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ansi 990. Part IV line 21 for any recipient that received more than \$5,000. Part II can be displayed if additional space is needed	ssistance to Do	mestic Organization	ations and Dom	estic Governm	ents. Complete in	<b>Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form solved more than \$5,000 Part II can be displicated if additional space is needed	vered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Tell Us Something 625 N 4th St W, Missoula MT 59802	45-4472006		19,013				General Operating Support
(2) Buffalo Field Campaign PO Box 957 W. Yellowstone MT 59758	6-3964401	501(c)(3)	476				General Operating Support
(3) The Clay Studio 1106 Hawthorne A Missoula MT 5980	81-0523194	501(c)(3)	8,246				General Operating Support
(4) HomeResource 1515 Wyoming, Missoula MT 59801	90-0125541	501(c)(3)	15,981				General Operating Support
(5) Humane Society of Western MT 5930 Hwy 93 S, Missoula, MT 59804	81-0290933	501(c)(3)	566				General Operating Support
(6) Msla Community Access TV 500 N Higgins Ste 105, Msla MT 59802	81-0454544	501(c)(3)	2500				General Operating Support
(7) Msla Butterfly House & Insect. 218 E Front St. Missoula, MT 59802		501(c)(3)	486				General Operating Support
(8) Missoula Food Bank 1720 Wyoming, Missoula MT 59801	81-0414143	501(c)(3)	4,326				General Operating Support
(9) Planned Parenthood of MT 219 E Main St, Missoula MT 59802	13-1644147	501(c)(3)	531				General Operating Support
(10) The Poverello Center 110 W Broadway Missoula MT 59802	23-7439391	501(c)(3)	5,681				General Operating Support
(11) Watson Children's Shelter 4978 Buckhouse Lane Msla MT 59804	81-0369020	501(c)(3)	3,076				General Operating Support
(12) Youth Homes  Box 7616 Missoula MT 59807	81-0331313	501(c)(3)	2 861				General Onerating Support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and go	vernment organiza	tions listed in the li	ne 1 table			. • 11

Schedule I (Form 990) (2017)

Cat No 50055P

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

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

Schedule I (For	Schedule I (Form 990) (2017)					Page 2
Part III	Grants and Other Assistance to Domestic In Part III can be duplicated if additional space is	nestic Individual space is needed.	dividuals. Complete if the organization answered "Yes" needed.	organization answe	ared "Yes" on Form 990,	on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Schola	Scholarships	9	4,900			
7						
ო						
, <b>4</b>						
5						
9						
7						
Part IV	Supplemental Information. Provide the inform	ne information re	nation required in Part I, line	32; Part III, column	2; Part III, column (b); and any other additional information.	onal information.
Part I, Line 2	Part I, Line 2 - The grant application process is used to determine if	ermine if the entity	meets the grant criteri	ia. In most cases, no c	irect follow-up of use of gran	the entity meets the grant criteria. In most cases, no direct follow-up of use of grant funds is made. However, the entity
watches the	watches the local media for notable successes of grantees and indications of potential improper use of the funds by grantees.	and indications of	potential improper use	e of the funds by gran	tees.	
NOTE RELA	NOTE RELATED TO AMENDMENT OF THE 990 - Amounts given to other entities have been reduced by the received on by the online giving platform on the annual giving day that	given to other entit	ies have been reduced	by the received on by	the online giving platform or	n the annual giving day that
Missoula	Missoula Community Foundation did not take possession of and	on of and never ha	d variance power over.	Total grants to some	entities are less than \$5000 v	never had variance power over. Total grants to some entities are less than \$5000 when the giving day donations
аге гето	are removed. Orginal grants reported including the giving day donations that have been removed from Part II were: Tell Us Something \$19,013, Buffalo Field Campaign \$10,762,	ing day donations t	that have been removed	d from Part II were. Te	II Us Something \$19,013, Buf	falo Field Campaıgn \$10,762,
Clay Stud	Clay Studio of Msla \$8,449, Home Resource \$18,666, Humane Society of Western MT \$6,105, Msla Community Access TV \$5,277, Msla Butterfly House \$6,276. Msla Food Bank \$11,247,	imane Society of W	lestern MT \$6,105, Msla	Community Access	TV \$5,277, Msla Butterfly Hou	se \$6,276, Msla Food Bank \$11,247,
Planned	Planned Parenthood of MT \$5,609, Poverello Center \$10,742, Watson's Chiildren's Shelter \$6,039 and Youth Homes \$5,342.	,742, Watson's Chi	ildren's Shelter \$6,039	and Youth Homes \$5,	342.	

Schedule I (Form 990) (2017)

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

20**17** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

81-0539830 Missoula Community Foundation Part I Types of Property (c) (d) (a) (b) Noncash contribution Number of contributions or Method of determining Check if amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . 1 2 Art-Historical treasures . . . Art-Fractional interests . . . 3 Books and publications . . . Clothing and household goods . . . . . . . . . 6 Cars and other vehicles . . . 7 Boats and planes . . . . . 8 Intellectual property . . . . 9 ' 25,587 market value per brokerage Securities-Publicly traded . . . 2 contributions 10 Securities-Closely held stock . Securities—Partnership, LLC, 11 or trust interests . . . . . 12 Securities-Miscellaneous . Qualified conservation 13 contribution—Historic structures . . . . 14 Qualified conservation contribution-Other . . Real estate-Residential . . . . 15 Real estate-Commercial . . 16 Real estate-Other . . . . 17 18 Collectibles . . . . . Food inventory . . . . . . 19 20 Drugs and medical supplies . . . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . . . 23 Scientific specimens . . . 24 Archeological artifacts 25 Other ► ( Event Supplies&Ads ) 7 contributions 8,110 retail prices per invoices 26 Other ► (\_\_\_\_\_) 27 Other ► (\_\_\_\_\_) Other ► ( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

33

describe in Part II.

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Line 33b - S	securities are received and sold as soon as possible by an investment brokerage company for a small comission and related
transaction	fees.
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	'
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### **SCHEDULE 0** (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Employer identification number

81-0539830

Department of the Treasury Internal Revenue Service Name of the organization

Missoula Community Foundation

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

NOTES FROM THE ORIGINAL FILING THAT STILL APPLY - Form 990, Part III, Line 4d, Other Program Services - Scholarship	s and
Intern Stipend: Scholarships paid directly to Montana Universitiesand stipend paid to student to reimburse costs related to	o the internship
Form 990, Part VI, Line 11B, Form 990 Review Process - Governing body reviewed and approved.	
Form 990, Part VI, Line 12C, Explanation of Monitoring and Enforcement of Conflicts - Governing body reviews the conflict of	interest policy
on an annual basis and confirms compliance with said policy.	
Form 990, Part VI, Line 19, Other Organization Documents Publicly Available - No documents are made available to the public	until requested.
Form 990, Part XII, Line 2 a & c, Financial Statements and Reporting - The organization contracted with an independent account	intant to
have the statements reviewed for the first time in 2017. The Finance Committee requested bids for the review, vetted appl	icants, made a
recommendation to the governing and had oversight responsibilities for the review. The Governing Board approved the fi	nal selection
of a reviewer.	
Form 990, Part X, Lines 25 and Part XI, Line 8 - As a result of the review process, funds held for fiscally sponsored entities (al	so see the note
below) were reclassified from restricted net assets to liabilities and unpaid vacation time was accrued creating a prior per	iod adjustment.
Accrued Vacation Pay from 2016, included in 2017 expense on the 990	(\$ 817)
Funds held for Fiscally Sponsor Entities at 12/31/16, reclassified from Temporarily Restricted RE to Liabilities	(75,279)
Total Prior Period Adjustments	(\$76,096)
The balance sheet numbers presented on this form for 2016 are those in the 2016 990. They have not been restated.	
Form 990, Part X, Lines 15 & 25 and Part XI, Line 9, - Under FASB, the organization books changes in the Beneficial Interest in	ı the
Agency Endowment as income(loss). This Endowment is not owned by the organization and as such the \$20,096 increase	
in the value of the Agency Endowment is not included in income on the Form 990. Additionally the net income from fiscal	
entities does not affect the net asset balance in the GAAP basis financial statements, but rather as a change in liabilities.	
	ψ14,300 Of Het
income from fiscally sponsored entities is included in the 990.	
Change in Value of Beneficial Interest in the Agency Endowment not included in the 990	\$20,096
Net income of the fiscally sponsored entities not included in Net Assets on the financial statements	(14,908)
Total Other changes in net assets or fund balances	\$ 5,188
The total liability for Funds held for fiscally sponsorsored entities at 12/31/17 is \$90,187, which is comprised of \$75,279 fro	m prior years

Name of the organization Employer identification number Missoula Community Foundation 81-0539830 NOTES RELATED TO RETURN AMENDMENT Due to changes in FASB rules for revenue recognition and a change in the platform that Missoula Community Foundation uses for its annual giving day, 20170revenue and expense this 990 have been restated. Although the contract for the giving day platform used in 2017 was with the Missoula Community Foundation as it was in prior years, Missoula Community Foundation did not take control of the donations or have variance power as it had in the past and payouts from the giving day were made directly to the participating nonprofits. In keeping with recent changes to FASB revenue recognition rules \$193,774 of donations that were raised in the 2017 giving day, \$184,801 in small grants out to other nonprofits and \$8,973 in online donation fees have been removed from all forms and schedules for the 2017 year. There is no effect on net income or net assets from this change. The following forms and lines have been changed. Form 990 Line G and Part I Line 12 - Total gross receipts was reduced by by \$193,774 to \$437,233. Form 990 Part I Line 8 - Contributions and grants was reduced by by \$193,774 to \$424,128. Form 990 Part I Line 13 - Grants and similar amounts paid was reduced by \$184,801 to \$176,611. Form 990 Part I Line 17 - Other expenses was reduced by \$8,973 to \$101,896. Form 990 Part I Line 19 - Total expenses was reduced by \$193,774 to \$437,219. Form 990 Part III Line 4a - Total expenses was reduced by \$193,774 to \$206,759 and grants was reduced by \$184,801 to \$121,241. Form 990 Part III Line 4e - Total program service expense was reduced by \$193,774 to \$375,173. Form 990 Part VIII Line 1f - All other contributions was reduced by \$193,744 to \$406,518. Form 990 Part VIII Line 1h - Total contributions, gifts, grants and similar amounts was reduced by by \$193,774 to \$424,128. Form 990 Part VIII Line 12 and Part XI Line 1 - Total revenue was reduced by by \$193,774 to \$437,233. Form 990 Part IX Line 1 - Grants and other assistance to domestic organizations was reduced by \$184,801 to \$171,711. Form 990 Part IX Line 24a - Online transaction fees was reduced by \$8,973 to \$2,449. Form 990 Part IX Line 25- Total program service expense was reduced by \$193,774 to \$375,173. Form 990 Part IX Line 25 and Part XI Line 2 - Total functional expense and total expenses was reduced by \$193,774 to \$437,219. Form 990 Part VI Line 20 - Name and address of person who possesses the books and records has changed as ED has changed. Form 990 Schedule A Line 1, 4 & 7 column e - Total contributions, gifts, grants and similar amounts was reduced by by \$193,774 to \$424,128. Form 990 Schedule A Line 5 was increased to \$104,717 due to reduction in the 2% threshold. Form 990 Schedule A Line 6 and 12 - Public support and Total support have been reduced to \$1,891,882 and \$1,988,559, respectively. Form 990 Schedule A Line 14 - Public support percentage has been changed to 94.7% reflect the above changes. Form 990 Scedule I - Grants to others have been reduced to remove amounts passed through the giving day platform. See note on Form I.