DLN: 93493097012000 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization
GREAT FALLS PUBLIC SCHOOLS FOUNDATION D Employer identification number B Check if applicable ☐ Address change 27-2577990 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 2429 ☐ Application pending (406) 268-7340 City or town, state or province, country, and ZIP or foreign postal code GREAT FALLS, MT $\,$ 59403 $\,$ G Gross receipts \$ 8,662,640 Name and address of principal officer H(a) Is this a group return for DAVE CRUM □Yes ☑No subordinates? PO BOX 2429 H(b) Are all subordinates GREAT FALLS, MT 59403 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW GFPSFOUNDATION ORG L Year of formation 2010 M State of legal domicile MT K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE GFPS FOUNDATION IS TO ENHANCE THE HIGH-QUALITY TEACHING AND LIFE-LONG LEARNING FOR THE STUDENTS IN THE GREAT FALLS PUBLIC SCHOOLS BY FUNDING INNOVATIVE EDUCATIONAL PROGRAMS AND SCHOLARSHIPS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 63 Total number of volunteers (estimate if necessary) . . 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 2,712,965 970,392 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 213,138 358,359 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 108,049 87,436 3,158,760 1,291,579 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 797,608 1,012,893 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 151,924 197,271 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶108,766 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 33,583 43,028 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 983,115 1,253,192 19 Revenue less expenses Subtract line 18 from line 12 . 308,464 1,905,568 Net Assets or Fund Balances **Beginning of Current Year End of Year** 7,708,348 20 Total assets (Part X, line 16) . 9,525,599 169,053 100,553 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 9,425,046 7,539,295 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-03-25 Signature of officer Sign Here DAVE CRUM EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-03-25 P00099287 Paid self-employed Firm's name > JUNKERMIERCLARKCAMPANELLASTEVENSPC Firm's EIN > 81-0348775 **Preparer** Use Only Firm's address ▶ P O BOX 989 Phone no (406) 761-2820 GREAT FALLS, MT 59403 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . Form **990** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Form	990 (2018)						Page 2
Pa	rt III Stateme	ent of Program Servic	e Accomplis	hments			
	Check If S	Schedule O contains a respo	nse or note to	any line in this Part III .			. 🗆
1		he organization's mission					
		GFPS FOUNDATION IS TO E SCHOOLS BY FUNDING INNO			G AND LIFE-LONG LEARNING FOR T D SCHOLARSHIPS	HE STUDENTS	IN THE
2	Did the organizat	tion undertake any significa	nt program ser	vices during the year wh	nich were not listed on		
	the prior Form 99	90 or 990-EZ?				☐ Yes 🕓	☑ No
	If "Yes," describe	these new services on Sch	edule O				
3	Did the organizat	tion cease conducting, or m	ake significant	changes in how it condu	cts, any program		
		these changes on Schedul				☐ Yes	☑ No
4	Describe the orga Section 501(c)(3)	anızatıon's program service	accomplishmei	I to report the amount of	argest program services, as measu f grants and allocations to others, ti		es
4a	(Code) (Expenses \$	1,088,244	including grants of \$	1,012,893) (Revenue \$)	
	See Additional Data		_,,_		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program se	ervices (Describe in Schedu	ule O)				
u	(Expenses \$	•	uding grants of	\$) (Revenue \$)	
4e	Total program :	service expenses ▶	1,088,2	44		<u> </u>	

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes 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 No 3 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? 4 No 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? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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

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rm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
3	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? <i>If "Yes," complete Schedule J</i>	23		No
4a	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
•	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		No
,	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	Yes	
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕲	29	Yes	
ı	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
!	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
,	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		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
°ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1c

Yes

12b

13b

13c

13a

14a

14b

15

No

No

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

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.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2	_	•	" resp	onse to i	lines	
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheo Check if Schedule O contains a response or note to any line in this Part VI		See instructions			✓	
Se	ction A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20				
	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						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20				
2	Did any officer, director, trustee, or key employee have a family relationship or a busine	ss rela	tionship with any other	_			

	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process.			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7 b		No
8	$\mbox{\sc Did}$ the organization contemporaneously document the meetings held or written actions the following	underl	aken during the year by			
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	ie Cod	(e.)	
					Yes	No

10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **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 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? 14 No 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Nο 15b No If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No

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 16b List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☑ 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 interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶THE ORGANIZATION PO BOX 2429 GREAT FALLS, MT 59403 (406) 268-7340

Section C. Disclosure 17

Part VII

DIRECTOR

DIRECTOR

DIRECTOR

(16) LAURA MERCHANT

(17) NANCY O'BRIEN

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

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax
- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	pers	n on on is	e bo both	t cho x, u h an	eck m inless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ANDREW DAVIDSON CHAIR	2 00	×		х				0	0	0
(2) KAREN BRANDVOLD VICE CHAIR	2 00	×		x				0	0	0
(3) PEGGY O'LEARY TREMPER TREASURER	2 00	×		х				0	0	0
(4) GERRY JENNINGS SECRETARY	2 00	x		х				0	0	0
(5) LINDA CARICABURU PAST CHAIR	2 00	×		x				0	0	0
(6) DREW BLEWTT DIRECTOR	1 00	×						0	0	0
(7) BETH BRITTON DIRECTOR	1 00	×						0	0	0
(8) JARED BROWN DIRECTOR	1 00	х						0	0	0
(9) AL GETTEN DIRECTOR	1 00	×						0	0	0
(10) KYLE HERDA DIRECTOR	1 00	×						0	0	0
(11) AMY KONEN DIRECTOR	1 00							0	0	0
(12) STACEY LAMY DIRECTOR	1 00	х						0	0	0
(13) BRIAN LOUCKS DIRECTOR	1 00	×						0	0	0
(14) ANNE MARTINEZ DIRECTOR	1 00	×						0	0	0
(15) JON MCCARTY	1 00	x						0	0	0

1 00

1 00

Х

0

0

0

(A)

Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

(E)

Reportable

compensation

(D)

Reportable

compensation

Page 8

n

Ω

week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and Individual trustee or director Officer Highest compensated employee Former organizations MISC) related Institutional below dotted organizations employee line) Trustee (18) DOUG SEXE 1 00 0 DIRECTOR (19) TAMMY LACEY 1 00 0 DIRECTOR (20) JEFF GRAY 1 00 Ω DIRECTOR (21) STU NICHOLSON 32,919 EXECUTIVE DIRECTOR 1b Sub-Total . c Total from continuation sheets to Part VII, Section A . ٠ d Total (add lines 1b and 1c) . . _ 25,000 85,649 32,919 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

(C)

Position (do not check more

than one box, unless person

					l U	l UI	1
DIRECTOR					,	·	
(22) LESLIE OAKLAND	1 00	×			0	0	
DIRECTOR	•••	···· ^			,	Ÿ	
(23) BETH THOMAS	1 00	×			0	0	
DIRECTOR	•••	···· ^			,	Ŭ	
(24) DAVE CRUM	40 00		×		25 000	85 649	3

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(B)

Average

hours per

3

5

Section B. Independent Contractors

compensation from the organization ▶ 0

4

5

(B)

Description of services

Yes	No
	No
	No
	No

(C)

Compensation

Form 990 (2018)

Part	VIII Statement of Reven	ue					rage 9
	Check if Schedule O cont	ains a respo	onse or note to any				<u> 🗆</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campaigns	1a	5,350		Tevende		312 311
ants unt	b Membership dues	1b					
<u> </u>	c Fundraising events	1c					
Ę,	d Related organizations	1d					
<u>¶</u> 3.	e Government grants (contribution	ns) 1e					
ns, Sir	f All other contributions, gifts, gra	nts,					
utio	and similar amounts not included above	1 1f	2,707,615				
<u>ē</u>	g Noncash contributions include	ded 1,6	504 274				
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f \$ h Total. Add lines 1a-1f						
			Business	2,712,965			
Program Service Revenue	2a		Dusines	Code			
.¥	h						
ce.	С —						
ξ	d						
Ē	е ———						+
ogra	f All other program service rev	enue					
4	9Total. Add lines 2a-2f		<u> </u>				
	3 Investment income (including similar amounts)		interest, and other	162.011			162,911
	4 Income from investment of tax						
	5 Royalties			•			
		Real	(II) Personal				
	6a Gross rents						
	b Less rental expenses			7			
	c Rental income or			-			
	(loss)						
	d Net rental income or (loss)		· · · •				
	7a Gross amount	ecurities	(II) Other	\dashv			
	from sales of assets other	5,667,374					
	than inventory						
	b Less cost or other basis and	5,471,926					
	sales expenses C Gain or (loss)	195,448		\dashv			
	d Net gain or (loss)		>	195,448	1		195,448
	8a Gross income from fundraisin (not including \$						
Other Revenue	contributions reported on line	1c)	J				
eve	See Part IV, line 18			4			
ď.	b Less direct expenses c Net income or (loss) from fun		ents 🕨				
the	9a Gross income from gaming a	ctivities				1	
0	See Part IV, line 19	a	119,070	,			
	b Less direct expenses		31,954	_			
	c Net income or (loss) from gar		iles	□ 87,116			87,116
	10a Gross sales of inventory, less returns and allowances						
	returns and anowances .	а					
	b Less cost of goods sold .	. b					
	c Net income or (loss) from sal						
	Miscellaneous Revenue 11aUNUSED GRANT FUNDS RET		Business Code 90009	9 320	320		
	TATONOSED GRANT FONDS RET	UKNED	30003				
	ь			1			
	с			+			
	d All other revenue	•					
	e Total. Add lines 11a-11d .		>	320			
	12 Total revenue. See Instructi	ions					0 445.475
				3,158,760	320	′1	0 445,475 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,012,893	1,012,893		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	137,022	27,405	27,405	82,212
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	54,049	40,944	8,441	4,664
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	·		· ·	· · ·
9 Other employee benefits				
10 Payroll taxes	6,200	2,158	1,168	2,874
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,480		11,480	
d Lobbying	·		·	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	12,995			12,995
13 Office expenses	9,647		7,200	2,447
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	488		488	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FUN RUN EXPENSES	4,844	4,844		
b FUNDRAISING EXPENSES	3,574			3,574
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,253,192	1,088,244	56,182	108,766
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Check here \blacktriangleright \Box if following SOP 98-2 (ASC 958-720)

Form	990 ((2018)				Page 11
Pa	art X	Balance Sheet				_
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
			·	(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing	<u> </u>	86,126	1	56,859
	2	Savings and temporary cash investments	<u> </u>	205 557	2	1 055 752
	3	Pledges and grants receivable, net		295,557	3	1,055,753
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa			_	
	6	Part II of Schedule L	· · · · · ·		5	
	6	section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and			
		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations	itions of section 501(c)(9)		6	
S		Part II of Schedule L	(See Instructions) complete			
ssets	7	Notes and loans receivable, net	<u> </u>		7	
Ass	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges	,· ·, · ·		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .		6,669,935	11	7,360,049
	12	Investments—other securities See Part IV, line	<u> </u>		12	
	13	Investments—program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	<u> </u>	656,730	15	1,052,938
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	7,708,348	16	9,525,599
	17	Accounts payable and accrued expenses		1,674	17	1,181
	18	Grants payable		167,379	18	99,372
	19	Deferred revenue	· ·		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
6S	21	Escrow or custodial account liability Complete F	⊢		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ja.		persons Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		169,053	26	100,553
~		Organizations that follow SFAS 117 (ASC 9	58), check here ▶ ✓ and			-
)ce		complete lines 27 through 29, and lines 33				
Balances	27	Unrestricted net assets	_	1,135,921	27	946,640
ä	28	Temporarily restricted net assets	6,344,573	28	8,419,605	
PLI	29	Permanently restricted net assets	58,801	29	58,801	
or Fund		Organizations that do not follow SFAS 117	• • • • • • • • • • • • • • • • • • •			
	30	check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or eq	· ·		31	
	32	Retained earnings, endowment, accumulated in		32		
Net	33	Total net assets or fund balances	[7,539,295	33	9,425,046
	34	Total liabilities and net assets/fund balances .	7,708,348	34	9,525,599	

9,525,599 Form **990** (2018)

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	T			_	150 760
1	Total revenue (must equal Part VIII, column (A), line 12)	1			158,760
2	Total expenses (must equal Part IX, column (A), line 25)	2			253,192
3	Revenue less expenses Subtract line 2 from line 1	3			,905,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,	539,295
5	Net unrealized gains (losses) on investments	5			-19,817
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,	425,046
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Additional Data

Software ID: Software Version:

PROVIDE FUNDS TO PROGRAMS THAT ENHANCE OPPORTUNITIES FOR EXCELLENCE FOR OUR MOST VIJI NERABLE STUDENTS AND OUR BRIGHTEST STUDENTS AND

EIN: 27-2577990

Name: GREAT FALLS PUBLIC SCHOOLS FOUNDATION

Form 990 (2018)

TEACHERS

Form 990, Part III, Line 4a:

SCHEDU Form 990 o 990EZ)		Com		Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form		2018		
Department of the	Service		► Go to	www.irs.gov/Forms	9 <u>90</u> for the late	est information		Open to Public Inspection
lame of the REAT FALLS PU	organizat	ion DLS FOUNDATI	ON				Employer identifi	cation number
	.	- 5	Ob 11 Ob 1	- / 4 !! !	11-	1 - 1 1 \ 6	27-2577990	
				us (All organization e it is (For lines 1 thro			see instructions.	
1	church, co	nvention of	churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school des	scribed in se	ction 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 ∏ A	hospital o	r a cooperati	ve hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
	medical re ame, city,		nızatıon operat	ed in conjunction with	a hospital descr	bed in section :	170(b)(1)(A)(iii). E	Enter the hospital's
		tion operated i v). (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section 170
•	,, ,, ,,		,	r governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
S	ection 17	O(b)(1)(A)((vi). (Complete			-	ınıt or from the gene	ral public described in
8	communit	y trust descr	ibed in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in 170(b)(1) See instructions Enter				lege or university or
fr In	om activiti ivestment	es related to income and i	ıts exempt fui unrelated busii	(1) more than 331/3% nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•		• • • • •	d exclusively to test fo	r public safety S	See section 509	(a)(4).	
	nore public	y supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
a	ype I. A si rganizatior	upporting org	ganızatıon opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
□ m	nanagemer	t of the supp	-	pervised or controlled in ation vested in the sar and C.			· · · · ·	-
				supporting organizatio				ated with, its
d 🗌 T	ype III no inctionally	n-function integrated	ally integrate The organization	clons) You must comed. A supporting organion generally must satis or generally must satis ort IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗆 c	heck this b	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
	-		on-functionally organizations	ıntegrated supportıng	organization			
9 Provide	the followi	ng informati	on about the s	upported organization(s)			
	ne of supp ganization	(ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization Isted in your governing document? (see instructions)						(vi) Amount of other support (see instructions)
					Yes	No		
otal								+
	rk Reduct	ion Act Not	ice, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	990 or 990-EZ) 201

supported organization

ightharpoons

	(b)(1)(A)(ix) (Complete only if you ch						
	III. If the organization fa						- ander rare
9	Section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2011	(8) 2013	(0, 2010	(4) 2017	(0) 2010	(1) 10ta1
L	Gifts, grants, contributions, and	1 016 700	4 607 006	576 422	070 202	2 742 065	6 004 404
	membership fees received (Do not	1,046,799	1,687,896	576,432	970,392	2,712,965	6,994,484
	include any "unusual grant ") Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to		103,921	61,150	36,737	12,512	214,320
	the organization without charge						
4	Total. Add lines 1 through 3	1,046,799	1,791,817	637,582	1,007,129	2,725,477	7,208,804
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						3,058,039
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
5	Public support. Subtract line 5 from						
	line 4						4,150,765
9	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	· · ·	. ,				
7		1,046,799	1,791,817	637,582	1,007,129	2,725,477	7,208,804
8	Gross income from interest,						
	dividends, payments received on	195,181	270,707	123,865	131,020	162,911	883,684
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
LO	- · · · · · · · · · · · · · · · · · · ·						
	or loss from the sale of capital		27		18,106	320	18,453
	assets (Explain in Part VI)						
L1	Total support. Add lines 7 through						8,110,941
	10 Gross receipts from related activities, 6	ta (assumatruation					
						12	588,820
L3	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) or <u>ga</u> i	nization,
	check this box and stop here					▶ ⊔	
9	Section C. Computation of Public	Support Perce	ntage				
L4	Public support percentage for 2018 (lir	ne 6, column (f) dıv	ided by line 11, co	olumn (f))		14	51 170 %
L5	Public support percentage for 2017 Scl	15	73 000 %				
	33 1/3% support test—2018. If the			n line 13, and line	14 is 33 1/3% or	more, check this b	
-	and stop here. The organization quali				•		▶ ☑
ı	33 1/3% support test—2017. If the				nd line 15 is 33 1/3	8% or more, check	
							▶ □
_	box and stop here. The organization 10%-facts-and-circumstances test				13 16 16-	- mail low - 1.4	
L/a	is 10% or more, and if the organization						
	in Part VI how the organization meets						
	•	and the				., 55,75.004	►□
	organization 10%-facts-and-circumstances tes	+_2017 If the are	ranization did not	chack a boy on !-	e 13 165 16h 55	17a and line	₽ ⊔
t	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						

P	Part III Support Schedule for Organizations Described in Section 509(a)(2)									
	(Complete only if you o						er Part II. If			
	the organization fails to	o qualify under t	the tests listed	pelow, please co	omplete Part II.)				
	ection A. Public Support Calendar year	I	T		1	I	1			
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")									
2	Gross receipts from admissions, merchandise sold or services									
	performed, or facilities furnished in									
	any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
-	organization's benefit and either paid									
	to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
_	the organization without charge									
6	Total. Add lines 1 through 5									
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
h	Amounts included on lines 2 and 3									
_	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line									
	13 for the year									
	Add lines 7a and 7b Public support. (Subtract line 7c									
8	from line 6)									
Se	ection B. Total Support		<u> </u>							
	Calendar year	() 2014	(1.) 2015	() 2016	(1) 2017	() 2010	(O) T			
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
9	Amounts from line 6									
10a										
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources									
Ь	Unrelated business taxable income									
_	(less section 511 taxes) from									
	businesses acquired after June 30,									
	1975									
	Add lines 10a and 10b									
11	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is									
	regularly carried on									
12										
	loss from the sale of capital assets									
4.7	(Explain in Part VI)									
13	Total support. (Add lines 9, 10c, 11, and 12)									
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganization,			
	check this box and stop here						▶ 🗆			
Se	ection C. Computation of Public	Support Perce	ntage							
15	Public support percentage for 2018 (III			column (f))		15				
16	Public support percentage from 2017 9		•	(//		16				
						10				
	ection D. Computation of Invest Investment income percentage for 20			line 13 column /	F\\	17				
17	T									
18										
	331/3% support tests—2018. If the	=					_			
	more than 33 1/3%, check this box and						▶□			
Ь	33 1/3% support tests—2017. If th	e organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1/	_			
	not more than 33 1/3%, check this box	x and stop here.	The organization	qualifies as a publ	licly supported org	janization	ightharpoons			
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons			

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

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

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported

organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

5a organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6 supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

the organization had excess business holdings)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

answer line 10b below 10a

10b

Schedule A (Form 990 or 990-EZ) 2018

P	art IV	Supporting Organizations (continued)						
				Yes	No			
11	1 Has the organization accepted a gift or contribution from any of the following persons?							
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a					
b	A fam	nily member of a person described in (a) above?	11b					
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
		B. Type I Supporting Organizations						
				Yes	No			
1	elect VI ho organ truste	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part tow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the nization had more than one supported organization, describe how the powers to appoint and/or remove directors or ses were allocated among the supported organizations and what conditions or restrictions, if any, applied to such ris during the tax year.						
_	Б. 4 44		1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization							
_	costion	C. Type II Supporting Organizations						
	ection	c. Type 11 Supporting Organizations		Yes	No			
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		163	140			
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
S	Section	D. All Type III Supporting Organizations						
				Yes	No			
1	tax ye Form	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ments in effect on the date of notification, to the extent not previously provided?						
			1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)							
			2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard							
9	Section	E. Type III Functionally-Integrated Supporting Organizations						
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)					
	a 🖂	The organization satisfied the Activities Test Complete line 2 below	•					
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below						
	c 🗆	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)				
2	Activi	ties Test Answer (a) and (b) below.		Yes	No			
	suppo orgai respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a					
	organ <i>organ</i>	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of the inzation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the inzation's position that its supported organization(s) would have engaged in these activities but for the organization's rement	21					
3		t of Supported Organizations Answer (a) and (b) below.	2b					
3	a Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a					
	b Did th	upported organizations? Provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs and activities of each of its						
	suppo	orted organizations? If "Yes," describe in Part VI. the role played by the organization in this regard						

Sched	ule A (Form 990 or 990-EZ) 2018			Page 6				
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI)							
2	Acquisition indebtedness applicable to non-exempt use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use $$ Enter 1-1/2% of line 3 (for greater amount, see instructions)	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	Section C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat		ganization (see				

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

See instructions

d Excess from 2017. e Excess from 2018.

31 and 4c 8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID:

Software Version:

EIN: 27-2577990

Name: GREAT FALLS PUBLIC SCHOOLS FOUNDATION

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493097012000 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

8

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** GREAT FALLS PUBLIC SCHOOLS FOUNDATION 27-2577990 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Ma	aintaining Coll	ections of Art	, Histori	ical Tı	reas	ures, or	Other S	Similar Asse	ts (con	tınued)	
3		the organization's acq (check all that apply)	uisition, accessior	, and other record	ds, check	any of	the f	ollowing tl	hat are a	sıgnıfıcant use	of its co	llection	
а		Public exhibition			d		Loar	n or excha	inge prog	rams			
b		Scholarly research			e		Oth	er					
c		Preservation for future	e generations										
4	Provi Part)	de a description of the XIII	organızatıon's coll	ections and expla	ın how the	ey furth	ner th	ne organiz	atıon's ex	empt purpose	ın		
5		ng the year, did the organise for the sold to raise fur								lar [Yes	□ N	o
Pa	rt IV	Escrow and Cust											
		Complete if the org X, line 21.	ganization answ	ered "Yes" on F	orm 990), Part	IV,	line 9, or	reporte	d an amount	on For	m 990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other interm	ediary for	· contril	butio	ns or othe	r assets r	_	Yes	□ N	o
ь	If "Y€	es," explain the arrange	ement in Part XIII	and complete the	following	table		Γ		Amo	unt		_
c	Begir	nning balance							1c				_
d	Addıt	ons during the year							1d				
е	Dıstrı	butions during the year	r						1e				
f	Endın	ng balance						[1f				_
2a	Did tl	he organization include	an amount on Fo	rm 990, Part X, lır	ne 21, for	escrow	orc	ustodial a	ccount lia	bility? [Yes	□ N	o
b	If "Y∈	es," explain the arrange	ment in Part XIII	Check here if the	explanat	ion has	bee	n provided	l ın Part X	ш 🗆]		
Pa	rt V	Endowment Fund	ds. Complete ıf	the organization	n answei	red "Y	es" c	n Form 9	990, Par	t IV, line 10.			
				(a)Current year	(b) P	rıor yea	r	(c)Two ye	ars back	(d)Three years i	oack (e	Four year	rs back
1 a	Beginn	ning of year balance .		5,079,56	51	5,060),462		4,803,344	3,816	,083	3,	645,236
b	Contrib	outions					5,609		19,609	1,179			242,636
C	Net inv	vestment earnings, gair	ns, and losses	13,71	.6	346	5,352		566,798		194	:	106,709
d	Grants	or scholarships	•							192	,323		
е		expenditures for facilitie ograms	es	4,828,80	96	332	2,862		329,289			:	178,498
f	Admini	istrative expenses .											
g	End of	year balance		264,47	'1	5,079	,561		5,060,462	4,803	,344	3,	816,083
2		de the estimated perce	-	nt year end balan	ce (line 1	g, colu	mn (a	a)) held as	5				
а	Board	d designated or quasi-e	ndowment >										
b		anent endowment >	22 230 %										
c		porarily restricted endov		70 %									
٦-		percentages on lines 2a		•		.	_			4l			
3a		here endowment funds nization by	not in the posses:	sion of the organiz	zation tha	t are n	eia ai	na aamini:	sterea for	tne		Yes	No
	(i) uı	nrelated organizations									3a(i		No
	(ii) r	elated organizations .									3a(ii)	No
Ь		es" on 3a(II), are the rel	-	•			٠.				3b		
4		ribe in Part XIII the inte			dowment	funds							
Pa	rt VI	Land, Buildings, Complete if the ord			orm 990) Part	τ\/	line 11a	See For	m 990 Part '	X line	10	
	Descri	iption of property	(a) Cost or oth (investme	er basis (b) Co	ost or other	•		_	umulated d			Book valu	e
1a	Land												
	Buildin												
		nold improvements											
		nent											
		lines 1a through 1e (Co	olumn (d) must ed	jual Form 990, Pa	rt X, colui	mn (B)	, line	10(c)).	. 1	·			0

Part VII Investments—Other Securities. Complete if the organ	nization answe	ered "Yes" on Form	Page 3 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or end	thod of valuation -of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 99			
(a) Description of investment (b)) Book value		thod of valuation -of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990, Pari	t IV, line 11d See Fori	m 990, Part X, line 15
(a) Description (1) ENDOWMENT FUND AND INVESTMENTS - CASH, EQUIVALENTS, & CDS			(b) Book value 1,052,938
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere		m 990, Part IV, line	1,052,938 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Bo	ok value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	tnote to the ora	anization's financial -t	atements that reports the
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool organization's liability for uncertain tax positions under FIN 48 (ASC 740). Che			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Page 4

3,183,409

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

1

3 3 3,190,714 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b -31,954 b Add lines **4a** and **4b** -31,954 4c c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 3,158,760 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 1,297,658 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 12,512

2b 2c c

2d Other (Describe in Part XIII) 31,954 d Add lines 2a through 2d 2e

44,466 3 1,253,192 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b

Add lines **4a** and **4b** 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 1.253.192

Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 27-2577990

Name: GREAT FALLS PUBLIC SCHOOLS FOUNDATION

Supplemental Information

TER

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL R EVENUE CODE THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FI NANCIAL STATEMENTS THE FOUNDATION'S TAX RETURNS ARE OPEN TO EXAMINATION BY THE IRS, GENER ALLY, FOR THREE YEARS AFTER THEY WERE FILED OR THE DUE DATE OF THE RETURN, WHICHEVER IS LA

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS	RAFFLE EXPENSES -31,954					

supplemental Information					
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS	RAFFLE EXPENSES 31,954				

Return Reference	Explanation
LINE E	DURING THE ORGANIZATION'S AUDIT FOR THE FISCAL YEAR ENDING JUNE 30, 2019, THE ORGANIZATION AND ITS AUDITORS REVIEWED ORIGINAL DONOR DOCUMENTATION AND DETERMINED THAT THE ORGANIZATI ON WAS IMPROPERLY CLASSIFYING CERTAIN ASSETS INTENDED TO BE TEMPORARILY RESTRICTED FOR SCH

Supplemental Information

ON WAS IMPROPERLY CLASSIFTING CERTAIN ASSETS INTENDED TO BE TEMPORARILY RESTRICTED FOR SCH OLARSHIPS AS PART OF ITS ENDOWMENT THE DESIGNATION OF THE ASSETS AS PART OF THE ENDOWMENT WAS NOT THE ORIGINAL DONOR INTENT ACCORDINGLY, THE ORGANIZATION IS TREATING THESE ASSETS AS RELEASED FROM A QUASI-ENDOWMENT CLASSIFICATION DURING THE FISCAL YEAR ENDED JUNE 30, 2

019 AND REMOVING THEM FROM ITS ENDOWMENT

SCHEDULE G
(Form 990 or 990-EZ)

SCHEDULE G
Fundraising or C

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2018

DLN: 93493097012000

Open to Public Inspection

Employer identification number

GRE	AT FALLS PUBLIC SCHOOLS FO	UNDATION									
							27-2577990				
Pa	Fundraising Activi	·	_		answered "Yes" on F	orm 990,	Part IV, line	17.			
1	Indicate whether the organiza	ation raised funds th	nrough ar	y of the f	ollowing activities Check	all that a	pply				
a	Mail solicitations			•	Solicitation of nor	n-governm	ent grants				
b	☐ Internet and email solicita	ations		1	Solicitation of gov	vernment <u>c</u>	grants				
c	g										
d	d In-person solicitations										
2 a	a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No										
b	If "Yes," list the ten highest p to be compensated at least \$!			ndraisers) pursuant to agreement	s under wh	nich the fundrai	ser is			
(i) I	i) Name and address of individual or entity (fundraiser) (ii) Activity			Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(v) Amount par (or retained b fundraiser listed col (i)	etained by) iser listed in	(vi) Amount paid to (or retained by) organization			
			Yes	No							
Tota	al	L	ı	•							
	List all states in which the organ	nization is registere	d or licen	sed to sol	ıcıt contributions or has	been notifi	ed it is exempt	from registration or			

Sche	dule G (Form 9	990 or 990-EZ) 2018					F	Page 3		
11	Does the org	anızatıon conduct gamıng	activities with nonmem	bers?		✓ Yes	□No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?						✓ No			
13	Indicate the	Indicate the percentage of gaming activity conducted in								
а	The organiza	ition's facility			13a			%		
b	An outside fa	acility			13b		100 0	00 %		
14	Enter the nar	me and address of the pers	son who prepares the o	rganization's gaming/special events books and re	cords					
	Name ►	THE ORGANIZATION								
	Address ▶	PO BOX 2429 GREAT FALLS, MT 5940	3							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?							☑ No		
b										
		amount of gaming revenue retained by the third party > \$								
c	If "Yes," enter name and address of the third party									
	Name 🟲									
	Address ▶									
16	Gaming man	Gaming manager information								
	Name 🟲									
	Gaming manager compensation ► \$									
	Description o	of services provided								
	☐ Director,	/officer	☐ Employee	☐ Independent contractor						
17	Mandatory d	ıstrıbutıons								
a Is the organization required under state law to make charitable distributions from the gaming proceeds to										
Ь	retain the state gaming license? — Yes No Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
		zatıon's own exempt actıvı		*						
Par	t IV Sup ր III, և	plemental Informatio ines 9, 9b, 10b, 15b, 15	n. Provide the expla 5c, 16, and 17b, as a	nations required by Part I, line 2b, column applicable. Also provide any additional infor	s (III) a mation	and (v); and . See inst	nd Part tructions	s.		
		rn Reference		Explanation						
SCHE	EDULE G, PART		PARENT ORGANIZATIO ORGANIZATIONS VOLU AND ORGANIZATIONS	ONDUCTS ITS RAFFLE WITH THE ASSISTANCE O NS FROM THE GREAT FALLS PUBLIC SCHOOLS : INTEER TO SELL RAFFLE TICKETS AS DO SOME E IN THE GREAT FALLS COMMUNITY NONVOLUNT INISTRATION OF THE RAFFLE	STUDEN BUSINE:	SSES, INDI	se VIDUALS			

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493097012000 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number GREAT FALLS PUBLIC SCHOOLS FOUNDATION 27-2577990 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					War Farry 000 Part IV has 22	Page 2	
Part IIII Grants and Other Ass Part III can be duplicat				anization answered Tres	on Form 990, Part IV, line 22		
<u>'</u>		(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	
See Additional Data Table				-	<u> </u>		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplemental 1	Information	1. Provide the inf	iormation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.	
Return Reference	Explanation						
	THE GREAT FALLS PUBLIC SCHOOLS FOUNDATION HAS SELECTION CRITERIA AND AN INDEPENDENT GROUP OF REVIEWERS FOR RECOMMENDING GRANT AWARDS GRANT WINNERS MUST SUBMIT INVOICES FOR PAYMENT AND COMPLETE AN EVALUATION ON THE SUCCESS OF THEIR PROJECTS PERIODICALLY, THE EXECUTIVE DIRECTOR VISITS CLASSROOMS TO SEE HOW PROJECTS THE FOUNDATION HAS FUNDED ARE PROGRESSING						
·	THE FOUNDATION COUNTS RECIPIENTS IN MULTIPLE WAYS WHERE FEASIBLE, THE FOUNDATION ATTEMPTS TO COUNT OR CLOSELY ESTIMATE THE NUMBER OF STUDENTS AND/OR TEACHERS SERVED IN MANY CASES, THE NUMBER OF RECIPIENTS IS DETERMINED BY NUMBER OF SCHOOLS, AS WITH THE FOOD PANTRY PROGRAM, NUMBER OF GRANTS, AS WITH THE DISCOVERY AND INNOVATION GRANTS, NUMBER OF STUDENT GROUPS, AS WITH THE TRUCK RAFFLE PROCEEDS, OR NUMBER OF FIXED ITEMS, AS WITH MANY CONSTRUCTION PROJECTS						

Software ID: Software Version:

EIN: 27-2577990

Name: GREAT FALLS PUBLIC SCHOOLS FOUNDATION

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Form 990, Schedule I, Part III, Grants		stance to Domestic		1	
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOOL FOOD PANTRY FUNDS GRANTS/BACK PACK PROGRAM THE SCHOOL FOOD PANTRIES THAT SERVE DISADVANTAGED STUDENTS IN THE DISTRICT PURCHASE A MAJORITY OF THEIR SUPPLIES FROM THE GREAT FALLS COMMUNITY FOOD BANK AT DISCOUNTED RATES THE GREAT FALLS PUBLIC SCHOOLS FOUNDATION PROVIDES FUNDS TO COVER THE COSTS OF FOOD AND SUPPLIES FOOD WAS PURCHASED AND FUNDS WERE PROVIDED FOR 20 SCHOOL FOOD PANTRIES AND TO SUPPORT THE BACKPACK PROGRAM IN ELEMENTARY SCHOOLS, WHICH PROVIDES STUDENTS WITH FOOD TO TAKE HOME OVER THE WEEKEND DURING THE SUMMER, A BACKPACK PROGRAM WAS FUNDED AS PART OF THE SUMMER FEEDING PROGRAM OPERATED BY GREAT FALLS PUBLIC SCHOOLS	20	44,405			
DISCOVERY GRANTS THE FOUNDATION DISCOVERY GRANTS PROGRAM IS AIMED AT ENCOURAGING INNOVATIVE AND CREATIVE PROJECTS IN GREAT FALLS PUBLIC SCHOOLS THE PROGRAM PROVIDES OPPORTUNITIES FOR STUDENTS TO LEARN IN NEW ENVIRONMENTS, EXPERIENCE CREATIVE TEACHING METHODS, OR HAVE NEW EQUIPMENT THAT WILL PROVIDE ENRICHMENT AND SUPPORT GREAT FALLS PUBLIC SCHOOLS EMPLOYEES CAN SUBMIT APPLICATIONS FOR FUNDING RANGING FROM \$500 TO \$3000 TWENTY PROJECTS WERE AWARDED FUNDS IN THIS FISCAL YEAR	20	36,605			
SCHOLARSHIPS FOR GREAT FALLS PUBLIC SCHOOLS STUDENTS IN TWO AND FOUR YEAR PROGRAMS AT COLLEGES AND UNIVERSITIES AND SELECT APPRENTICESHIPS THE FOUNDATION HAS MANY DONORS WHO ESTABLISHED SCHOLARSHIP FUNDS FOR STUDENTS GRADUATING FROM GREAT FALLS HIGH, CMR, AND PGEC INDEPENDENT SELECTION COMMITTEES PICK THE WINNERS AND THE FOUNDATION MAKES THE SCHOLARSHIP PAYMENT DIRECTLY TO THE STUDENTS' CHOSEN UNIVERSITY FOR STUDENTS' TUITION, BOOKS, FEES, ETC THESE SCHOLARSHIPS ARE VERY IMPORTANT TO HELPING STUDENTS PAY FOR THE INCREASING COSTS OF POST-SECONDARY EDUCATION AND PREPARING THEM FOR THE FUTURE GENEROUS DONORS PROVIDED FUNDING FOR DUAL CREDIT CLASSES FOR STUDENTS AT GREAT FALLS HIGH, CMR, AND PARIS GIBSON EDUCATION CENTER DUAL CREDIT OPPORTUNITIES ALLOW HIGH SCHOOL STUDENTS TO TAKE CLASSES FOR COLLEGE CREDIT AT A VERY REDUCED RATE IT IS A COST EFFECTIVE WAY FOR STUDENTS TO LEARN THE RIGOR OF COLLEGE CLASSES AND ACQUIRE POST-SECONDARY CREDITS	74	286,441			
INNOVATION GRANTS THE INNOVATION GRANTS PROGRAM PROVIDES OPPORTUNITIES FOR STUDENTS TO LEARN IN NEW ENVIRONMENTS, EXPERIENCE CREATIVE TEACHING METHODS, AND FACILITATE SOCIAL AND ACADEMIC OUT OF SCHOOL EXPERIENCES FOR STUDENTS WHO NEED ENRICHMENT AND SUPPORT GREAT FALLS PUBLIC SCHOOLS EMPLOYEES CAN SUBMIT APPLICATIONS FOR FUNDING UP TO \$10,000 10 INNOVATION GRANTS WERE FUNDED AND ADDITIONAL STUDENTS INDIRECTLY RECEIVED OPPORTUNITIES DUE TO THESE GRANTS	63	58,794			
TRUCK RAFFLE PROCEEDS GRANTS THE TRUCK RAFFLE IS A GREAT FUNDRAISER FOR ANY STUDENT ORGANIZATION IN GREAT FALLS PUBLIC SCHOOLS THE FOUNDATION COORDINATES WITH STUDENT ORGANIZATIONS AND VOLUNTEERS TO SELL TICKETS TICKETS AND VOLUNTEERS TO SELL STUDENT ORGANIZATION SELLS A TICKET THEY RECEIVE \$6 AND THE FOUNDATION RECEIVES \$4 100% OF PROCEEDS ENHANCE EDUCATION IN GREAT FALLS PUBLIC SCHOOLS BECAUSE THE CASH VALUE OF THE TRUCK AND 99% OF THE OTHER EXPENSES ARE DONATED TO THE FOUNDATION FUNDS WERE DISTRIBUTED TO 54 PARTICIPATING STUDENT AND PARENT ORGANIZATIONS AND 10 OUTLETS SERVING MANY STUDENTS IN THE CURRENT FISCAL YEAR TO HELP THEM FUND EXTRACURRICULAR ACTIVITIES SUCH AS MUSIC, ATHLETICS, DRAMA, ETC THESE PARTICIPATING STUDENT ORGANIZATIONS INCLUDE AND IMPACT MANY STUDENTS WITHIN THE GREAT FALLS PUBLIC SCHOOLS SYSTEM AND THE FOUNDATION BELIEVES A LARGE NUMBER OF STUDENTS BENEFIT FROM THE GRANTS	64	64,302			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.											
(a)Type of grant or assistance	(b) Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						
EXCELLENCE IN EDUCATION PROGRAM DISTINGUISHED SCHOLARS FROM GREAT FALLS AND CMR HIGH SCHOOLS ARE SELECTED BASED ON ACADEMIC ACHIEVEMENT IN ADDITION, COUNSELORS AND ADMINISTRATORS FROM PARIS GIBSON EDUCATION CENTER SELECT DISTINGUISHED ACHIEVERS THE DISTINGUISHED ACHIEVERS ARE SELECTED BASED ON LEADERSHIP, CLASSROOM ACHIEVEMENT, SERVICE OR THEIR ABILITY TO OVERCOME OBSTACLES EACH SCHOLAR AND ACHIEVER THEN CHOOSES TEACHERS WHO HAVE BEEN INFLUENTIAL IN HIS OR HER EDUCATION THE FOUNDATION PREPARES A BOOKLET HONORING THOSE TEACHERS THE EXCELLENCE IN EDUCATION BOOKLET IS DISTRIBUTED TO THE PUBLIC THROUGH THE GREAT FALLS TRIBUNE	96	5,989									
TEACHER SCHOLARSHIPS ARE AWARDED COMPETITIVELY TO PREK-12 SCHOOL TEACHERS IN THE GREAT FALLS PUBLIC SCHOOLS DISTRICT TO HELP FUND WORK TOWARD A MASTER'S DEGREE, NATIONAL BOARD FOR PROFESSIONAL TEACHING STANDARDS CERTIFICATION, ACADEMIC WORK SUPPORTING GREAT FALLS PUBLIC SCHOOLS' DISTRICT GOALS, OR AN ENDORSEMENT, INCLUDING, COUNSELING, ADMINISTRATION, SPECIAL EDUCATION, MUSIC, HEALTH ENHANCEMENT, READING, GIFTED EDUCATION OR ANY OTHER FIELD RELATED TO EDUCATION	17	17,888									
ASSISTANCE FOR HOMELESS AND DISADVANTAGED STUDENTS THE FOUNDATION PROVIDED FUNDS TO PAY FOR EXTRACURRICULAR ACTIVITIES, TRAINING, AND CLOTHING FOR HOMELESS AND DISADVANTAGED STUDENTS AND ALSO ASSISTED GREAT FALLS PUBLIC SCHOOLS IN COVERING THE COSTS OF PURCHASING FOOD FROM THE GREAT FALLS COMMUNITY FOOD BANK FOR HOMELESS AND DISADVANTAGED STUDENTS	420	10,865									
HIGH SCHOOL ATHLETIC PROGRAM FINANCIAL SUPPORT THE FOUNDATION ALSO RECEIVES, HOLDS, AND DISBURSES GRANTS AND DONATIONS FOR STUDENT ATHLETIC ORGANIZATIONS WHICH REQUEST THEIR HELP IN MANAGING FUNDS DISBURSEMENTS ARE FOR SUPPLIES, TRAVEL, AND OTHER SIMILAR, NECESSARY PROGRAM COSTS	427	20,435									
MUSIC PROGRAM THE FOUNDATION PROVIDED FUNDS FOR REPAIRS OF GREAT FALLS PUBLIC SCHOOLS INSTRUMENTS NEEDED FOR SCHOOL MUSIC PROGRAMS THE SOUND FOUNDATION'S PROGRAM ARRANGED FOR STUDENTS TO TAKE LESSONS WITH PROFESSIONALS FROM THE GREAT FALLS SYMPHONY ASSOCIATION	160	1,450									

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (a)Type of grant or assistance (e)Method of valuation (book, (f)Description of non-cash assistance (b) Number of (c)Amount of (d)Amount of cash grant non-cash assistance FMV, appraisal, other) recipients 147 17.716 LITERACY AND SCHOOL LIBRARY PROGRAMS THE GREAT FALLS PUBLIC SCHOOLS FOUNDATION FUNDED SUMMER READ SIX TO PROVIDE BOOKS DURING THE SUMMER TO CHILDREN BOOKS WERE PROVIDED TO 132 STUDENTS THE PROGRAM IS INTENDED TO PREVENT STUDENTS FROM LOSING LITERACY SKILLS DURING SUMMER GRANTS WERE PROVIDED TO HELP THE GREAT FALLS PUBLIC SCHOOLS PROVIDE A PRESCHOOL LIBRARIAN AND TO PROVIDE AGE-APPROPRATE BOOKS FOR PRE-K AND KINDERGARDEN STUDENTS 15 **ELEMENTARY SCHOOL LIBRARIES RECEIVED** BOOKS 319 1,563 3,137 AUCTION PRICE BACCALAUREATE AND HONORS NIGHT AT ASSORTED ITEMS DONATED TO THE FOUNDATION GREAT FALLS HIGH THE GREAT FALLS FOR BISON FAMILY AUCTION PUBLIC SCHOOLS FOUNDATION PROVIDED FUNDS TO HELP COVER PRINTING AND ENTERTAINMENT EXPENSES FOR THE GREAT FALLS HIGH BACCALAUREATE AND HONORS NIGHT THE FOUNDATION ALSO ACCEPTED ITEMS FOR THE BISON FAMILY AUCTION AND GRANTED THEM TO THE AUCTION COMMITTEE, THE AUCTION COMMITTEE DONATED THE PROCEEDS OF THE AUCTION TO THE FOUNDATION 85 2,875 THEATER GRANT THE FOUNDATION PROVIDED FUNDS FOR THE MISSOULA CHILDREN'S THEATER TO PRODUCE AND DIRECT A PLAY AS WELL AS SELECT STUDENTS AT MEADOWLARK ELEMENTARY TO PARTICIPATE IN THE PLAY SPEECH AND DEBATE THE FOUNDATION 36 104 PROVIDED FUNDS FOR MATERIALS TO SUPPORT THE SPEECH AND DEBATE PROGRAM COMPETITION PREPARATION ANGELS IN ACTION THIS PROGRAM HELPS 500

GREAT FALLS PUBLIC SCHOOLS MEMBERS FACING A PERSONAL CRISIS AND PROVIDES A SMALL GRANT TO HELP DEFRAY EXPENSES

CAUSED BY THE CRISIS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (a)Type of grant or assistance (b)Number of (c)Amount of (e)Method of valuation (book. (f)Description of non-cash assistance (d)Amount of cash grant non-cash assistance FMV, appraisal, other) recipients 416 2.107 LINCOLN SCHOOL THE FOUNDATION ASSISTED LINCOLN SCHOOL WITH THE LINCOLN LEADERS PROGRAM 28 INTERTRIBAL IMMERSION PROGRAM THE 240 INTERTRIBAL IMMERSION PROGRAM IS DESIGNED TO IMPROVE ATTENDANCE AND GRADUATION RATES FOR NATIVE AMERICAN STUDENTS DURING THE 2018-2019 SCHOOL YEAR, TWENTY EIGHT STUDENTS PARTICIPATED IN THE PROGRAM GRANTS FOR CLASSROOM AND DEPARTMENT 445 1,400 135 ESTIMATED REPLACEMENT AMERICAN FLAG PROVIDED TO ONE CLASSROOM, COST OR FMV DONATED PENS PROVIDED TO MULTIPLE MATERIALS THE FOUNDATION PROVIDED GRANT FUNDS FOR BOOKS AND EQUIPMENT CLASSROOMS THE FOUNDATION ALSO RECEIVED AND GRANTED MATERIALS SUPPLIED BY THE PUBLIC TO CLASSROOMS GRANTS FOR HIGH SCHOOL-LEVEL CHOIR 450 2,000 THE FOUNDATION PROVIDED FUNDING FOR BOTH GREAT FALLS HIGH AND CMR CHOIRS TO USE FOR SUPPLIES, TRAVEL, AND **EDUCATIONAL MATERIALS** CONVERGE E PLURIBUS UNUM THE 70 7.334 FOUNDATION PROVIDED FUNDING FOR A PLAYWRIGHT TO INTERVIEW STUDENTS AND PRODUCE AND DIRECT A PLAY DESCRIBING THE STRUGGLES OF STUDENTS IN THE GREAT FALLS PUBLIC SCHOOLS THE PLAY WAS INTENDED TO ENHANCE UNDERSTANDING OF STUDENT EXPERIENCES BOTH WITHIN THE STUDENT BODY AND IN THE GREATER GREAT FALLS COMMUNITY THE FOUNDATION ALSO PROVIDED FUNDING TO STAGE THE PRODUCTION 70 STUDENTS PARTICIPATED. **BUT ALMOST 1500 ATTENDED**

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) GFH SKILLS USA - THE GREAT FALLS PUBLIC 1,026 SCHOOLS FOUNDATION PROVIDED FUNDS TO SEND A STUDENT TO A NATIONAL WELDING COMPETITION GFPS KIDS CONSTRUCTION CAMP THE 45 989 FOUNDATION DONATED FUNDS FOR FIFTH AND SIXTH GRADE STUDENTS TO LEARN TO CONSTRUCT PROJECTS THAT WERE THEN DONATED TO AREA NONPROFITS FOR USE IN THE COMMUNITY THIS WAS PART OF THE CAREER AND TECHNICAL EDUCATION PROGRAM TO MAKE STUDENTS AWARE OF CONSTRUCTION CAREERS 125 447 GLADISOR PROGRAM THE FOUNDATION PROVIDED FUNDS FOR STUDENTS TO PURCHASE MATERIALS TO MAKE BLANKETS FOR THE HOMELESS AS PART OF A COMMUNITY PROJECT HIGH SCHOOL HOUSE THE FOUNDATION 19 1,829 PROVIDED GRANT ASSISTANCE WITH MATERIALS FOR HIGH-SCHOOL LEVEL CAREER AND TECHNICAL EDUCATION JUMP ROPE TEAM THE FOUNDATION 3,300 PROVIDED FUNDS FOR TRAVEL AND COMPETITION EXPENSES FOR FOURTH, FIFTH, AND SIXTH GRADE STUDENTS PARTICIPATING IN A JUMP ROPE TEAM AT VALLEY VIEW ELEMENTARY THE STUDENTS WON A STATEWIDE COMPETITION AND QUALIFIED TO GO TO ORLANDO TO

COMPETE IN A NATIONAL COMPETITION

(e)Method of valuation (book, (a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (f)Description of non-cash assistance cash grant FMV, appraisal, other) recipients non-cash assistance 252 PARIS GIBSON COFFEE SHOP, THE 1.000 FOUNDATION PROVIDED A GRANT TO THE PARIS GIBSON COFFEE SHOP TO UPGRADE EOUIPMENT THE COFFEE SHOP IS A TRAINING AREA FOR STUDENTS PARTICIPATING IN CULINARY ARTS CLASSROOM GRANTS GRANTS WERE 15 2,074 PROVIDED TO SPECIFIC CLASSROOMS AT DONOR REQUEST FOR TEACHERS' USE IN PURCHASE OF EQUIPMENT AND BOOKS 15 TEACHERS RECEIVED GRANTS BUILDING ENHANCEMENTS FUNDS WERE 1291 408.347 3,499 ESTIMATED FMV DONATED FITNESS EQUIPMENT USED TO HELP EQUIP A NEW FITNESS CENTER WITH WEIGHT LIFTING EQUIPMENT AND BATTING CAGES AS WELL AS FUND EQUIPMENT FOR THE NEW SCIENCE, TECHNOLOGY, ENGINEERING AND MATH BUILDING WHERE STUDENTS CAN LEARN A VARIETY OF SKILLS RELATING TO EACH OF THOSE AREAS 277 CULINARY STUDENT PROGRAM SUPPORT 4,097

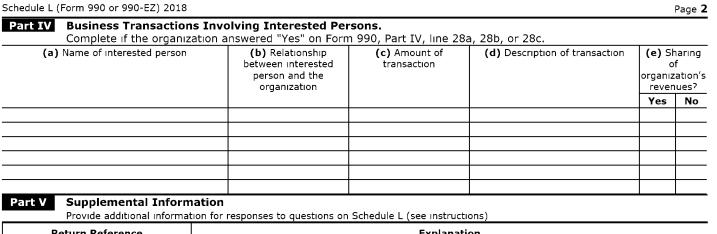
Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

FROM THE CULINARY PROGRAM 277 STUDENTS ARE CURRENTLY TRAINING IN

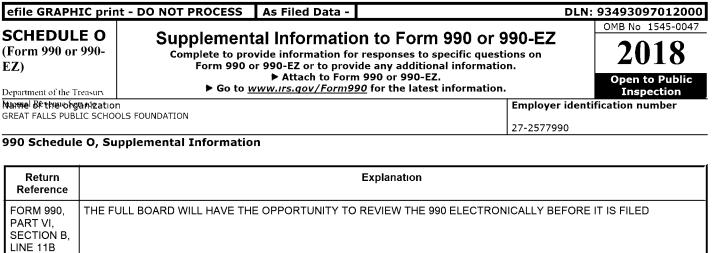
THE CULINARY PROGRAM

THE FOUNDATION PROVIDES DUAL ASSISTANCE TO THE CULINARY PROGRAM AND TO MANY GFPS AWARDS PROGRAMS AND EVENTS BY PROVIDING THE FUNDING TO PURCHASE EVENT AND PROGRAM FOOD

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Schedule L (Form 990 or 990	-EZ) ► Cor	nplete if the org	anization a , 28b, or 28	Sc, or Form 99	s" on Form 99 0-EZ, Part V,	90, Part IV, li line 38a or 4	nes 2	5a, 2	25b, 20	5,		.545-004 1 0
		⊳G o t		th to Form 990 gov/Form990			n.				20	18
Department of the Trea	I				_					(Publi
Internal Revenue Servi Name of the orga	anization						Er	nplo	yer ide	entifica	tion nu	ection Imber
GREAT FALLS PUBL	IC SCHOOLS FO	DUNDATION					27	'-257	7990			
		Transactions (
		anızatıon answere squalıfıed person		orm 990, Part . Relationship be					escript		(d)	Correcte
			(-)		organization				ansacti		Ye	
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Con	nplete if the or orted an amo (b) Relation	/or From Inter organization answe unt on Form 990, nship (c) Purpose ation of loan	ered "Yes" or Part X, line (d) Loan	n Form 990-EZ,	(e)Original principal amount	8a, or Form 99 (f) Balance due		In oult?	(Appro	h) ved by rd or nittee?	(i)	nization Written eement?
Total				<u> </u>	\$							
Part III Gra		istance Benefit organization an		ested Perso	ns.	line 27.						
Part III Gra Com	plete If the	organization ar	swered "Yo p between on and the	ested Perso	ns. 990, Part IV,	line 27. (d) Type (of assi	stanc	e	(e) Pui	rpose of	assistar
Part III Gra Com (a) Name of Inter	nplete If the rested person	(b) Relationship	swered "Yo p between on and the	ested Perso les" on Form 9	ns. 990, Part IV, of assistance				T	O FUND	SCIEN	
	pplete of the rested person	(b) Relationship interested person organization	swered "Yo p between on and the	ested Perso les" on Form 9	ns. 990, Part IV, of assistance 2,376	(d) Type (GRANT	-	T(0	O FUND LYMPIA WARDE	SCIEN D D GRAN	
Part III Gra Com (a) Name of Inter (1) BETH THOMAS	pplete of the rested person	(b) Relationshii interested perso organizati	swered "Yo p between on and the	ested Perso les" on Form 9	ns. 990, Part IV, of assistance 2,376	(d) Type of	GRANT	-	T(0	O FUND LYMPIA WARDE	SCIEN D D GRAN	CE T FOR G



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493097012000 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number GREAT FALLS PUBLIC SCHOOLS FOUNDATION 27-2577990 Part I **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . Boats and planes . . Intellectual property . . Securities—Publicly traded . Χ 1,597,603 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . **18** Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 3.499 EST FAIR MARKET VALU Other ▶ (FITNESS EQUIPMENT) Χ 3,137 AUCTION PRICE **26** Other ▶ (AUCTION ITEMS) 27 Other ▶ (Χ 70 EST FAIR MARKET VALU SCHOOL SUPPLIES) Χ 65 REPLACEMENT COST Other ▶ (AMERICAN FLAG) Number of Forms 8283 received by the organization during the tax year for contributions for 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 is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, CONFLICT OF INTEREST POLICY IS A PART OF EVERY COMMITTEE AND BOARD MEETING AGENDA
PART VI,
SECTION B,
LINE 12C

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. AVAILABLE UPON REQUEST PART VI, SECTION C. LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

GREAT FALLS PUBLIC SCHOOLS FOUNDATION

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493097012000 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

							27-2	2577990			
Part I Identification of Disregarded Entities Complete	e ıf the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.				
(a) Name, address, and EIN (ıf applicable) of disregarded entity		(b) Primary ad	ctivity	(c Legal domi or foreign) cile (state country)	(d) Total ind	come	(e) End-of-year as	ssets Direc	(f) t controllin entity	g
Part II Identification of Related Tax-Exempt Organizarelated tax-exempt organizations during the tax year		ete if the orga	anızatıon	answered '	'Yes" on F	orm 990,	Part I	V, line 34 be	cause it had one	or more	
Name, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co) de section	Public (if secti	(e) charity status ion 501(c)(3))	(f) Direct controlling entity	Section (13)	(g) ion 512(b controlle entity?
(1)GREAT FALLS SCHOOL DISTRICT NO 1 & A 1100 4TH STREET SOUTH	PUBLIC ED	UCATION		MT	170(C)(1)					Ye	s No No
GREAT FALLS, MT 59403 81-6000120											
For Paperwork Reduction Act Notice, see the Instructions for For	···· 000			it No 5013!	T.V.				Schedule R (Fo	rm 000)	2018

(a) Name, address, and EIN of related organization			(b) (c) Primary Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ener?	(k) Percent owners
					314)			Yes	No		Yes	No	
					1								
Identification of Related Organiz because it had one or more related of	ations Taxable as a (Corporation s a corporation	or Trus	t Complete st during th	ıf the organ	ızatıon ansv	wered "Yes	" on Fo	orm 99	90, Part IV	, lıne	34	
Identification of Related Organiz because it had one or more related of (a) Name, address, and EIN of related organization	ations Taxable as a Gorganizations treated as (b) Primary activity	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line h) intage	Se (1	(I) ection 51 .3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 .3) contr
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity

Sched	lle R (Form 990) 2018		Pa	ige 3
Par	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	1 g		No
	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	ease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	<u> </u>
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	1s		No
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	'		
	(a) (b) (c) (d) Name of related organization Transaction transacti	ount ir	nvolved	

112,606

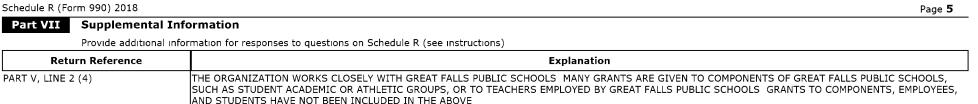
AMOUNT PAID

(3)GREAT FALLS SCHOOL DISTRICT NO 1 & A

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018



Schedule R (Form 990) 2018